

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

12FE4M5

JOHN HUGYA FOR CONGRESS COMMITTEE

ADDRESS (number and street) 551 MAIN STREET
SUITE 120
JOHNSTOWN PA 15901

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**

C C00549378

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

PA 12

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY
05 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PATRICK MCGLYNN JR

Signature of Treasurer PATRICK MCGLYNN JR [Electronically Filed] Date

MM / DD / YYYY
07 / 08 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JOHN HUGYA FOR CONGRESS COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7910.00	68715.00
(b) Total Contribution Refunds (from Line 20(d))	300.00	800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7610.00	67915.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24010.39	64762.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	185.00	185.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23825.39	64577.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	237.07	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	365.12	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JOHN HUGYA FOR CONGRESS COMMITTEE

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6600.00	56950.00
(ii) Unitemized.....	1060.00	7515.00
(iii) TOTAL of contributions from individuals ▶	7660.00	64465.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	250.00	4250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7910.00	68715.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	2500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	185.00	185.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	400.00	400.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8495.00	71800.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24010.39	64762.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2500.00	2500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2500.00	2500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	300.00	800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	300.00	800.00
21. OTHER DISBURSEMENTS	3500.00	3500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	30310.39	71562.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	22052.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8495.00
25. SUBTOTAL (add Line 23 and Line 24).....	30547.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30310.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	237.07

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
John J George

Mailing Address 370 Sheridan Street

City Johnstown State PA Zip Code 15906

FEC ID number of contributing federal political committee. **C**

Name of Employer Pyramids Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4773

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
James Hay

Mailing Address 101 Wallhaven Dr

City Greet State SC Zip Code 29651

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinas Center Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA11AI.4669

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
John Kimball

Mailing Address 209 W High Street

City Ebensburg State PA Zip Code 15931

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Kim Kunkle		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 2221 Crabtree Lane		Transaction ID : SA11AI.4667	
City Johnstown	State PA	Zip Code 15905	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Laurel Holdings	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Thomas C McCaffrey Jr		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 709 Burnt House Pt		Transaction ID : SA11AI.4675	
City Colonial Beach	State VA	Zip Code 22443	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Production Tech Inc	Occupation Business Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) C. Attilio Negro		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 870 Weatherwood Lane		Transaction ID : SA11AI.4723	
City Greensburg	State PA	Zip Code 15601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Westmoreland Womens Health	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Barney Pultz

Mailing Address 16320 Cutters Ct

City Fort Myers State FL Zip Code 33908

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Larry J Romani

Mailing Address 21 Godfrey Lane

City Hollidaysburg State PA Zip Code 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11AI.4676

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Hans Sack

Mailing Address PO Box 593

City Ligonier State PA Zip Code 15658

FEC ID number of contributing federal political committee. **C**

Name of Employer Sack Metal LLC Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.4799

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
William White

Mailing Address 460 W 20
4F

City State Zip Code
New York NY 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CEO Constellations Group NYC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11Al.4721

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

6600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
MIDDLE CLASS AMERICA PAC

Mailing Address PO BOX 521

City State Zip Code
WESTERN SPRINGS IL 60558

FEC ID number of contributing federal political committee. **C** C00486860

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11C.4733

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN A HUGYA

Mailing Address 473 PHEASANT ROAD

City State Zip Code
HOLLSOPPLE PA 15935

FEC ID number of contributing federal political committee. **C** H4PA12050

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA15.4814

Amount of Each Receipt this Period
400.00

Purchase of Office Supplies

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

400.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. 1ST SUMMIT BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 125 DONALD LANE		Amount of Each Disbursement this Period 261.20 Transaction ID : SB17.4765
City JOHNSTOWN State PA Zip Code 15904	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. 1ST SUMMIT BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 125 DONALD LANE		Amount of Each Disbursement this Period 7.89 Transaction ID : SB17.4766
City JOHNSTOWN State PA Zip Code 15904	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. 1ST SUMMIT BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 125 DONALD LANE		Amount of Each Disbursement this Period 40.37 Transaction ID : SB17.4767
City JOHNSTOWN State PA Zip Code 15904	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	309.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 43		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. 1ST SUMMIT BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 125 DONALD LANE		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.4798
City JOHNSTOWN State PA Zip Code 15904	Purpose of Disbursement Bank Charges	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. 1ST SUMMIT BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 125 DONALD LANE		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.4831
City JOHNSTOWN State PA Zip Code 15904	Purpose of Disbursement Bank Charges	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Cindy Abram		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 763 Carnegie Avenue		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4807
City Johnstown State PA Zip Code 15905	Purpose of Disbursement Press Work	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	319.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Advertising Needs Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 10308 Oxford Avenue		Amount of Each Disbursement this Period 880.38
City Kansas City	State MO	
Zip Code 64134-2233	Purpose of Disbursement Signs & Banners	Transaction ID : SB17.4658
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Brett Insurance Agency		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 225 Vine Street		Amount of Each Disbursement this Period 640.75
City Johnstown	State PA	
Zip Code 15901	Purpose of Disbursement Insurance	Transaction ID : SB17.4739
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Maria Burrows		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 267 Stadium Terrace		Amount of Each Disbursement this Period 500.00
City Windber	State PA	
Zip Code 15963	Purpose of Disbursement Contracted Service	Transaction ID : SB17.4809
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2021.13
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. CBM Business Machine		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 647 Franklin Street		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4744
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Equipment Rental	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CBM Business Machine		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 647 Franklin Street		Amount of Each Disbursement this Period 277.44 Transaction ID : SB17.4750
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Campaign Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Democracy Engine LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 850 Quincy Street NW		Amount of Each Disbursement this Period 118.92 Transaction ID : SB17.4796
City Washington State DC Zip Code 20011-5873	Purpose of Disbursement Bank Charges	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	596.36
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Democracy Engine LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 850 Quincy Street NW			Amount of Each Disbursement this Period 15.20
City Washington	State DC	Zip Code 20011-5873	
Purpose of Disbursement Bank Charges		Category/ Type	Transaction ID : SB17.4797
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Glen Embree			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4046 State Route 981			Amount of Each Disbursement this Period 200.00
City Mt Plansant	State PA	Zip Code 15666	
Purpose of Disbursement Consulting		Category/ Type	Transaction ID : SB17.4772
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Friends of the NRA			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 567 Allendale Road			Amount of Each Disbursement this Period 1300.00
City New Brighton	State PA	Zip Code 15066	
Purpose of Disbursement Donation		Category/ Type	Transaction ID : SB17.4816
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	1515.20
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. David P Howard		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 399 Liberty Avenue		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4834
City Johnstown	State PA	
Zip Code 15905-3703	Purpose of Disbursement Contracted Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 212.50 Transaction ID : SB17.4815
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Reimbursement, Tickets	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 12	

Full Name (Last, First, Middle Initial) C. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 1341.00 Transaction ID : SB17.4817
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Reimbursements, See Detail	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 12	

SUBTOTAL of Disbursements This Page (optional).....	2053.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 100.00
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Donations	Transaction ID : SB17.4817.0
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: PA District: 12		

Full Name (Last, First, Middle Initial) B. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 46.00
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Postage	Transaction ID : SB17.4817.1
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: PA District: 12		

Full Name (Last, First, Middle Initial) C. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 167.09
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Tolls	Transaction ID : SB17.4817.2
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: PA District: 12		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 152.41
City HOLLSOPPLE	State PA	
Purpose of Disbursement Meals	Zip Code 15935	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: PA	District: 12	

Full Name (Last, First, Middle Initial) B. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 214.05
City HOLLSOPPLE	State PA	
Purpose of Disbursement Lodging	Zip Code 15935	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: PA	District: 12	

Full Name (Last, First, Middle Initial) C. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 194.55
City HOLLSOPPLE	State PA	
Purpose of Disbursement Travel	Zip Code 15935	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: PA	District: 12	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN A HUGYA		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 399.00
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Tickets	Transaction ID : SB17.4817.6
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: PA District: 12		

Full Name (Last, First, Middle Initial) B. JOHN A HUGYA		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 67.90
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Badge Maker	Transaction ID : SB17.4817.7
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: PA District: 12		

Full Name (Last, First, Middle Initial) C. JOHN A HUGYA		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 526.46
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Reimbursements, See Detail	Transaction ID : SB17.4818
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 12		

SUBTOTAL of Disbursements This Page (optional).....	526.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 433.00
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Tickets	Transaction ID : SB17.4818.0
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: PA District: 12		

Full Name (Last, First, Middle Initial) B. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 93.46
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Meals	Transaction ID : SB17.4818.1
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: PA District: 12		

Full Name (Last, First, Middle Initial) C. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 650.00
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Reimbursement NRA Dinner	Transaction ID : SB17.4833
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 12		

SUBTOTAL of Disbursements This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 43		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. PA UC Fund		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO Box 60848		Amount of Each Disbursement this Period 74.97
City Harrisburg	State PA Zip Code 17106-0848	
Purpose of Disbursement Payroll Taxes	Category/Type	Transaction ID : SB17.4801
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. PA UC Fund		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 60848		Amount of Each Disbursement this Period 49.29
City Harrisburg	State PA Zip Code 17106-0848	
Purpose of Disbursement Payroll Taxes	Category/Type	Transaction ID : SB17.4764
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. Petty Cash		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 551 Main Street Suite 120		Amount of Each Disbursement this Period 80.90
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement See Detail	Category/Type	Transaction ID : SB17.4682
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	205.16
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Petty Cash		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 551 Main Street Suite 120		Amount of Each Disbursement this Period 7.25
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : SB17.4682.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Petty Cash		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 551 Main Street Suite 120		Amount of Each Disbursement this Period 10.00
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement Tickets	Candidate Name	Transaction ID : SB17.4682.3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Petty Cash		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 551 Main Street Suite 120		Amount of Each Disbursement this Period 5.00
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement Tickets	Candidate Name	Transaction ID : SB17.4682.4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Petty Cash		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 551 Main Street Suite 120		Amount of Each Disbursement this Period 5.00
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement Tickets	Candidate Name	Transaction ID : SB17.4682.5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Petty Cash		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 551 Main Street Suite 120		Amount of Each Disbursement this Period 12.00
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : SB17.4682.6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Petty Cash		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 551 Main Street Suite 120		Amount of Each Disbursement this Period 24.00
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : SB17.4682.7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Petty Cash		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 551 Main Street Suite 120		Amount of Each Disbursement this Period 75.00
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : SB17.4688
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Petty Cash		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 551 Main Street Suite 120		Amount of Each Disbursement this Period 100.68
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement See Detail	Candidate Name	Transaction ID : SB17.4742
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 7.05
City Altoona	State PA Zip Code 16602	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : SB17.4742.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	175.68
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 6.89
City Altoona	State PA	
Zip Code 16602	Purpose of Disbursement Meals	Transaction ID : SB17.4742.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 5.46
City Altoona	State PA	
Zip Code 16602	Purpose of Disbursement Meals	Transaction ID : SB17.4742.3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 3.18
City Altoona	State PA	
Zip Code 16602	Purpose of Disbursement Meals	Transaction ID : SB17.4742.4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Giant Eagle		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address Scalp Avenue		Amount of Each Disbursement this Period 90.69
City Johnstown	State PA Zip Code 15904	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : SB17.4742.5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 4.49
City Altoona	State PA Zip Code 16602	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : SB17.4742.6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Petty Cash		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 551 Main Street Suite 120		Amount of Each Disbursement this Period 90.69
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement See Detail	Candidate Name	Transaction ID : SB17.4780
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	90.69
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Petty Cash		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 551 Main Street Suite 120		Amount of Each Disbursement this Period 30.00
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : SB17.4813
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. James Polonia		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 746 Janidlo Road		Amount of Each Disbursement this Period 500.00
City Hollsopple	State PA Zip Code 15935	
Purpose of Disbursement Contracted Services	Candidate Name	Transaction ID : SB17.4835
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Robert C Ondick CPA PC		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 551 Main Street		Amount of Each Disbursement this Period 500.00
City Johnstown	State PA Zip Code 15901	
Purpose of Disbursement Accounting Services	Candidate Name	Transaction ID : SB17.4683
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1030.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Robert C Ondick CPA PC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014		
Mailing Address 551 Main Street			Amount of Each Disbursement this Period 2600.00		
City Johnstown	State PA	Zip Code 15901	Transaction ID : SB17.4837		
Purpose of Disbursement Accounting Services		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Larry Stiles			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014		
Mailing Address 724 Napoleon Street			Amount of Each Disbursement this Period 210.00		
City Johnstown	State PA	Zip Code 15901	Transaction ID : SB17.4741		
Purpose of Disbursement Consulting		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Valley Printing & Design			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014		
Mailing Address 667 Main Street			Amount of Each Disbursement this Period 83.74		
City Johnstown	State PA	Zip Code 15901	Transaction ID : SB17.4660		
Purpose of Disbursement Business Cards		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2893.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Valley Printing & Design			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014		
Mailing Address 667 Main Street			Amount of Each Disbursement this Period 103.88		
City Johnstown	State PA	Zip Code 15901	Transaction ID : SB17.4685		
Purpose of Disbursement Envelopes		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Valley Printing & Design			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014		
Mailing Address 667 Main Street			Amount of Each Disbursement this Period 4240.00		
City Johnstown	State PA	Zip Code 15901	Transaction ID : SB17.4743		
Purpose of Disbursement Political Signs		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. Verizon			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014		
Mailing Address PO Box 33078			Amount of Each Disbursement this Period 193.82		
City St Petersburg	State FL	Zip Code 33707	Transaction ID : SB17.4781		
Purpose of Disbursement Telephone		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	4537.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Verizon		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address PO Box 33078		Amount of Each Disbursement this Period 82.37
City St Petersburg	State FL	
Zip Code 33707	Purpose of Disbursement Telephone	Transaction ID : SB17.4819
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VISA		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address PO Box 4513		Amount of Each Disbursement this Period 1000.08
City Carol Stream	State IL	
Zip Code 60197-4513	Purpose of Disbursement See Detail	Transaction ID : SB17.4684
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 51.07
City Altoona	State PA	
Zip Code 16602	Purpose of Disbursement Travel	Transaction ID : SB17.4684.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1082.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Richland Plastics & Engraving		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 624 Lamberd Avenue		Amount of Each Disbursement this Period 0.00
City Johnstown	State PA	
Zip Code 15904	Purpose of Disbursement Campaign Office Supplies	Transaction ID : SB17.4684.2 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 50.17
City Altoona	State PA	
Zip Code 16602	Purpose of Disbursement Travel	Transaction ID : SB17.4684.4 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Eir News Service Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 62 Sycolin Rd SE		Amount of Each Disbursement this Period 360.00
City Leesburg	State VA	
Zip Code 20175	Purpose of Disbursement Campaign Office Supplies	Transaction ID : SB17.4684.6 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 43		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. VISA		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO Box 4513		Amount of Each Disbursement this Period 1759.33
City Carol Stream	State IL	
Zip Code 60197-4513	Purpose of Disbursement See Detail	Transaction ID : SB17.4749
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VISA		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO Box 4513		Amount of Each Disbursement this Period 1783.50
City Carol Stream	State IL	
Zip Code 60197-4513	Purpose of Disbursement See Detail	Transaction ID : SB17.4792
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. VISA		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO Box 4513		Amount of Each Disbursement this Period 142.08
City Carol Stream	State IL	
Zip Code 60197-4513	Purpose of Disbursement See Detail	Transaction ID : SB17.4836
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3684.91
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 100.00
City Altoona	State PA Zip Code 16602	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : SB17.4836.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 100.00
City Altoona	State PA Zip Code 16602	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4836.2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Sheetz		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 8.51
City Altoona	State PA Zip Code 16602	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : SB17.4836.3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 43		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. VISA		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO Box 4513		Amount of Each Disbursement this Period 15.00
City Carol Stream	State IL	
Zip Code 60197-4513	Purpose of Disbursement Annual Fee	Transaction ID : SB17.4836.4
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Mary C Voytko		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 920 Fronheiser Street		Amount of Each Disbursement this Period 258.52
City Johnstown	State PA	
Zip Code 15902	Purpose of Disbursement Wages	Transaction ID : SB17.4657
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mary C Voytko		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 920 Fronheiser Street		Amount of Each Disbursement this Period 464.94
City Johnstown	State PA	
Zip Code 15902	Purpose of Disbursement Wages	Transaction ID : SB17.4763
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	723.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Mary C Voytko		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 920 Fronheiser Street		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4806
City Johnstown	State PA Zip Code 15902	
Purpose of Disbursement Purchased Services	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. WQZS		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 128 Hunsrick Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4745
City Meyersdale	State PA Zip Code 15552	
Purpose of Disbursement Advertising	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	23615.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 43	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN A HUGYA		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 473 PHEASANT ROAD		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB19A.4770
City HOLLSOPPLE	State PA	
Zip Code 15935	Purpose of Disbursement Loan Repayment	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: PA District: 12	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. JOHN HUGYA FOR CONGRESS COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 551 MAIN STREET SUITE 120		Amount of Each Disbursement this Period 500.00 Transaction ID : SB19A.4771
City JOHNSTOWN	State PA	
Zip Code 15901	Purpose of Disbursement Loan Repayment	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: PA District: 12	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 43			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. John J George		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 370 Sheridan Street		Amount of Each Disbursement this Period 300.00 Transaction ID : SB20A.4777
City Johnstown	State PA Zip Code 15906	
Purpose of Disbursement Refund, Excess Contribution	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	300.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 43		
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Actionfor Animals		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 386 Route 217		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.4788
City Latrobe	State PA	
Zip Code 15650	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Comm to Elect Frank Burns		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 119 S Center Avenue		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4786
City Ebensburg	State PA	
Zip Code 15931	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Siamese Cat Rescue Center		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 366 Meander Run Rd		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.4805
City Locust Dale	State PA	
Zip Code 22948	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 43	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Somerset County Democrat Comm		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 139 W Union Street Box 11		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.4783
City Somerset State PA Zip Code 15501	Purpose of Disbursement Donation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	3500.00

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4122

JOHN HUGYA FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN A HUGYA

Primary

General

Other (specify) ▼

Mailing Address

473 PHEASANT ROAD

City

State

ZIP Code

HOLLSOPPLE

PA

15935

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000.00

2000.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 09 / 2013

M M / D D / Y Y Y Y
None

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

0.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOHN HUGYA FOR CONGRESS COMMITTEE** Transaction ID : **SC/10.4106**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
JOHN HUGYA FOR CONGRESS COMMITTEE
 Primary
 General
 Other (specify) ▼

Mailing Address
 551 MAIN STREET
 SUITE 120

City	State	ZIP Code
JOHNSTOWN	PA	15901

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	500.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 06 / 2013	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text"/> 0.00
TOTALS This Period (last page in this line only).....	<input type="text"/> 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JOHN HUGYA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Advertising Needs Inc	Nature of Debt (Purpose): Signs & Banners
Mailing Address 10308 Oxford Avenue	
City State Zip Code Kansas City MO 64134-2233	

Outstanding Balance Beginning This Period 880.38	Transaction ID : SD10.4627	
Amount Incurred This Period 0.00	Payment This Period 880.38	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Atlantic Broadband	Nature of Debt (Purpose): Telephone & Internet
Mailing Address 120 Southmont Blvd	
City State Zip Code Johnstown PA 15905	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4845	
Amount Incurred This Period 162.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 162.54

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PA Dept of Revenue	Nature of Debt (Purpose): Use Tax
Mailing Address Revenue Place	
City State Zip Code Harrisburg PA 17129	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4843	
Amount Incurred This Period 202.58	Payment This Period 0.00	Outstanding Balance at Close of This Period 202.58

1) SUBTOTALS This Period This Page (optional)	365.12
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

JOHN HUGYA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Valley Printing & Design		Nature of Debt (Purpose): Business Cards
Mailing Address 667 Main Street		
City Johnstown	State PA Zip Code 15901	

Outstanding Balance Beginning This Period <input type="text" value="83.74"/>	Transaction ID : SD10.4626	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="83.74"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="365.12"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="365.12"/>