

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Chap

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	Fee for Late Filing 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. Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable. Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable. Nominees, New Entrants and Candidates for President and Vice President: Schedule A-- The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing. Schedule B-- Not applicable. Schedule C, Part I (Liabilities)-- The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing. Schedule C, Part II (Agreements or Arrangements)-- Show any agreements or arrangements as of the date of filing. Schedule D-- The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
04/03/2009	(Check Appropriate Boxes)	<input checked="" type="checkbox"/>	2011	<input type="checkbox"/>	<input type="checkbox"/>		
Reporting Individual's Name	Last Name		First Name and Middle Initial				
	Gould		William S				
Position for Which Filing	Title of Position		Department or Agency (If Applicable)				
	Deputy Secretary, U.S. Department of Veterans Affairs		VA				
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code)			Telephone No. (Include Area Code)			
	810 Vermont Ave. NW, Washington, DC, 20420, USA			(202) 461-4817			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held						
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination			Do You Intend to Create a Qualified Diversified Trust?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Certification	Signature of Reporting Individual				Date (Month, Day, Year)		
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	eSigned in FDM by:				Date (Month, Day, Year)		
	William S. Gould User ID: 63C21F1592AFF122				12/20/2012		
Other Review (If desired by agency)	Signature of Other Reviewer				Date (Month, Day, Year)		
	eSigned in FDM by: Jonathan I. Gurland User ID: EF44F4BD8121CB3C				12/20/2012		
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official				Date (Month, Day, Year)		
	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: Walter A. Hall User ID: 314A3737E84694C5				12/20/2012		
Office of Government Ethics Use Only	Signature				Date (Month, Day, Year)		
	<i>[Signature]</i>				3/21/13		
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)							
Replaced pages 6 and 7 with amended pages 6 and 7 per Jonathan Gurland, VA, 9/19/13. <p style="text-align: right;">(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/></p>							
(Check box if comments are continued on the reverse side) <input type="checkbox"/>							
Initial Review Date: 12/20/2012							
						Agency Use Only	
						OGE Use Only	
						DEC 27 2012	

Reporting Individual's Name
 Gould, William S.

SCHEDULE A continued
 (Use only if needed)

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BLOCK A Assets and Income		BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.										Date (Mo., Day, Yr.) Only if Honoraria														
																							Type		Amount											
		None (or less than \$1,001)	\$1,001 - \$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	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$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)				
1	13.5 FIRST AVIATION SERVICES INC.		X																		X															
2	13.6 ON SEMICONDUCTOR CORP		X																		X															
3	13.7 PENN WEST ENERGY TR-CAD		X																		X															
4	13.8 PLAINS ALL AMERICAN PIPELINE LP				X																X															
5	13.9 PRUDENTIAL FINANCIAL INC		X																		X															
6	13.10 HOUSE, New: London, NH, USA						X														X															
7	13.11 PAA Natural Gas Storage		X																		X															
8	13.12 EATON VANCE LTD DURATION			X																	X															
9	13.13 LEGG MASON WESTERN ASSET GLOBAL HIGH YIELD BOND FU		X																		X															

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

COPY OF COMPLETE REPORT

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

5 C.F.R. Part 2634
U.S. Office of Government Ethics

Reporting Individual's Name Gould, William S.	SCHEDULE B	Page Number 7 of 10
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Part I: Transactions

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.

Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

None

	Identification of Assets		Transaction Type (X)			Date (Mo., Day, Yr.)	Amount of Transaction (X)												
			Purchase	Sale	Exchange		\$1,001 - \$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	Certificate of divestiture	
	Example	Central Airlines Common	x			2/1/99													
1		CISSCO SYS INC		X		04/14/2011	X												
2		EATON VANCE CORP-NON VTD		X		04/14/2011	X												
3		US... Installment Payment	X			Multiple													
4																			
5																			

*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

Part II: Gifts, Reimbursements, and Travel Expenses

For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, (2) travel-related cash reimbursements received from one source totaling more as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by

the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the for other exclusions.

None

	Source (Name and Address)	Brief Description	Value
Examples	Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	
1			
2			
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Part I: Liabilities

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.

None

Creditors (Name and Address)		Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)													
						\$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.			x											
	John Jones, Washington, DC	Promissory note	1999	10%	on demand					x									
1																			
2																			
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.

Part II: Agreements or Arrangements

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.

None

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.	Doc Jones & Smith, Hometown, State	7/85
1	Continuing participation in Employee Benefit Plan: AVA Partners Retirement Plan. Holdings listed on Schedule A. Partnership with my spouse. Will remain dormant during my appointment.	AVA Partners, Bethesda, MD, USA	05/2003
2	Continuing participation in Employee Benefit Plan: Payout over five years mandated by terms of employee benefit plan. Investment in mutual fund over which filer has not control.	IBM, Bethesda, MD, USA	04/2009
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Reporting Individual's Name Gould, William S.	SCHEDULE D	Page Number 9 of 10
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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 ----- Doe Jones & Smith, Hometown, State	Non-profit education ----- Law firm	President ----- Partner	6/92 ----- 7/85	Present ----- 1/00
1	National Academy of Public Administration, Washington, DC, USA	Non-Profit organization	Fellow	01/2009	Present
2	Scott Gould & Michele Flournoy Revocable Trust, Bethesda, MO, USA	Trusts and Estates	Trustee	01/2009	Present
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. None

	Source (Name and Address)	Brief Description of Duties
Examples	Doe Jones & Smith, Hometown, State ----- Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services ----- Legal services in connection with university construction
1		
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Reporting Individual's Name Gould, William S.		OGE Form 278 of Record Comments		Page Number 10 of 10
Annotation: # 1	Section: Asset	Date: 05/04/2012	Author: William S. Gould	
C O M M E N T	USAA Maryland College Account #1 (Aged Based Option Moderate Portfolio)			
Annotation: # 2	Section: Asset	Date: 05/04/2012	Author: William S. Gould	
C O M M E N T	USAA Maryland College Investment Fund #2 (Aged Based Option Moderate Portfolio)			
Annotation: # 3	Section: Asset	Date: 05/04/2012	Author: William S. Gould	
C O M M E N T	USAA Maryland College Investment Fund #3 (Aged Based Option Moderate Portfolio)			
Annotation: # 4	Section: Asset	Date: 05/04/2012	Author: William S. Gould	
C O M M E N T	LEGG MASON WESTERN ASSET GLOBAL HIGH YIELD BOND FUND CLASS C			
Annotation:	Section:	Date:	Author:	
C O M M E N T				