Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

| NSN 7540-10-01-0444 | Form Designed in Microsoft Excel 2000 | 12 Used 278-112 | Supercedes Prior Editions, Which Cannol Be Used |
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| OCE Use Only | rents are continued on the reverse side) | (Check box if comments are continu | |
| the proceeding two calendar years and the current calendar year up to the dails of filler. Access: Use Oaly | | | |
| Arrangements) - Show any agreements or arrangements as of the date of filling. Schoolule DThe reporting period is | Ď | unal space is frequired, use the reverse side of this sheet) (Check box if filling extension granted & indicate number of days | Comments of Reviewing Officials (If additional space is to |
| Schedule C. Part II (Aprements or | 124/09 | Supports All Supports | Office of Government Ethics |
| 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 11 days of the date of fision. | 19/209 | ley/c | On the basis of information contained in this report, I conclude that the filter is in contained with applicable taws and regulations (subject to any comments in the box below). |
| calendar year and the diffrent Calendar year on 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. | Der, Jear) | Signature of Designated Asserts Lights Official/Reviewing Official | Other Review (If desired by ageory) Accory Ethics Official's Opinion |
| Nominees, New Entrants and Candidates for President and Vice President Schedule A—The recording record for Income (BLOCK, C) is the preceding. | 3/19/2009 | Signature of Recording Individual Signature of Other New York | 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. |
| period organs in the east of the period stayment by your previous filling and ends at the date of termination. Part II of Schedule D is not applicable. | No. | Name of Congressional Committee Considering Namination Do You lated to Create a Opatitied D Homeland Security & Governmental Affairs | Presidental Nominees Subject to Senate Confirmation |
| you file. Pert II of Schedule D is not applicable. Termination Filers: The reporting | | | Government During the Proceeding 12 Months (If Not Same as Above) |
| the preceding catendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filling year up to the date | 68 | 2555 Shumard Osk Bivd, Tallahassee, Fi | Location of Present Office (or forwarding address) |
| Reporting Periods Incumbents: The reporting period is | (Include Area Code) | Administrator, Federal Emergency Management Homeland Security Agency | Position for Which Filing |
| is granted, more than 30 days after the last day of the filing extension period shall be subject to a \$300 fee. | | | Reporting Individual's Name |
| Any individual wins is required to file this report and does so more than 30 days after the date the report is projected to be filed, or, if an extension | Termination CODY: 7 (Nessure, 2-49), 7497-7 Filter | expension hanny Instantibent Covered by Report New Entrant, Nonlines, X or Candidate Approximate hanny | で Notification (Affords Day, Pers) |
| ree for Late Filling | | e Branch Pe | 5 C.F.R. Part 2634 U.S. Office of Government Biblics |
| Form Approved | DISCI DEITS BEIDET | | SF278 (Rev. 03/2000) |

| 4 access (400) in Co. 2000 (12) | \$59,001 - \$100,000 \$59,001 - \$100,000 \$100,001 - \$200,000 \$250,001 - \$500,000 \$550,001 - \$500,000 \$550,001 - \$500,000 \$550,001 - \$500,000 \$550,001 - \$500,000 \$550,001 - \$500,000 \$550,001 - \$500,000 \$550,001 - \$500,000 \$550,001 - \$500,000 \$550,001 - \$500,000 \$550,001 - \$500,000 | \$59,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$50,001 - \$500,000 \$50,001 - \$1,000,000 * \$0,000 | Side 1.8 Education 19,001 - \$100,000 19,001 - \$500,000 19,001 - \$500,000 19,001 - \$500,000 19,000,001 - \$25,000,000 19,000,001 - \$25,000,000 | SCHEDULE A SCHEDULE A SCHEDULE A SCHEDULE A SCHEDULE A CORE OF ASSESS SCHEDULE A | S13.061S100,000 S10.001S100,000 S10.001S100,000 S250,001S500,000 S45.001S100.000 * S11.001.001S25,000,000 T1.001.001S25,000,000 T1.001.001S25,000,000 Extractive extractions Excepted Trust Qualified Free S25.000,001 Constitutions Con | S13.061S100,000 S10.001S100,000 S10.001S100,000 S250,001S500,000 S45.001S100.000 * S11.001.001S25,000,000 T1.001.001S25,000,000 T1.001.001S25,000,000 Extractive extractions Excepted Trust Qualified Free S25.000,001 Constitutions Con | SS0,001 - \$100,000 SUPRING - \$200,000 SUPRIN | SSE,001 - \$100,000 EDVANCE-FASICADE E250,001 - \$500,000 EXECUTE A CONSTRUCTION OF Assets SSE,002 - \$1,000,000 * EXECUTE A CONSTRUCTION OF ASSETS EXECUTE A CONSTRUCTION OF | SCFR Parl 2634 U.S. Office of Government Ethics Reporting Individual's Name Assets and Income | 8(GC 406 (555) \$1 (800)) | American Red Cross | 2 | 3 | * | 4 0 | 9 5 A 3 | 3 4 5 6 8 | |
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| SCHEDULE A CHECK CONTROL OF SECOND CONTROL OF SE | DULE A continued e only if needed) e only if needed) income: type and amount. If Tione (or less than \$201) Extra Gains see (or less than \$201) Amount er \$1,000,000 er \$1,000,000 | A continued A continued I needed I needed I type and amount. If None (or less than \$201) E SI, DRO DOI - \$2,500 BUCK C for that item. BLOCK C Amount Amount Figure 1,001 - \$100,000 India SI DRI 100 BUCK C Amount Amount Figure Fig | mued if type and amount. If "None (or less than \$201) if type and amount. If "None (or less than \$201) if type and amount. If "None (or less than \$20) if type and amount. If "None (or less than \$20) if type and amount. If "None (or less than \$20) if type and amount. If "None (or less than \$20) Amount if type and amount. If "None (or less than \$20) if type and amount. If "None (or | ### ################################## | 161 - \$15,000 | 1,001 - \$100,000 To that item. 15401 - \$1,000,000* 15401 - \$1,000,000* | or \$1,000,000* | | Page Number | er \$5,000,000 Other Income (Specify Actual Amount) | Ov | Spouse Spouse | | | | | | |
| CHEDULE A continued (Use only if needed) Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C Amount 1,000,000 1,115 S. | r less than \$201) said amount. If "None (or less than \$201)" is checked no leeded in Block C for that item. BLOCK C Amount - \$100,000 1. \$1 000,000 1. \$1 000,000 Amount 5,000,000 Amount Amount | r less than \$201) said amount. If "None (or less than \$201)" is checked no leeded in Block C for that item. BLOCK C Amount - \$100,000 1. \$1 000,000 1. \$1 000,000 Amount 5,000,000 Amount Amount | r less than \$201) said amount. If "None (or less than \$201)" is checked no leeded in Block C for that item. BLOCK C Amount - \$100,000 1. \$1 000,000 1. \$1 000,000 Amount 5,000,000 Amount Amount | ### Page Number Page Number | <u>'</u> | <u>'</u> | <u>'</u> | <u>'</u> | | Date (Mo., Doy. Yr.) Only if Honoraria | | | | | | | | |

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

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| Reporting Individual's Name William Craig Fugate | SCHEDULE B | | | | | • | | | | | j. | Page Number | mber | | | | | |
| Part I: Transactions | | | | | None | | П | | | | | | ı | | | | | |
| Report any purchase, sale, or exchange by you, your spouse, | report a transaction involving property used solely as your | Transaction | ğ | | | | | اح | Amount of Transaction (x) | Š | ansae c | 캶 | ٥ |] | | ١ | 1 | |
| or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other | personal residence, or a transaction solely between you, your apouse, or dependent child. Check the "Certificate of | - INDEX | - 2 | Date (Ma. | T | | | | 1 | | 4 | _ | | | 11 - | ~ | | × |
| securities when the amount of the transaction exceeded \$1,000, include transactions that resulted in a loss. Do not | divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. | rchase | change | Day, Fr.) | 001 - 1,000 | ,001 - ,000 | ,001 - 0,000 | 0,001 - 0,000 | 0,001 - | 100,00 | 000,000 ar | 000,000 | 000,000 | 00,000 10,000,6 | 0,000,0 | | 0,000,0 | uficate d |
| identifica | identification of Assets | † | Se | ┪ | | | \$5 | 310 | 52 | \$5 | 51 Ov | 5 1, | \$5 | | 52 | 6 | _ | Ce |
| Example: Central Aiffines Common | | × | t | 2/1/99 | T | Τ | × | T | † | t | ╀ | 1 | | | T | 十 | ļ | |
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| This category applies only if the underlying asset is solely that by the filer or initially held by the filer with the snouse or december. | This category applies only if the underlying asset is solely that of the filter's spouse or dependent children. If the underlying asset is either held by the filter or initially held by the filter with the snouse or dependent children, use the other higher categories of value, as appropriate. | is either e. | the d | | | | | | | | | | | | | Ī | | |
| 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, iodelins, food, or entertainment) received from one source totaling more than \$260; and (2) travel-related cash reimbursements received from one source totaling more of the continuous contin | | the U.S receive indeper the don | dent Cov | 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 movided as personal hospitality at the domor's residence. Also, for purposes of agenceating gifts to determine the total value from one source, exclude items worth SIOd or less. See instructions | cceiv so, for | d by your | agenc Your : Out: 0 | A SECTION AND A | conn recor recor recor | A in a continue of the continu | | | id to | | E ME IF | | | |
| than 3-cot, rue continues airmysms, a sa include to increase a cost of continues as personal friend, agency approval under 5 U.S.C. $\frac{1}{8}$ 4 il 10 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 | | for other exclusi | rexcl | usions. | | | | | | | | | | | ğ | | [] | |
| Source (Name and Address) | | Brief 1 | Brief Description | | | | | | | | | | | | H | _ | Value | |
| Examplas: Natl Assa. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA | Adriline ticket, hotel goom & meals incideat to national conference 6/15/99 (personal estivity [Leather briefense (personal friend) | 99 (pers | 是品 | vity unrelated to duty) | 15 day | | | li | ! | | ! | | | | | | 20.50 | |
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| S. Office of Government Ethics | | | | | | l | | | | | | | | |
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| eporting Individual's Nezze Villiam Craig Fugate | SCHEDULE C | C | | | | | | | | 4 | | | | |
| 7 | | | | | | | | | | | | | | |
| teport liabilities over \$10,000 owed to any one creditor at | personal residence unless it is rented out; ioans secured | | None | | | | B | Cutagory of Amount or Value (x) | unotu. | or Val | lue (x) | | | |
| my time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed turing the reporting period. Exclude a mortgage on your | by summander, noncerton intermed of apparations. Itabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts. | Date 1 | Interest Rate | Tem si | 0,001 - 6,000 6,001 - | 0,000 0,001 - 00,000 | 00,001 - 50,000 | 50,001 - 00,000 | - 100,000 ,000,000 | | ,000,001 - ,000,000 | 5,000,001 - 5,000,000 | 25,000,001 - 50,000,000 | ver 50,000,000 |
| Craditors (Name and Address) | Type of Liability | | <u> </u> | | \$1 \$1 | 85 | 31 | 25 | \$5 | Ó | | 85 | \$2 | To |
| Plos Dis | Mortgage on rental property, Delaware | § 38 | 132 | 23 % | 1 | × | Ť | 1 | i | T | † | i | İ | Ţ |
| John Jones, 123 J St., Washington, DC | Promissory note | | | 30 | | × | + | 7 | 7 | 1 | 7 | 1 | 1 | |
| 1 ACS, Utica, NY | Wite's Student Loan | <u> </u> | L | [8 | _ | ۲, | | T | T | T | T | Τ | T | |
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| 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 liab with the spouse or dependent children, mark the other higher categories, as appropriate. | ar's spouse or dependent children. If the liability is that of the texories, as appropriate. | filer or a join | nt liability | ility of the filer | | | | 1 | | | | | | |
| Part II: Agreements or Arrangements Report your agreements or arrangements for: continuing participation in an employee benefit plan (e.g. 401k, deferred compensation; (2) continuation | articipation in an (2) continuation | of absence; and of negotiations | | (4) future employment. See instructions regarding the reporting for any of these arrangements or benefits | aploymer se arrany | it. See | instru s or b | ctions | 2 | rding | the re | porti | E | |
| payment by a former employer (including severance payments); (3) leaves | nenis); (3) leaves | | | | | | | | | None | П | Γ | | |
| Sans and Terms of an | Status and Turms of any Agreement or Arrangement | | | | | | Parties | 8 | | | | | | 8 |
| Example: Pursuant to partnership agreement, will receive lump sure payment of capital account & partnership share exhaulants on service nerformed through 100. | ra payment of capital account & partnership share | | | Doe | Doe Jones & Smith, Hometown, State | nich, Ho | melow | State | " | | | | | 7/85 |
| 1 Continued participation in State of Florida Retirement deferred compensation plan. Neither the state of FL nor I will make any | deferred compensation plan. Neither the state of FL nor | I will make | any | Sta | State of Florida | ģ | | | | | | | | 12/81 |
| 2 Continued participation in State of Florida Retirement | Continued participation in State of Fiorida Retirement defined benifts plan. Neither the state of FL nor I will make any | ike any | | Sta | State of Florida | da | | | | | | , | 0 | 07/02 |
| 3 Continued perticipation in the ICMA defined contribution plan | yn plan. | | | Ala | Alachua County, Florida | JT.Y. F | orida | | | | | | 0 | 01/91 |
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| S. Office of Government Ethics | | | | Page Number | |
|--|---|--|--|---|--|
| eporting Individual's Name Villiam Craig Fugate | | SCHEDULE D | | | |
| | | | | | |
| Part I: Positions Held Outside U.S. Government teport any positions held during the applicable reporting period, with constant of not. Positions include but are not limited to those of the constant of the c | ether f an officer. | consultant of any corporation, firm, partnership, non-profit organization or educational institution of the contribution of th | hip, or other business enterprise or any ution. Exclude positions with religious, to collaboral an homorary resture. | | |
| | | | | AIGN | |
| Operani | Organization (Name and Address) | | sition Heid | From (Mo., Yr.) | To (Mo., Yr.) |
| Nat'l Assn. of Rock Collegers, NY, NY | MY NY | | | - 692 | |
| Doe Jones & Smith, Hometown | L State | | | 10/01 | Present |
| Talahassee, Fl | South Least Manual Assessment | | | | _ |
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| Part II: Compensation In E Report sources of more than \$5,000 co susiness affiliation for services provide the reporting period. This includes the | 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 corpusiness affiliation for services provided directly by you during any one year of othe reporting period. This includes the names of clients and customers of any of reporting period. | Proce corporation, firm, partnership, or other business enterprise, or any other non-profi corporation, firm, partnership, or other business enterprise, or any other non-profi 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. | ness enterprise, or any other non-profit e services generaling a fee or payment he U.S. Government as a source. | Do not complete this partifyou are an incumbent, Termination Filer, or Vice Presidential candidated or Presidential Candidated None | Do not complete this part if you are an incumbent, Termination Filer, or Vice Presidential Candidate None None |
| Source (Name and Address) | | | Brief Description of Duties | | |
| Examples: Doe Jones & Smith, Hometow Metro University (client of Do | mples: Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State | Legal services Legal services in connection with university construction | Austruction | | |
| 1 State Florida - Division of Emer | rgency Management, i alianassee, ri | Director, Division of Entergency wallag | Allein | | |
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Reporting Individual's Name 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 For yourself, also report the source and actual ramount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of carned income of more than \$1,000 (except report the actual accumt of any honoraria over \$200 of Far you, your spouse, and dependent children, with such income. William Craig Fugate rour spouse). Examples rk the other higher categories of value, as appropriate STATE OF FL 457 Deferred Comp ICMA Retirement 457 Fund FRANKLIN US GOV SECS FUND Vantagepoint Growth Fund (VPGRX) Vantagepoint Core Bond Fund (VPCIX) (FISAX) VALIC FIXED ANNUITY This category applies only if the asset/income is solely First Florida Credit Union - Cash Acct State of Florida Retirement State of Florida Defined benefit plan Tailahasee, FL None Central Airlines Common

Doe Jones & Smith, Hometown, State

Kompstone Equity Fund

IRA: Heartland 500 Index Fund Assets and Income BLOCK A Value Not Readily \$1,001 - \$15,000 × × Valuation of Assets \$50,001 - \$100,000 reporting period at close of BLOCK B spouse or ASC8 Over \$1,000.000 * \$5,000,001 - \$25,000,000 Over \$50,000,000 SCHEDULE A **Excepted Trust** l× Dividends Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. Interest is either that of the filer or jointly held by the filer with the spouse or dependent children, Nene (or less than \$201) × × × × × \$1,001 - \$2,500 \$5,0**0**1 - \$15,000 BLOCKC THOUSE ! Over \$1,000,000* Over \$5,000,000 age Numbe \$3794 (est) mo \$145,549.00 Will receive @ age 62 Other Income (Specify Type & Actual Amount) Salary Date
(Mo., Day.
Yr.) Only if Honoraria !

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