

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics		Reporting Status (If "New", "Incumbent", "Covered by Report", or "Termination" is checked, the filer must also check "New Estimate, Monitoring, or Candidate" or "Filer".)		Termination Date (If Applicable) (Month, Day, Year)	
Date of Appointment, Reappointment, Election, or Nomination (Month, Day, Year)		<input type="checkbox"/> Incumbent <input type="checkbox"/> Covered by Report <input checked="" type="checkbox"/> New Estimate, Monitoring, or Candidate <input type="checkbox"/> Filer			
3/17/2009					
Reporting Individual's Name		Last Name		First Name and Middle Initial	
William C.		Fugate			
Position for Which Filing		Title of Position		Department or Agency (If Applicable)	
Administrator, Federal Emergency Management Agency		Homeland Security			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Area Code, Area Code)	
2655 Shumard Oak Blvd, Tallahassee, FL				850-413-9869	
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Title of Position(s) and District(s) Held			
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee, Subcommittee, or Nomination		Do You Intend to Create a Qualified Confidential Trust?	
Homeland Security & Governmental Affairs				<input type="checkbox"/> Yes <input checked="" 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.		[Signature]		3/19/2009	
Other Reviewer (If declared by agency)		Signature of Designated Agency Ethics Officer/Reporting Official		Date (Month, Day, Year)	
		[Signature]		3/19/2009	
Secretary Ethics Official's Declaration 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).		Signature		Date (Month, Day, Year)	
		[Signature]		3/24/09	
Office of Government Ethics Use Only					
Comments of Reporting Official (If additional space is required, use the reverse side of this sheet)					
(Check box if filing extensions granted & indicate number of days)					
(Check box if comments are contained on the reverse side)					
Source(s) Prior Editions, Which Cannot Be Used		278-112		Form Designed in Microsoft Excel 2000	
NSN 7540-01-09-9444					

**See Incomplete Filings**  
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 Schedules 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 Filings:** 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 Vice Presidents:**

**Schedule A—**The reporting period for Incumbent (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 (Individuals)—**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 (Agencies 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.

**Agency Use Only**

**Office Use Only**

**(Use only if needed)**

**(Use only if needed)**

Page Number

Assets and Income		Valuation of Assets at close of reporting period		Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	
BLOCK A		BLOCK B		BLOCK C	
				Type	Amount
1	None <input type="checkbox"/>	None (or less than \$1,001)			
2	American Red Cross Tallahassee, FL	\$1,001 - \$15,000		Dividends	
3		\$15,001 - \$50,000		Interest	
4		\$50,001 - \$100,000		Capital Gains	
5		\$100,001 - \$250,000		None (or less than \$201)	
6		\$250,001 - \$500,000		\$201 - \$1,000	
7		\$500,001 - \$1,000,000		\$1,001 - \$2,500	
8		Over \$1,000,000 *		\$2,501 - \$5,000	
9				\$5,001 - \$15,000	
10				\$15,001 - \$50,000	
11				\$50,001 - \$100,000	
12				\$100,001 - \$1,000,000	
13				Over \$1,000,000 *	
14				Over \$5,000,000	
15				Other Income (Specify Type & Amount)	
16				Date (Mo., Day, Yr.) Only If Honorary	

**Prior Editions Cannot be Used.**

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

Reporting Individual's Name  
William Craig Fugate

SCHEDULE B

Page Number

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 ☐

		Transaction Type (S)		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			X										
1																		
2																		
3																		
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, food, or entertainment) received from one source totaling more than \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such 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 total value from one source, exclude items worth \$104 or less. See instructions for other exclusions.

None ☐

	Source (Name and Address)	Brief Description	Value
1	Example: Natl. Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Admission tickets, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) (under \$104) (personal friend)	\$500 \$300
2			
3			
4			
5			

## SCHEDULE C

## 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.

Creditors (Name and Address)		Type of Liability	Date Incurred	Interest Rate	Term if applicable	\$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 John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs.		X									
			1999	10%	on demand			X								
1 ACS, Utica, NY		Wild's Student Loan	2002	4.125	30			X								

## Part II: Agreements or Arrangements

\* 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.

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	Continued participation in State of Florida Retirement deferred compensation plan. Neither the state of FL nor I will make any further contributions.	State of Florida	12/81
2	Continued participation in State of Florida Retirement defined benefits plan. Neither the state of FL nor I will make any further contributions.	State of Florida	07/02
3	Continued participation in the ICMA defined contribution plan.	Alachua County, Florida	01/81
4			
5			
6			

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Reporting Individual's Name

William Craig Fugate

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## SCHEDULE D

### 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:	Met. Assn. of Rock College, NY, NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1	State Florida - Division of Emergency Management, Tallahassee, FL	State Government	Director	10/01	Present
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	State Florida - Division of Emergency Management, Tallahassee, FL	Director, Division of Emergency Management
2		
3		
4		
5		
6		

U.S. Office of Government Ethics

Reporting Individual's Name

William Craig Fugate

# SCHEDULE A

Page Number

Assets and Income		Valuation of Assets at close of reporting period						Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.													
BLOCK A		BLOCK B						BLOCK C													
For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income.  For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).  None <input type="checkbox"/>																					
		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Over \$1,000,000 *	Type		Amount								Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
								Dividends	Interest	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 *	Over \$5,000,000		
1	STATE OF FL 457 Deferred Comp VALIC FIXED ANNUITY																				
2	FRANKLIN US GOV SECS FUND (FISAX)																				
3	ICMA Retirement 457 Fund Vantagepoint Core Bond Fund (VPCIX)																				
4	Vantagepoint Growth Fund (VPGRX)																				
5	State of Florida																				
6	State of Florida Retirement Defined benefit plan																				
7	First Florida Credit Union - Cash Acct Tallahassee, FL																				

\* 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.  
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