

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2011 - 6/30/12

Name: ALAN GREGSON

Daytime Telephone

JUL 12 2012

2012 JUL 18 AM 11:38

LEGISLATIVE RESOURCE CENTER
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>FL</u> District: <u>9</u>	Date of Election: <u>11/6/12</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" 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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. 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 III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—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 a dependent child?

Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" 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.

Yes ☐ No ☒

Page 2 of 20

Source (include date of receipt for honoraria)

[illegible]

Page 3 of 20

BLOCK D

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 IRAs), you may check the "None" column. For all other assets, indicate the category 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.

SP	SP Mega Corp. Stock
DC Examples:	Simon & Schuster
JT	1st Bank of Paducah, KY accounts

Graysen Cushting Street - back

Part III																										
Supplemental Information																										
Supplemental Information (continued)																										
A	B	C	D	E	F	G	H	I	J	K	L	None														
												\$1 - \$1,000														
												\$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														
												\$1,000,001 - \$5,000,000														
												\$5,000,001 - \$25,000,000														
												\$25,000,001 - \$50,000,000														
												Over \$50,000,000														
												M	N	O	P	Q	R	S	T	U	V	W	X	NONE		
DIVIDENDS																										
RENT																										
INTEREST																										
CAPITAL GAINS																										
EXCEPTED/BLIND TRUST																										
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																										
Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ													AK	None	
																									\$1 - \$200	
																									\$201 - \$1,000	
																									\$1,001 - \$2,500	
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												AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW		AX	None
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AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ													BK		None
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												BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW		BX	None
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BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ													CK		None
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												CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW		CX	None
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CY	CZ	DA	DB	DC	DD	DE	DF	DG	DH	DI	DJ													DK		None
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												DL	DM	DN	DO	DP	DQ	DR	DS	DT	DU	DV	DW		DX	None
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FY	FZ	GA	GB	GC	GD	GE	GF	GG	GH	GI	GJ													GK		None
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GY	GZ	HA	HB	HC	HD	HE	HF	HG	HH	HI	HJ													HK		None
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JY	JZ	KA	KB	KC	KD	KE	KF	KG	KH	KI	KJ													KK		None
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												KL	KM	KN	KO	KP	KQ	KR	KS	KT	KU	KV	KW		KX	None
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KY	KZ	LA	LB	LC	LD	LE	LF	LG	LH	LI	LJ													LK		None
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LY	LZ	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ													MK		None
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												ML	MM	MN	MO	MP	MQ	MR	MS	MT	MU	MV	MW		MX	None
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MY	MZ	NA	NB	NC	ND	NE	NF	NG	NH	NI	NJ													NK		None
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												NL	NM	NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW		NX	None
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NY	NZ	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ													OK		None
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												Over \$5,000,000														
												OL	OM	ON	OO	OP	OQ	OR	OS	OT	OU	OV	OW		OX	None
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\$1,000,001 - \$5,000,000																										
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OY	OZ	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ													PK		None
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												Over \$5,000,000														
												PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW		PX	None
																										\$1 - \$200
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PY	PZ	QA	QB	QC	QD	QE	QF	QG	QH																	

Continuation Sheet (if needed)

ALAN GILSON

Page 5 of 20

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Page 5 of 20

Page 5 of 20

[illegible]

Continuation Sheet (if needed)

ALAN GORDON

Page 6 of 20

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Continuation Sheet (if needed)

ALAN GEARYSON

Page 7 of 12

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Cost: _____ Chart (if needed)

At A-0 GLAY (a)

200

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Page 9 of 20

Page 20 of 20

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Continuation Sheet (if needed)

ALAN GLASSON

10-2

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Continuation Sheet (if needed)

ALAN GARDNER

Page 11 of 22

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10-10-10

Alan Gary

Page 17 of 20

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Continuation Sheet (if needed)

ALAN BLAYSON

Page 13 of 23

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Continuation Sheet (if needed)

ALAN GAZDAR

Page 1420

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Combination Sheet (if needed)

ALAN GARYSON

Page 10 of 20

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Continuation. Sheet 11 of 100

Notes

ALAN GOLAN

1020

[illegible]

1999

ALAN GARDNER

1722

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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

ALAN GARYSON

Page 18 of 20

BLOCK A		BLOCK B													BLOCK C						BLOCK D																							
Asset and/or Income Source		Value of Asset													Type of Income						Current Year												Preceding Year											
SP, JT, DC		A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
		None	\$1 - \$1,000	\$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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000								None	\$1 - \$200	\$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	\$1,000,001 - \$5,000,000	Over \$5,000,000	None	\$1 - \$200	\$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	\$1,000,001 - \$5,000,000	Over \$5,000,000		
DC	American Capital stock							X																																				
DC	Aviation stock			X																																								
DC	Dele stock			X																																								
DC	London Metals stock			X																																								
DC	Atlantic stock			X																																								
DC	Geac stock			X																																								
DC	IFM Income ETF	X																																										
	38296 Y. kn stock-back			X																																								
	UNITE membership-back			X																																								
	WPC Georgia Fund Mgt Co. back			X																																								
	wife " " G.P. - back			X																																								
	Georgia Fund interest									X																																		
	Currency M. str.	X																																										

SCHEDULE III — LIABILITIES

Name **ALAN SATYAN**

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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 reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); 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 previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A \$10,001— \$15,000	B \$15,001— \$50,000	C \$50,001— \$100,000	D \$100,001— \$250,000	E \$250,001— \$500,000	F \$500,001— \$1,000,000	G \$1,000,001— \$5,000,000	H \$5,000,001— \$25,000,000	I \$25,000,001— \$50,000,000	J Over \$50,000,000	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X							

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
Manager	Grayson Fund Mgmt. Co.
Director	Grayson Master Fund, LP.
Director	Grayson Fund (Cogn.) Ltd.
Trustee	GSA Telecommunications Trust
Trustee	Grayson Foundation

SCHEDULE III — LIABILITIES

Name Alan Slayton

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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 reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); 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 previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability									
				A	B	C	D	E	F	G	H	I	J
				\$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	\$1,000,001 — \$5,000,000	\$5,000,001 — \$25,000,000	\$25,000,001 — \$50,000,000	Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X						

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
Director	Am6 Tr.
Officer/Director	Grayson Consulting, Inc.
Officer/Director	38296 York Ave.
Member	United Mobile Technologies, Inc.
Officer/Director	Grayson Law Center, P.C.