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Exemptions-	Trusts-	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	If yes, complete and attach Schedule V	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	If yes, complete and attach Schedule IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	If yes, complete and attach Schedule III.	Did you, your spouse, or a dependent child receive "uneamed" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	If yes, complete and attach Schedule II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	If yes, complete and attach Schedule I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	PRELIMINARY INFORMATION		Report	Status	Filer				UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	-
	Detail: disclo	OF SPO	ete and attac	spouse, or a d),000) during t	ete and attac	ipouse, or dep et in a transac	ete and attac	ipouse, or a d 0 in the report 00 at the end	ete and attac	lual or organiz a speech, app	ete and attac	r spouse have iny source in t	RY INFO	✓ Annua)	House	✓ Memb				TATES EAR 2010	
ou excluded	s regarding ' sed. Have y	DUSE, D	h Schedule	spendent child he reporting p	h Schedule	endent child tion exceedin	h Schedule	spendent child ing period or I of the period?	h Schedule	ation make a dearance, or all	h Schedule	"earned" inco	RMATIC	Annual (May 15)		House of Representatives	Member of the U.S		RICH		HOUS	
Have you excluded from this report any other assets, "unearmed" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	EPENDE	Υ.	I have any rep eriod?		xırchase, sell, j \$1,000 durin	.	I receive "une old any repor		donation to ch ticle in the rep	-	me (e.g., sala eriod?	N ANS			entatives	S.	(Full Name)	RICHARD B. NUGENT		E OF RI	:
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ner assets, "i ption? Do n	approved by port details	TRUST		y Yes 🗸 No		ny Yes		orth Yes V No		? Yes No		1 \$200 Yes ✔ No ☐	- ANSWER EACH OF THESE QUESTIONS	* □		HT	FL		!		ENTAT	
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or li	ertain our si	₩E	schedule attach	tion	If yes, complete and	ny nep	If yes, complete and	Old you hold any repor VIII. current calendar year?	If yes, complete and	Did you, your spouse, o or reimbursements for t \$335 from one source)?	ete ar	eriod (Termination		E				FORM A For use by Membe	
abiliti	other	RE	hed	<u>=</u>		ortabi		2) of a big		or trav	If yes, complete and attach Schedule VI.	(i.e., a			n Date:		Employing Office:				pers,	
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Ċ.		111 0		Each question in this part must be answered and the appropriate		Did you have any reportable agreement or arrangement with an outside entity?		Did you hold any reportable positions on or before the date of filing in the current calendar year?		or a dependent child receive any reportable travel travel in the reporting period (worth more than ?		Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?		late.	mor s	be a	A \$2	<u></u>	C:	[]	3 E	-
Yes	Yes	NS SN		the a											more than 30 days	be assessed against	A \$200 penaity shall	(Office Use Only)			SI AT	MAY - 4 2021
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SCHEDULE I - EARNED INCOME

Name RICHARD B. NUGENT

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
HERNANDO COUNTY SHERIFF OFFICE WAGES	WAGES	\$100,214.36
DISTRICT SCHOOL BOARD HERNANDO COUNTY	SPOUSE WAGES	N/A
PASCO-HERNANDO COMMUNITY COLLEGE DISTRICT BOARD OF TRUSTEES	SPOUSE WAGES	NA
THE HARTFORD HERNANDO COUNTY SHERIFF DEFERRED COMP PLAN	DEFERRED COMP	\$38,051.42

		Ĺ				
	BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
ASSI Identify (a) ear fair market va (b) any other more than \$2 Provide comp symbols.)	Asset and/or income Source identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.)	Va at ch year year year han	Year-End Value of Asset at close of reporting year. If you use a year, if you use a year at the method other than fair market value, please specify the	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k)	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or (RAs), you may check the "None" column. For all other	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
For all IRAs and self-directed (i.e. self-directed, to self exercised, to self asset held in the retirement accounthe institution har reporting period.	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	asset wincluded it is gen the valu	asset was sold and is included only because it is generated income, the value should be "None."	check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting	of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	
For rental or address.	For rental or other real property held for investment, provide a complete address.			period.	odired di generatori.	
For an owner publically tra- activities, and	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.					
Exclude: You vacation hom period); any o	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or					
	FIRST FLORIDA CU JACKSONVILLE, FL ACCOUNT	\$ 1,	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	MET LIFE - WHOLE LIFE INSURANCE POLICY	\$ 1,	\$1,001 - \$15,000	N/A	N/A	
	PRUDENTIAL INSURANCE CO OF AMERICA, WHOLE LIFE INSURANCE POLICY	\$ 5	\$1,001 - \$15,000	NA	NA	
Ţ	RENTAL HOME, SEVIERVILLE, TN	\$50 \$1,	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
	THE HARTFORD HERNANDO COUNTY SHERIFF DEFERRED COMPENSATION PLAN	\$10 \$25	\$100,001 - \$250,000	N/A	N/A	
	PLAN					

SCHEDULE V - LIABILITIES

Name RICHARD B. NUGENT

Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC,		Date Liability		
JT	Creditor	Incurred	Type of Liability	Amount of Liability
JT	WELLS FARGO MORTGAGE	8002 JNNF	MORTGAGE ON SEVIERVILLE, TN RENTAL	\$100,001 - \$250,000
	FLORIDA TRADITIONS BANK	JUNE 2009	SIGNATURE LOAN	\$15,001 - \$50,000
	THE HARTFORD: DEFERRED COMPENSATION PLAN	APRIL 2009	LOAN AGAINST DEFERRED COMP.PERSONALLY LIABLE	\$15,001 - \$50,000

SCHEDULE IX - AGREEMENTS

Name RICHARD B. NUGENT

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
VESTED	DIVISION OF RETIREMENT.STATE OF FLORIDA	STATE PENSION PROGRAM. TO BE PAID MONTHLY STARTING 1-1-12.