OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting meanbeat Coursed by Bonont		ermination Date (If Appli- able) (Month, Day, Year)	Fee for Late Filing
05/19/2009		minee, or Filer Candidate	athe) (Mohul, Day, 1ear)	Any individual who is required to file this report and does so more than 30 days
Reporting	Last Name	First Name and Middle Initial		after the date the report is required to be filed, or, if an extension is granted, more
Individual's Name	Fugate	william	С	than 30 days after the last day of the filing extension period, shall be subject
	Title of Position	Department or Agency (If Applic	able)	to a \$200 fee.
Position for Which Filing	Administrator, FEMA	DHS	3	Reporting Periods Incumbents: The reporting period is
Location of	Address (Number, Street, City, State , and ZIP Code)		(Include Area Code)	the preceding calendar year except Part II of Schedule C and Part I of Schedule D
Present Office (or forwarding address)	500 C Street SW, Office of the Aministrator, Washington, DC, 20472, USA	202-646	-3900	where you must also include the filing year up to the date you file. Part II of
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held			Schedule D is not applicable.
Government During the Preceding 12 Months (If Not Same as Above)				Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends
	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified	1 Diversified Trust?	at the date of termination. Part II of Schedule D is not applicable.
Presidential Nominees Subject to Senate Confirmation	The or congressional committee constanting from the constant of the constant o		vo	Nominees, New Entrants and
	T	γ		Candidates for President and Vice President:
Certification I CERTIFY that the statements I have	Signature of Reporting Individual eSigned in FDM by:	Date (Month,	Day, Year)	
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	William C. Fugate User ID: 3CC97DEF0747EDC5	05/15/20)15	Schedule AThe reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets
Other Review	Signature of Other Reviewer	Date (Month,	Day, Year)	as of any date you choose that is within
(If desired by				31 days of the date of filing.
agency)				Schedule BNot applicable.
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Of	fficial Date (Month,	Day, Year)	Schedule C, Part I (Liabilities)The reporting period is the preceding calendar
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	eSigned in FDM by: David J. Whitman User ID: B&FC59B4B6970AD3	05/15/20	15	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	Signature	Date (Month,	Day, Year)	Schedule C, Part II (Agreements or
Use Only	Marinha	8-5	20-15	Arrangements)Show any agreements or arrangements as of the date of filing.
Comments of Reviewing Officials (I	If additional space is required, use the reverse side of this sho	eet)		Schedule D The reporting period is the preceding two calendar years and the current calendar year up to the date
	(Check box if filing exter	sion granted & indicate number of d	ays 7 X	of filing.
			Ī	Agency Use Only
	2.0			OGE Use Only
	(Check t Initial Review Date	oox if comments are continued on the	e reverse side)	AUG 18 2015
0	initiai Review Date	. 03/13/2013		HOU TO 5013

F		ng Individual's Name William C.		SCHEDULE A													P	Page Number																	
L			<u></u>														\perp	2	of 6	<u>;</u>															
		Assets and Income		Valuation of Assets at close of reporting period Income: type and amount. If "None (or lead to checked, no other entry is needed in Block											less	ess than \$201)" is C for that item.																			
L		BLOCK A		BLOCK C BLOCK C																															
re prove in wi Fo ar th re in ac yo	or you, yeport earoducticalue except income income of the control or yours mount on an from eport the come of trual armour spot one of the control one	t the arket port-\$200 ether ctual other buse, rned t the	None (or less than \$1,001) \$1,001 - \$15,000			\$100,001 - \$250,000		1 .	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	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Royalties	Interest	Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000		\$100,000	\$100,001 - \$1,000,000	*000*	000,00	Over \$5,000,000	Other Income (Specify Type & Actual Amount)		Date 'Mo., Day, Yr.) Only if Honoraria	
		Central Airlines Common				x					\prod					Ţ		×		\prod				х					<u> </u>				<u> </u>	I	
E۶	xamples	Doe Jones & Smith, Hometown, State	_1.		x	<u> </u> _	_				L.	⊥_	1_]_]_		L		L.					_								Law Partnership Income \$130,00		
	1	Kempstone Equity Fund	_].]_]_	_[_	×	. <u> </u>			Ţ.	$\prod_{i=1}^{n}$	$\prod_{i=1}^{n}$]_	x]_				I.					х									\prod	
_		IRA: Heartland 500 Index Fund		\perp			<u> </u>		x	'	\perp	\perp	┸	$oldsymbol{\perp}$	х	L		L	L							x								\perp	
1	1 (J) First F	Florida Credit Union		×	:																	×													
2	2 ICMA Re	etirement	\Box	T	×																	×													
3	2.1 VPCIX	K - Vantagepoint Core Bond Index		×	1										×							×												1	
4	2.1.1 VPGI	RX Vantagepoint Growth Fund		×											×	Γ						×													
5	3 State of F	Florida 457 Qualified Deferred				×																×												1	
6	3.1 VALIC	C Fixed Interest			×										×							×												T	
_	* This c	category applies only if the asset/inco	ome is s	solely	/ tha	با د of	the:	filer	's st	oous	e or	dep	end	lent	chil	drer	a. If	the	asso	et/in	com	e is	eith	er tl	iat (of th	e fil	er o	ır joi	intly	/ hei	id			

	Reporting Individual's Name Fugate, William C.	SCHEDULE A continued (Use only if needed)													Pa	Page Number 3 of 6																					
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	Assets and Income		a	V t cl	alu ose	iati of	ion rep	i o f	: As	sse g pe	ts Prio	d					In cl	n c c	om ked	e: t 1, n	уре 0 0	e ar the	nd a r ei	amo	oun y i s	it. Ii ne	f "N ede	Non ed i	ie (e in B	or 1	ess k C	ess than \$201)" is C for that item.					
L	BLOCK A BLOCK B BLOCK C Type Amount												<u></u>	1																							
		None (or less than \$1,001)		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$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	Excepted Investment Fund	Excepted Trust	Qualified Trust		Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000			\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria				
1	3.2 Franklin U.S. Government Securities Fund (FISAX)			×										×							×																
2	4 Florida Retirement System Pension Plan, State of Fforida - defined benefit plan																				×																
3					-																																
4																																					
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	* This category applies only if the asset/income by the filer with the spouse or dependent child																	asse	t/in	com	e is	eith	er tl	nat d	of th	ie fil	er o	r joi	intly	hel	d						

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name Fugate, William C.	SCHEI)UL	Ē F	3			_					Page	Num		of 6	of 6			
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	Do not report a transaction involving property used solely as your personal	None	e 🔀]															
children during the reporting period of a	any residence, or a transaction solely between	Tra	ansact Type ()	tion (x)					Am	ount	of Tı	ransac	ction	(x)					
real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,0 Include transactions that resulted in a lo	Cbeck the "Certificate of divestiture" block to indicate sales made pursuant to a	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	,001 - 5,000	5,001 -	\$50,001 - \$100,000	00,001 - 50,000	50,001 -	,000,000	er ,000,000*	,000,000,	,000,001 - 5,000,000	5,000,001 -	Over \$50,000,000	Certificate of divestiture		
Identifi	ication of Assets	_	တိ	اشا	ļ	\$ 51	\$1		\$21	\$52	SS	ेंद्र	\$1 \$5	\$22	\$2	ŞŞ	ರಿಕ		
Example Central Airlines Common		х	↓ '	 /	2/1/99	ļ!	\square	x	\square					$\sqcup \sqcup$	\sqcup		\bigsqcup		
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5		1						\Box		\dashv	\neg				\Box		-		
Part II: Gifts, Reimbur: For you, your spouse and dependent chiltion, and the value of: (1) gifts (such as to food, or entertainment) received from one: (2) travel-related cash reimbursements rethan \$350. For conflicts analysis, it is helpf as personal friend, agency approval under authority, etc. For travel-related gifts and dates, and the nature of expenses provide	received from one source totaling more than \$350, and independence ful to indicate a basis for receipt, such er 5 U.S.C. § 4111 or other statutory direimhursements, include travel itinerary,	es S. Gove ed fror endent onor's r value fro her exc	ernm m rel t of th reside om oc clusio	nent; lative heir lence one so	; given to yo es; received relationship . Also, for pource, exclud	our ag by y p to y purpe	gency our s ou; o	spous or pr of ag	ise or rovid ggreg	r dep led a gatin	pend is pe ig gif	lent o ersona fts to	child al ho dete	i tota ospita ermi ructio	ally tality ine th ons	at he			
Source (Name and Address)				escrip											Va	alue			
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to nation	al confe	rence	6/15.	/99 (personal	activil	(y unr	elated	d to d	uty)						\$500 \$385	- —		
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)		—					—	—	—	—		—	\dashv	4	,363			
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OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

											Page Number										
	Fugate, William C.	51	CHED	ULE (ے 									5 of	6						
	Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out: loans secured by	None [
	to any one creditor at any time	automobiles, household furniture		<u></u>		Щ.		<u> </u>	Catego	ory of /	Amour	it or Va	alue (x	.)							
d ye C	during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	- Date	Interest	Term if	\$10,001 - \$15,000	\$15,001 -	\$50,001 - \$100,000	\$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001-	\$5,000,001 - \$25,000,000	\$25,000,001 -	Over \$50,000,000					
	Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$1 \$1	\$1 \$5	\$5	\$2	\$2	\$3	85	\$1	\$5	\$2	\$6					
Ex	Examples First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand	emand x															
1	(S) ACS , Utica, NY, USA	Student Loan	2002	4.125%	30			×													
2	American Express, El Paso, TX, USA	an Express, El Paso, TX, USA Credit Card/Revolving Charge Account 2010 15.24% Phrase																			
3	3 (J) Bank of America, N.A. Charlotte, NC, USA	Credit Card/Revolving Charge Account	2012	13.99%	Phrase	×															
4	(J) Florida Credit Union, Gainesville, FL, USA	Mortgage, Gainesville, FL, USA	2010	4.125%	15 years				×												
5																					
*	*This category applies only if the liability is with the spouse or dependent children, ma	s solely that of the filer's spouse or dependent childr irk the other higher categories, as appropriate.	ren. If the li	ability is th	nat of the fil	ler or a	a joint	. liabili	ity of t	the file	er		_								
Ro er	Report your agreements or arrangement employee benefit plan (e.g. pension, 401	art II: Agreements or Arrangements sport your agreements or arrangements for: (1) continuing participation in an applyone benefit plan (e.g. pension, 401k, deferred compensation); (2) continuating of payment hy a former employer (including severance payments); (3) leaves on of payment hy a former employer (including severance payments); (3) leaves																			
	Status and T	ferms of any Agreement or Arrangement			T				Partie	es					Γ	Date					
Ex	example Pursuant to partnership agreement, calculated on service performed thro	t, will receive lump sum payment of capital account & par rough 1/00.	rtnership sha	are	Dne Jnnes (& Stnit!	h, Horr	aetown,	, State						7/85						
1	Continuing participation in Employee Benefit Plan: ICA	MA Retirement Plan (457) no continuing employee contributions			Alachua Cour	nty Boar	rd of Co	шпtу Со	ınım, Ge	ainesvil	le, FL, I	USA	01/1991								
2	Continuing participation in Employee Benefit Plan: Flor	orida Retirement System Pension Plan, Vested, but not drawing retir	rement		State of Florid	da, Talia	ahassee,	, FL, US	A						07	//1985					
3	Continuing participation in Employee Benefit Plan: Stat	ate of Florida 457 Qualified Deferred, no continuing employee contr	ributions		State of Florid	da, Talla	ihassee,	FL, US	A						07	//2002					
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	ting Individual's Name	<u></u>		Page Number	·	
Fugar	ite, William C.		SCHEDULE 1	D	6 0	of 6
Repor sated truste	rt any positions held during the a l or not. Positions include but are i ee, general partner, proprietor, rej	Outside U.S. Gover applicable reporting period, whether not limited to those of an officer, depresentative, employee, or consult other business enterprise or any necessity.	er compen- director, social, fraternal tant of nature.	educational institution. Exclude p l, or political entities and those solely	y of an honorary	is, None 🔀
	Organization (Name		Type of Organization	on Position Held	From (Mo., Yr.)) To (Mo.,Yr.)
 	Nat'l Assn. of Rock Collectors, NY, NY	and meness,	Non-profit education	President	6/92	Present
Example			Law firm	Partner	7/85	1/00
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Report busin the re	rt sources of more than \$5,000 coness affiliation for services provide eporting period. This includes the	on in Excess of \$5,00 compensation received by you or you directly by you during any one enames of clients and customers of the business enterprise, or any other	our non-profit orgat year of you directly pro if any services generat	nization when Presidential or		r Vice
	Source (Name and	nd Address)		Brief Description of Duties		
Example	Doe Jooes & Smith, Hometown, State		Legal services			
	Metro University (client of Doc Jones & Si	Smith), Moneytown, State	Legal services in connection with u	university construction		
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