

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

<b>Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)</b>	<b>Reporting Status</b> (Check Appropriate Boxes)	<b>Incumbent</b> <input checked="" type="checkbox"/>	<b>Calendar Year Covered by Report</b> 2014	<b>New Entrant, Nominee, or Candidate</b> <input type="checkbox"/>	<b>Termination Filer</b> <input type="checkbox"/>	<b>Termination Date (If Applicable) (Month, Day, Year)</b>	<b>Fee for Late Filing</b> Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.
<b>Reporting Individual's Name</b>	Last Name McHugh		First Name and Middle Initial John M				
<b>Position for Which Filing</b>	Title of Position Secretary of the Army, OSA		Department or Agency (If Applicable) Department of the Army				
<b>Location of Present Office (or forwarding address)</b>	Address (Number, Street, City, State, and ZIP Code) 101 Army Pentagon, Washington, DC, 22310, USA				Telephone No. (Include Area Code) 703 695-1717		
<b>Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)</b>	Title of Position(s) and Date(s) Held						
<b>Presidential Nominees Subject to Senate Confirmation</b>	Name of Congressional Committee Considering Nomination			Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Certification</b>	Signature of Reporting Individual eSigned in FDM by: John M. McHugh User ID: 3FB780FA3494F103				Date (Month, Day, Year) 05/11/2015		
<b>Other Review (If desired by agency)</b>	Signature of Other Reviewer				Date (Month, Day, Year)		
<b>Agency Ethics Official's Opinion</b>	Signature of Designated Agency Ethics Official/Reviewing Official eSigned in FDM by: Susan D. Tigner User ID: 9834379B5DA063E7				Date (Month, Day, Year) 05/12/2015		
<b>Office of Government Ethics Use Only</b>	Signature Barbara Kullen-Rosh				Date (Month, Day, Year) 6/2/15		
<b>Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)</b>							
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>							
(Check box if comments are continued on the reverse side) <input type="checkbox"/>							
Initial Review Date: 05/12/2015							
<b>Agency Use Only</b>							
<b>OGE Use Only</b>							
<b>MAY 12 2015</b>							





Reporting Individual's Name <b>McHugh, John M.</b>	<b>SCHEDULE C</b>	Page Number <b>4 of 5</b>
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<b>Part I: Liabilities</b>			Category of Amount or Value (x)																	
Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude			a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.																	
Creditors (Name and Address)			Type of Liability			Date Incurred	Interest Rate	Term if applicable	None <input type="checkbox"/>	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
Examples	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.															
	John Jones, Washington, DC	Promissory note	1999	10%	on demand															
1	Flagstar Bank, Pittsburgh, PA, USA	Mortgage Residence	2012	3.75%	30 yrs															
2	Flagstar Bank, Pittsburgh, PA, USA	Mortgage 2d Residence	2012	3.75%	30 yrs															
3																				
4																				
5																				

\* This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

<b>Part II: Agreements or Arrangements</b>			None <input type="checkbox"/>	
Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves			of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.	
Status and Terms of any Agreement or Arrangement			Parties	Date
Example	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.		Doe Jones & Smith, Hometown, State	7/85
1	Continuing participation in Employee Benefit Plan; Defined Benefits Plan. No contributions since 1993.		NY State & Local Retirement System, NY State, NY, USA	10/1971
2				
3				
4				
5				
6				

Reporting Individual's Name McHugh, John M.	<b>SCHEDULE D</b>	Page Number 5 of 5
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**Part I: Positions Held Outside U.S. Government**

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature. None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples	Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1					
2					
3					
4					
5					
6					

**Part II: Compensation in Excess of \$5,000 Paid by One Source**

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.  
None

	Source (Name and Address)	Brief Description of Duties
Examples	Doe Jones & Smith, Hometown, State	Legal services
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		