Form Approved: 01/18 No. 3209 - 0001

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 14 S. Office of Government

D.S. Office of Advertisation from															
Date of Appointment, Candidaty, Election, or Nomination (Month, Day, Year)	Reporting Status {Check Appropriate Boxes}	Incumbent	Calendar Year Covered by Repor	No	w Entraut, minee, or ndidate	Termination Filer	TerminalionDate (If Applicable) (Morata, 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							
	Last Name				First Name and M	liddle Initial		filed, or, if an extension is granted, more							
Reporting Individual's Name	Gray III	-		_	Gordon			than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.							
	Title of Pasition		10 a \$200 fee.												
Position for Which Filing	Ambassador lo the	Republic of Tu	nisia		Department of Sta	ate .		Reporting Periods Incumbents: The reporting period is							
Location of	Address (Number,	Street, City, St.	ate , and ZIP Code)		Telephone No	. (Include Area Code)	the preceding calendar year except Part Il of Schedule C and Part I of Schedule D							
Present Office {or forwarding address}	NEA/MAG, Room 6	3250, Departme	nt of State, Washi	ngton, E	D.C. 20520	202-647-2365	5	where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.							
Position(s) Held with the Federal	Title of Position(s)	and Dale(s) He	eld			•		between 5 to 100 approved							
Government During the Preceding 12 Months (if Not Same as Above)	Senior Advisor, U.S Deputy Assistant S	3. Embassy Ba ecretary of Stat	Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Fart II of												
	Name of Congressi	onal Committe	e Considering Nor	ninatior	Do You Intend to	Create a Qualifi	ed Diversified Trust?	Schedule D is not applicable.							
Presidential Nominees Subject to Senate Confirmation	Committee on Fore				Yes		No								
	CAMINIMO ON 1 DIC	Sign (Colonol 12			1 1 1 4 4			Nominees, New Entrants and Candidates for President and							
0.48.0	101-1-1-1	4.3				Date /Mont	h, Day, Year)	Vice President:							
Certification 1-CERTIFY that the statements I have	Signature of Repo	dus implyions	\		<u>,</u>	Date (MDE)	15, 1083, 2021	Schedule A-The reporting period							
Hearth I had the statements i have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.		Slame 3	MMM			6/2	2009	for income (BLOCX C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets							
	Signature of Other	Reviewer				Date (Mont	h, Day, Year)	as of any date you choose that is within							
Other Review			·····					31 days of the date of filing.							
agency)	į				•	İ		Schedule B-Not applicante.							
	•						·	Catadala C Band ((Catalala) Pho							
Agency Ethics Official's Opinion	Signature of Desig	nated Agency J	Hides Official/Rev	lewing !	Official	Date (Mont	h, Day, Year)	Schedule C, Part I (Liabilities)—The reporting period is the preceding calendar							
On the basis of information combined in this		7	7)			/		year and the current calendar year up to							
report, I republished that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).		me	There		•	6/3	5/09	any date you choose that is within 31 days of the date of filing.							
	Signature //	/ t		*		Date (Mont	A, Day, Year)	Schedule C, Part II (Agreements or							
Office of Government Ethics Use Only	7	wt.	Je Con	4	*	6/	16/09.	Arrangements)—Show any agreements or arrangements as of the date of filing. Schedule D—The reporting period is							
Comments of Reviewing Officials (If additional space .	is required, use	the reverse side	of this s	heet)			the preceding two calendar years and							
		· · · · · · · · · · · · · · · · · · ·		·····				the current calendar year up to the date of filing.							
· ·			(Check box if i	tkə gallif	easion granted & inc	Sicate number o	of days }								
· ·								Agency Use Only							
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accused to the control of the contro							·	OGE Use Only							
				(Chec.	k box if comments ar	e continued on	the reverse side)	JUN 1 1 2009							
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Reporti	ng Individual's Name		SCHEDULE A Page Number 2 / 19												10																	
Gray :	III, Gordon																															
	Assets and Income			Valuation of Assets at close of reporting period. Income: type and amount. If "None (or less checked, no other entry is needed in Block										s the	an \$201)" or that iten	is n.																
	BLOCK A			BLOCK C													·															
each as income \$1,000 general reports of earn the U.S source than \$1	your spouse, and dependent children; reject held for investment or the production of which had a fair market value exceeding at the close of the reporting period, or which may be sufficiently such income during the ag period, together with such income. It is also report the source and actual amend income exceeding \$200 (other than from the such comes, Government). For your spouse, report the but not the amount of earned income of m,000 (except report the actual amount of a ria over \$200 of your spouse).	of ich nount m ne ore	None (or Less than \$1,001)	\$1,0001 - \$15,000	\$15,001 - \$50,000	\$50,061 - \$100,000	\$250,001 - \$250,000	\$500,001 - \$1,000,000	Over \$1,000,000'*	\$1,000,0001 - \$3,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Executed Investment Fund	Excepted Trust	Qualified Trust	Dividende	ovalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$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)	Date (Mo., Day, Yr.) Only if Honoraria
	Central Airlines Common	· · · · · · · · · · · · · · · · · · ·				x		1::				1	1				1>						X.			 	_					
	Doc Jones & Smith, Hometown, State				X		1		1	Ì							\mathbb{I}			13	<u> </u>	1				 	ļ. <u>.</u>	_			Law Partnership Income \$130,000	
Examp	Kernpstone Equity Fund						Χ										I				_		_	X.	_		Ž	-				
	IRA: Heartland 500 Index Fund							15	Ç.						É										Х	 	1	<u> </u>		\vdash		
1 Vq	vanced Vision Technology		The state of the s	х						101 2016					T A						X	-							3			
² All	state		X							60		1.5%		The second second				x	4		x					 <u> </u>	j.,	-	2 1 27 2			
3 Ali	oha Sec Group UTS			x								%.		A COUNTY OF				2 M C Water o			X					 -						
4 An	nerican Independence Corp.			X				N 22 2 2 1/2		0.				St. Towns		77 A.1 E					Х				-		-	-				
5 A)	JACOMP Inc. [SOLD]		X					2011				14.				1					X					_						
6 Av	aion Hoidings		ille and the	x	10000			100 m	**			1		To the state of th							X			<u> </u>								
*	* 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.																															

Page Number Reporting Individual's Name SCHEDULE A continued 3 / 19 Gray III, Gordon (Use only if needed) Income: type and amount. If "None (or less than \$201)" is Valuation of Assets Assets and Income at close of reporting period. checked, no other entry is needed in Block C for that item. BLOCK C BLOCK A BLOCK B Amount Type Other Date Income \$25,000,001 - \$50,000,000 Excepted Investment Fund \$1,000,0001 - \$5,000,000 \$5,000,001 - \$25,000,000 (Mo., Day, \$201) \$1,000,001 - \$5,000,000 (Specify \$100,001 - \$1,000,000 Yr.\$500,001 - \$1,000,000 Type & \$100,001 - \$250,000 \$250,001 - \$300,000 \$50,001 - \$100,000 \$50,001 - \$100,000 Over \$1,000,000 * Rent and Royalties None (or less than Over \$1,000,000* \$15,001 - \$50,000 Over \$50,000,000 Actual \$5,001 - \$15,000 Only if \$1,001 - \$2,500 \$2,501 - \$5,000 Excepted Trust. Amount) \$201 - \$1,000 Capital Gains Honoraria Dividends Balchem Corp Com Bank of NT Butterfield & Son XX Campbell Strategic Allocation Fund Capital World Growth and Income Fund American Funds Cargo Jet Income Fund Untd Cell Therapeutics CV [SOLD] Center Financial Corp. [SOLD] ХX Chase Manhatten MLD CD (Corporate bond) Cisco * 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.

Prior Editions Cannut Be Used.

Reporting Individual's Name SCHEDULE A continued 4 / 19 Gray III. Gordon (Use only if needed) Income: type and amount. If "None (or less than \$201)" is Valuation of Assets Assets and Income checked, no other entry is needed in Block C for that item. at close of reporting period. BLOCK C BLOCK A BLOCK B Amount Type Other Date Income \$25,000,001 - \$50,000,000 Excepted Investment Fund (Mo., Day, \$1,000,0001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$1,000,001 - \$5,000,000 None (or less than \$201) (Specify \$100,001 - \$1,000,000 10) \$500,001 - \$1,000,000 Type & \$100,001 - \$250,000 \$250,001 - \$500,000 \$50,001 - \$100,000 \$50,001 - \$100,000 Rent and Royaltics Over \$1,000,000 * \$15,001 - \$50,000 \$15,001 - \$50,000 Over \$50,000,000 Over \$1,000,000* Actual \$5,001 - \$15,000 Over \$5,000,000 Only if \$1,001 - \$2,500 \$2,501 - \$5,000 Excepted Trust Qualified Trust Amount) \$201 - \$1,000 Capital Gains Honoraria Dividends Citizens First Corp Columbia Young Investors Fund (IRA) New name: Columbia Strategic Investors Fund X Core Mark Holding Company Davis Financial Fund Dell Computer Corp. Dow Jones U.S. Tech Sector Energy Infrastructure E Plus Inc. Europacific Growth XX American Funds * 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.

Page Number

Page Number Reporting Individual's Name SCHEDULE A continued 5 / 19 (Use only if needed) Gray III, Gordon Income: type and amount. If "None (or less than \$201)" is Assets and Income Valuation of Assets checked, no other entry is needed in Block C for that item. at close of reporting period. BLOCK C BLOCK B BLOCK A Amount Type Other Date Income \$25,000,001 - \$50,000,000 Excepted Investment Fund (Mo., Day, \$1,000,0001 - \$5,000,000 \$5,000,001 - \$25,000,000 None (or less than \$201) \$1,000,001 - \$5,000,000 (Specify 2100,000,12 - 100,0012 Yr.) \$500,001 - \$1,000,000 Type & \$100,001 - \$250,000 \$250,001 - \$500,000 \$50,001 - \$100,000 \$50,001 - \$100,000 Over \$1,000,000 * Rent and Royalties 000'055 - 100'51\$ Over \$1,000,000* \$15,001 - \$50,000 Over \$50,000,000 Actual Over \$5,000,000 \$5,001 - \$15,000 Only if \$1,001 - \$2,500 \$2,501 - \$5,000 Excepted Trust Qualified Trust Amount) \$201 - \$1,000 Capital Gains Honoraria Ferris Baker Watts Reserve Primary Fund X XX Fidelity Advisor Energy Class T (formerly Natural Resources) Fidelity Advisor Equity Income Class Fidelity Advisor Growth Opportunity Class T Fidelity Advisor High Yield Class T New name: Fidelity Equity Growth X Asser Manager 70 X Fidelity Asset Manager Growth (joint account and IRA) New name: Fidelicy Fidelity Puritan (IRA) First Fed Northern Michigan Bancorp X Fleming Companies Inc. * 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.

Prior Editions Cannot Be Used.

Page Number Reporting Individual's Name SCHEDULE A continued 6 / 19 Gray III, Gordon (Use only if needed) Income: type and amount. If "None (or less than \$201)" is Valuation of Assets Assets and Income checked, no other entry is needed in Block C for that item. at close of reporting period. BLOCK C BLOCK A BLOCK B Amount Type Other Date Income \$25,000,001 - \$50,000,000 Excepted Investment Fund \$5,000,001 - \$25,000,000 (Mo., Day, \$1,000,0001 - \$5,000,000 \$201) \$1,000,001 - \$5,000,000 (Specify \$100,000 - \$1,000,000 \$500,001 - \$1,000,000 Yr.)Type & \$250,001 - \$500,000 \$100,001 - \$250,000 \$50,001 - \$100,000 \$50,001 - \$100,000 Rent and Royalties \$15,001 - \$50,000 Over \$1,000,000 * Vone (or less than \$1,0001 - \$15,000 \$15,001 - \$50,000 Over \$50,000,000 Over \$1,000,000* Actual \$5,001 - \$15,000 Over \$5,000,000 Only if \$1,001 - \$2,500 \$2,501 - \$5,000 Excepted Trust Qualified Trust \$201 \$1,000 Amount) Capital Guins Honoraria FNX Mining Fortress Amer ACO New name: Fortress International Group FreeSeas Inc. (formerly Trinity Partners) X Fuel Cell Technologies Corp. Fundamental Investors Fund Fuwei Film Holdings Golden Pond Healthcare Gruma SAB De CV B [SOLD] 5 Grupo Iusacel (Stock spin-off from TV Azteca) * 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.

Page Number Reporting Individual's Name SCHEDULE A continued 7 / 19 Gray III, Gordon (Use only if needed) Income: type and amount. If "None (or less than \$201)" is Valuation of Assets Assets and Income at close of reporting period. checked, no other entry is needed in Block C for that item. BLOCK C BLOCK A . BLOCK B Type Amount Other Date Income \$25,000,001 - \$50,000,000 Excepted Investment Fund Over \$1,000,000 * \$1,000,0001 - \$5,000,000 (Mo., Day, \$5,000,001 - \$25,000,000 \$1,000,001 - \$5,000,000 (Specify \$100,001 - \$1,000,000 \$500,001 - \$1,000,000 Yr.)Type & \$100,001 - \$250,000 \$250,001 - \$500,000 \$50,001 - \$100,000 None (or Less than 550,001 - \$100,000 Rent and Royalties None (or less than \$15,001 - \$50,000 Over \$1,000,000* 51,0001 - \$15,000 \$15,001 - \$50,000 Over \$50,000,000 \$5,001 - \$15,000 Actual Over \$5,000,000 Only if \$1,001 - \$2,500 \$2,501 - \$5,000 Qualified Trust Excepted Trust Amount) \$201 - \$1,000 Capital Gains Honoraria Dividends Interest | Hanmi Financial Corp. [SOLD] Harris and Harris Group Inc. Harvest Nat Res HCA Stock (Wife's 401K Plan) Hemisphere GPS (Formerly CSI Wireless) X Fidelity Puritan Fund Income Fund of America American Funds Incredimail, Ltd. [SOLD] 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.

Page Number Reporting Individual's Name SCHEDULE A continued 8 / 19 Gray III, Gordon (Use only if needed) Income: type and amount. If "None (or less than \$201)" is Valuation of Assets Assets and Income checked, no other entry is needed in Block C for that item. at close of reporting period. BLOCK C BLOCK B BLOCK A Amount Туре Other Date Income \$25,000,001 - \$50,000,000 Excepted Investment Fund None (or Less than \$1,001 Mo., Day, \$5,000,001 - \$25,000,000 Over \$1,000,000 * \$1,000,000 - \$3,000,000 \$1,000,001 - \$5,000,000 None (or less than \$201) (Specify \$100,001 - \$1,000,000 Yr.) \$500,001 - \$1,000,000 Type & \$50,001 - \$50,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$50,001 - \$100,000 Rent and Royalties \$15,001 - \$50,000 Over \$1,000,000* Over \$50,000,000 Actual \$1,0001 - \$15,000 \$5,001 - \$15,000 Over \$5,000,000 Only if \$1,001 - \$2,500 \$2,501 - \$5,000 Excepted Trust Qualified Trust Amount) \$201 - \$1,000 Capital Gains Honoraria Dividends Industrias Bachoco Intel Corporation Interamerican Acq. Grp International Coal Group Investment Company of America American Funds Ipass Inc. Keystone Inds. X Lancashire Holdings X Metromedia International 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.

Reporting Individual's Name Page Number SCHEDULE A continued 9 / 19 Gray III. Gordon (Use only if needed) Valuation of Assets Income: type and amount. If "None (or less than \$201)" is Assets and Income at close of reporting period. checked, no other entry is needed in Block C for that item. BLOCK A BLOCK B BLOCK C Type Amount Other Date \$25,000,001 - \$50,000,000 Income Excepted Investment Fund \$1,000,0001 - \$5,000,000 \$5,000,001 - \$25,000,000 (Mo., Day, None (or less than \$201) \$1,000,001 - \$5,000,000 (Specify \$100,001 - \$1,000,000 \$500,001 - \$1,000,000 Yr.) \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 Type & \$50,001 - \$100,000 Over \$1,000,000 * Rent and Royaltics \$15,001 - \$50,000 Over \$50,000,000 Over \$1,000,000* \$5,001 - \$15,000 Actual Over \$5,000,000 Only if \$1,001 - \$2,500 \$2,501 - \$5,000 Excepted Trust Qualified Trust \$201 - \$1,000 Amount) Capital Gains Honoraria Dividends Microsoft Millenium India Acq. X Morgan Stanley Dean Witter Nektar Therapeutics X New Economy Fund American Funds New Perspective Fund American Funds Noble Entertainment Overhill Farms Petrobank Energy & Res. Ltd. * 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.

Reporting Individual's Name Page Number SCHEDULE A continued 10 / 19 Gray III, Gordon (Use only if needed) Valuation of Assets Income: type and amount. If "None (or less than \$201)" is Assets and Income at close of reporting period. checked, no other entry is needed in Block C for that item. BLOCK A BLOCK B BLOCK C Amount Type Other Date Income \$25,000,001 - \$50,000,000 Excepted Investment Fund \$1,000,0001 - \$5,000,000 \$5,000,001 - \$25,000,000 (Mo., Day, None (or less than \$201) \$1,000,001 - \$5,000,000 (Specify \$500,001 - \$1,000,000 \$100,001 - \$1,000,000 Yr.) \$250,001 - \$500,000 \$100,001 - \$250,000 Type & 850,001 - \$100,008 \$50,001 - \$100,000 \$15,001 - \$50,000 Rent and Royalties \$15,001 - \$50,000 Over \$50,000,000 Over \$1,000,000* \$5,001 - \$15,000 Actual Over \$5,000,000 \$1,001 - \$2,500 \$2,501 - \$5,000 Only if Excepted Trust Qualified Trust \$201 - \$1,000 Amouní) Capital Gains Honoraria interest Pioneer Fund PMC Commercial Trust Pomeroy IT Solutions X PRB Energy (Formerly PRB Gas Transaction Inc.) [SOLD] X Prime Cash Series MMF [LIOUIDATED] X Putnam Growth and Income Fund Putnam Health Service Fund RCN Corp. Com NEW Rubicon Ltd. us. * 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.

Page Number Reporting Individual's Name SCHEDULE A continued 11 / 19 (Use only if needed) Gray III, Gordon Income: type and amount. If "None (or less than \$201)" is Valuation of Assets Assets and Income checked, no other entry is needed in Block C for that item. at close of reporting period. BLOCK C BLOCK A BLOCK B Amount Type Other Date Income \$25,000,001 - \$50,000,000 Excepted Investment Fund \$5,000,001 - \$25,000,000 (Mo., Day: \$1,000,0001 - \$5,000,000 \$201) \$1,000,001 - \$5,000,000 (Specify \$100,001 - \$1,000,000 $\gamma_{r.}$ \$500,0001 - \$1,000,000 Type & \$250,001 - \$500,000 \$100,001 - \$250,000 \$50,001 - \$100,000 \$50,001 - \$100,000 Rent and Royaltics None (or less than \$15,001 - \$50,000 Over \$1,000,000 * Over \$50,000,000 \$15,001 - \$50,000 \$1,0001 - \$15,000 Over \$1,000,000* Actual \$5,001 - \$15,000 Over \$5,000,000 Only if \$1,001 ~ \$2,500. \$2,501 - \$5,000 Excepted Trust Amount) \$201 - \$1,000 Capital Gains Honoraría Interest Seanergy Maritime Secure American Acq. Corp. X Securitas Direct B [SOLD] SE FINL Corp. Selectica **SORL** Auto Parts Star Bulk (AKA Star Maritime Acquisition Corp.) State Department Credit Union Checking/Savings/Money market Steakhouse Partners [SOLD]

* 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

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	Reporting Individual's Name Fray III, Gordon	SCHEDULE A continued (Use only if needed)														Page Number 12 / 19																	
E-FOR	Assets and Income BLOCK A	Valuation of Assets at close of reporting period. BLOCK B									******		Income: type and amount. If "None (or less that checked, no other entry is needed in Block C for BLOCK C																				
		None (or Less than \$1,001)	11 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	.\$160,001 - \$250,000	\$250,001 - \$500,000	.\$500,001 - \$1,000,000	Over \$1,000,000 *	.\$1,000,0001 - \$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	Inferest ===	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		\$100,001 - \$1,000,000		\$1,000,001 - \$5,000,000	Over \$5,000,000.	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
88	Sure Energy (Spin-off from NAV Energy)	X																			X							,0° 16		77.5 58.5			
89	Templeton Developing Markets Fund (IRA)		x										TO CHARLES THE STATE OF THE STA	ХХ									X										
90	Templeton Foreign Fund			X		100000							7	ХX						X				X									
91	Thornburg Mtg Inc.		X										Annuisment (Shangahana)				X	100 K			x												
92	Time Warner Inc. (formerly AOL Time Warner)	X											Carrier and and an				X				x												
93	Townhouse - Falls Church, VA 22043						X					158	and the contraction of					X								Х							
94	TPTX (formerly Axonyx Inc. Com) [SOLD]	X											-								x												
95	TV Azteca [SOLD]	X		8 10 10													Х			X	х		CG										
96	UMB Bank (son's account) [LIQUIDATED]	X									The state of the s								x		x												
	* This category applies only if the asset/incomby the filer with the spouse or dependent chi	e is s dren,	olely mar	y tha k th	at of	the	file higi	rs s er c	pous ateg	e o	r der	eno val	lent ue,	chi as a	Idre	n. If	the	asse	et/in	con	e is	eith	er tl	nat o	f the	file	r or	join	tly i	ield			

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Reporting Individual's Name Page Number SCHEDULE A continued 13 / 19 Gray III, Gordon (Use only if needed) Valuation of Assets Income: type and amount. If "None (or less than \$201)" is Assets and Income at close of reporting period. checked, no other entry is needed in Block C for that item. BLOCK A BLOCK C BLOCK B Type Amount Other Date Income \$25,000,001 - \$50,000,000 Excepted Investment Fund \$1,000,0001 - \$5,000,000 \$5,000,001 - \$25,000,000 (Mo., Day, \$1,000,001 - \$5,000,000 (Specify \$100,001 - \$1,000,000 \$500,001 - \$1,000,000 Yr.\$1,0001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 Type & \$50,001 - \$100,000 Rent and Royalties Over \$1,000,000 * None (or less than \$15,001 - \$50,000 Over \$50,000,000 \$5,001 - \$15,000 Over \$1,000,000* Actual Only if \$1,001 - \$2,500 Excepted Trust Qualified Trust \$201 - \$1,000 Amount) Capital Gains Honoraria Interest Union St. Acg. UTS United American Indemnity United Industrial Corp [SOLD] USAA Cornerstone Strategy Fund (Coverdell savings account) USAA Cornerstone Strategy Fund (son's UTMA account) USAA Growth Fund (Coverdell savings X account) USAA International Fund USAA Money Market Fund USAA Tax Exempt Short Term Fund

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.

Page Number Reporting Individual's Name SCHEDULE A continued 14 / 19 Gray III, Gordon (Use only if needed) Income: type and amount. If "None (or less than \$201)" is Valuation of Assets Assets and Income checked, no other entry is needed in Block C for that item. at close of reporting period. BLOCK C BLOCK A BLOCK B Amount Type Other Date Income \$25,000,001 - \$50,000,000 Excepted luvestment Fund Over \$1,000,000 * \$1,000,0001 - \$5,000,000 \$5,000,001 - \$25,000,000 (Mo., Day, \$1,000,001 - \$5,000,000 (Specify \$100,001 - \$1,000,000 Yr.\$500,001 - \$1,000,000 Type & \$100,001 - \$250,000 \$250,001 - \$500,000 - \$100,000 \$50,001 - \$100,000 Rent and Royalties None (or less than \$15,001 - \$50,000 Over \$1,000,000* \$15,001 - \$50,000 \$1,0001 - \$15,000 Actual Over \$50,000,000 Over \$5,000,000 \$5,001 - \$15,000 Only if \$1,001 - \$2,500 \$2,501 - \$5,000 Excepted Trust Qualified Trust \$201 - \$1,000 Amount) Capital Gains Honoraria \$50,001 USAA Virginia Tax Free Bond Fund U.S. Savings Bond (Face Value) X Vanguard Total Stock Market Index Fund Vanguard/Windsor II Wachovia (formerly known as First X Union Bank) checking/savings Walt Disney Х Warwick Valley Ttelephone Co. X Χ Washington Mutual Investors Fund Ziopharm Oncology Inc. * 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

Page Number Reporting Individual's Name SCHEDULE A continued 15 / 19 Gray III, Gordon (Use only if needed) Income: type and amount. If "None (or less than \$201)" is Valuation of Assets Assets and Income checked, no other entry is needed in Block C for that item. at close of reporting period. BLOCK C BLOCK A BLOCK B Amount Type Other Date None (or Less than \$1,001) Income \$25,000,001 - \$50,000,000 Excepted Investment Fund \$5,000,001 - \$25,000,000 (Mo., Day, \$1,000,0001 - \$5,000,000 None (or less than \$201) \$1,000,001 - \$5,000,000 (Specify \$100,001 - \$1,000,000 \$500,001 - \$1,000,000 Yr.) \$250,001 - \$500,000 \$50,001 - \$50,000 Type & \$100,001 - \$250,000 \$50,001 - \$100,000 Rent and Royalties Over \$1,000,000 * \$15,001 - \$50,000 Over \$50,000,000 Over \$1,000,000* Actual Over \$5,000,000 Only if \$2,501 - \$5,000 \$1,001 - \$2,500 Qualified Trust \$201 - \$1,000 Amount) Capital Gains Honoraria Interest 2020 China Cap Acq. Vanguard Dividend Growth Fund X (fomerly Utilities Income Fund) China Acquisition Chardan 2008 Chardin China Acq. Group Correct name: Chase Bank (son's account) Checking/CD DineEquity Inc. Government Cash Series MMF X Federated India Globalization Cap Inc. X Lotus Pharmaceuticals Primoris Services Corp 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

Reporting Individual's Name Page Number SCHEDULE A continued 16 / 19 Gray III, Gordon (Use only if needed) Income: type and amount. If "None (or less than \$201)" is Assets and Income Valuation of Assets at close of reporting period. checked, no other entry is needed in Block C for that item. BLOCK A BLOCK C BLOCK B Amount Type Other Date Income \$25,000,001 - \$50,000,000 Excepted Investment Fund \$1,000,0001 - \$5,000,000 \$5,000,001 - \$25,000,000 (Mo., Day, \$1,000,001 - \$5,000,000 None (or less than \$201) (Specify \$100,001 - \$1,000,001 \$500,001 - \$1,000,000 15.) Type & \$100,001 - \$250,000 \$250,001 - \$500,000 \$50,001 - \$100,000 \$50,001 - \$100,000 Rent and Royalties Over \$1,000,000.* \$15,001 - \$50,000 \$15,001 - \$50,000 Over \$50,000,000 Over \$1,000,000* Actual \$5,001 - \$15,000 Over \$5,000,000 Only if \$2,501 - \$5,000 \$1,001 - \$2,500 Excepted Trust Qualified Trust Amount) Capital Gains Honoraria Interest Shine Media Acq. Corp. Shiner International Inc. X Student Transn. American Ltd. Tech Precision Corp. Com. Treasury Cash Fund MMF Trian Acq. Core Unit X Salary Reston Hospital * 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

CER Part 2634 Do not complete	te Schedule B if you are a new entran	t, nom	inec	, or	Vice Presid	ientia	lori	resi	denti	ai Car	ididat	е		,	
Office of Government Ethics porting Individual's Name Frage Number 17 / 19 Fray III, Gordon														19	*
Part I: Transactions Report any purchase, sale, or exchange Do no	t report a transaction involving	None													
children during the reporting period of any reside	nce, or a transaction solely between	Tra	nazetica roe (x)				***************************************		An	nount of	Transac	tion (x)		
real property, stocks, bonds, commodify futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	rour spouse, or dependent child. the "Certificate of divestiture" block icate sales made pursuant to a icate of divestiture from OGE.	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$250,000	\$500,000	51,000,000°	\$1,000,000 -	\$5,00,001 -	\$50,000,000 Cher \$50,000,000	Certificate of divestiture
Identification of As	SSETS Section of the section of the				2/1/99	2		(X)						38. 10 60.00 500.00	
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>				200										0.7	š
Part II: Gifts, Reimbursements, and For you, your spouse and dependent children, report the stion, and the value of; (1) gifts (such as tangible items, trifood, or entertainment) received from one source totaling (2) travel-related cash reimbursements received from one than \$260. For conflicts analysis, it is helpful to indicate	* This category applies only if the underlying asset is solely that of the liter's spouse of 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 litinerary,														
Source (Name and Address)					ption									Value	مدادمونيتري
Examples Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to nat Leather briefcase (personal-friend)	ional cor	feren	ce 6/1:	5/99 (personal :	activity	unrela:	ted to	duty)					\$300	
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Reporting Individual's Name Gray III, Gordon	SCHI	EDULE	C								Page	Numb	18 /	19	
Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None	· · · · · · · · · · · · · · · · · · ·		parament .					-2017	150000000		2200 CON-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	******	
to any one creditor at any time	automobiles, household furniture						Construction of the Constr	Categ	ory of	Amou	nt or V	-	1		
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date	Interest	Term if	100'015	\$15,001 - \$50,000	\$100,000	\$250,000 -	\$250,001 -	\$500,001 - \$1,000,000*	Over \$1,000,000*	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
· Creditors (Name and Address)	Type of Liability	incurred	Rate	applicable	ß	35.52		I	<u> </u>	ន្ទន	ំភ	2, 23	22	88	ÓÃ
Examples First District Bank, Washington, DC John Jones, 123 JSt., Washington, DC		1991 1999	8% 10%	25 yrs. on demand			NX.	<u> </u>	orein eX		71 (E) 2 (E)	1-			
Bank of America	Mortgage on rental property in Falls Church, VA	1987	Adjust.	30			X								
2)			7										
3												Parties of the control of the contro			
4						-		na in the later of				1000			
3 3									8.4. 8.4.			Alexandra Alexandra			
* This category applies only if the underlying with the spouse or dependent children, mark	liability is solely that of the filet's spouse or depe the other higher categories, as appropriate.	ndent childr	en. If the li	ability is th	at of t	he file	r or a	joint l	iabilit	y of th	e filet	* ·	. ioloisem dorres	ed a , survive return	
Part II: Agreements or Arran						7	,			-		4			
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.														X	
Status and To	erms of any Agreement or Arrangement		1911-100-100-100-100-100-100-100-100-100		6013 1-1-1-1	: #10 14 17 14		Par	tics					1	Date
Example Pursuant to partnership agreement, we calculated on service performed through	rill receive lump sum payment of capital account & par ugh 1/00.	tnership share		Doe Jor	nes & S	mith, I	Hometo	own, St	ale						7/85
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Reporting Individual's Name		SCHREDEIR E. D	Page Number										
Gray III, Gordon		SCHEDULE D		19 /	19								
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Part I: Positions Held Outsi				-11-1									
Report any positions held during the applic sated or not. Positions include but are not I	imited to those of an officer, director,		stitution. Exclude positions with titles and those solely of an honor.	• •									
trustee, general partner, proprietor, represedant corporation, firm, partnership, or other	ntative, employee, or consultant of	nature.		•	me X								
Organization Alone	and Address)	Type of Organization	Position Held	From Mo. Tr.									
f Nacil Assault Deals Colleges at Nation	NY	Non-profit education	President	6/92	Present								
Doe Jones & Smith, Hometown, State	3	Law firm	Partner	7/85	1/00								
1													
2													
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Part II: Compensation in E	xcess of \$5,000 Paid by O	ne Source		lete this part if you are an									
Report sources of more than \$5,000 compa	ensation received by you or your	non-profit organization when		, Termination Filer, or Vice									
business affiliation for services provided di the reporting period. This includes the nam	rectly by you during any one year of		you directly provided the services generating a fee or payment of more than \$5,000. You										
corporation, firm, partnership, or other bus		need not report the U.S. Governmen			None X								
Source (Name	and Address)		Brief Description of Duties	Cytopy operators in the Wild And Constitution and Statement									
Examples Doe Jones & Smith, Hometown, Stat		Legal services											
Metro University (Client of Doc Jone	es & Smith), Moneytown, State	Legal services in connection with university con-	struction		·								
CONTRACTOR OF THE PROPERTY OF													
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Prior Editions Cannot Be Used.