

LOUISIANA
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT
(ANNUAL)

- ORIGINAL REPORT
- AMENDED REPORT

This Report Covers Calendar Year: 2011

I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE E.

Name of Filer (print full name) Sam N. Gregorio
 Mailing Address 7600 Fern Avenue, Bldg. 700
 City, State, Zip Shreveport LA 71105

Name of Board/Commission (no abbreviations): Caddo Bossier Port Commission
 Date of Appointment: 1-25-11
 Date Appointment Expires: 11-14

Name of Spouse (print full name) Jennifer Gregorio
 Spouse's Occupation unemployed
 Principal Business Address 8702 Glenhaven
 City, State, Zip Shreveport LA 71106

CHECK ONE:
 Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.
 I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

Check all that apply:

- I have filed my state income tax return for the previous year. 2010 filed
- I have filed for an extension of my state income tax return for the previous year.
- I have filed my federal income tax return for the previous year. 2010 filed
- I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification of Accuracy

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.

Sam N. Gregorio 4/13/2012
Sam N. Gregorio Signature of Filer
 www.ethics.state.la.us

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Schedule A: Employment Information

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>Gregorio, Gregory, Chafin & Johnson</u>
Job Title: <u>Attorney</u>
Job Description: <u>Attorney</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>none</u>
Job Title: _____
Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____
Job Title: _____
Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____
Job Title: _____
Job Description: _____

- You are required to disclose on SCHEDULE A employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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**Schedule B: Income from the State, Political
Subdivisions, and/or Gaming Interests**

Check if not applicable

Filer Spouse Business (where amount of interest exceeds 10%)
Type of Income: State Political Subdivision Gaming Interest
Name of Business (if applicable): None
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ - 0 -

Filer Spouse Business (where amount of interest exceeds 10%)
Type of Income: State Political Subdivision Gaming Interest
Name of Business (if applicable): _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

Filer Spouse Business (where amount of interest exceeds 10%)
Type of Income: State Political Subdivision Gaming Interest
Name of Business (if applicable): _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE B if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

Revised June 2011

Form 417

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Schedule C: Positions - Business p1 of 2

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): <u>50</u> %
Name of Business: <u>G+M Resorts LLC</u>
Address: <u>12812 Causey Blvd</u>
City, State, Zip: <u>Baton Rouge LA 70806</u>
Business Description: _____
Nature of Association: _____
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): <u>33.33</u> %
Name of Business: <u>3 Palms Trust</u>
Address: <u>12812 Causey Blvd</u>
City, State, Zip: <u>Baton Rouge LA 70816</u>
Business Description: _____
Nature of Association: <u>Trust</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): <u>24.86</u> %
Name of Business: <u>Gregoria Family Investment Co, LLC</u>
Address: <u>4750 Modica Lot + Road</u>
City, State, Zip: <u>Bossier City LA 71111</u>
Business Description: <u>Investments</u>
Nature of Association: <u>LLC</u>

continued

* You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.
* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule C: Positions - Business p2 of 2

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): <u>33.33</u> %
Name of Business: <u>Gregoria Realty Co., LLC</u>
Address: <u>4750 Modica Lott Road</u>
City, State, Zip: <u>Bossier City LA 71111</u>
Business Description: <u>Real Estate</u>
Nature of Association: <u>LLC</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): <u>33.33</u> %
Name of Business: <u>Gregoria Development Co., LLC</u>
Address: <u>4750 Modica Lott Road</u>
City, State, Zip: <u>Bossier City LA 71111</u>
Business Description: <u>Real estate</u>
Nature of Association: <u>LLC</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): _____ %
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____

* You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.
* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule D: Positions - Nonprofit

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>LSUS Foundation Board of Directors</u> Address: <u>One University Place</u> City, State, Zip: <u>Shreveport LA 71115</u> Nature of Association: _____ Description of Organization: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____

*You are required to complete SCHEDULE D if you or your spouse is a director or officer of a nonprofit agency.

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Schedule E: Other Offices/Positions Held

Check if not applicable

Name of Office/Position: <u>None</u>
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____

*You are required to complete SCHEDULE E if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.3.

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Schedule F: Contributions

Check if not applicable (made within one year of appointment - in excess of \$1,000)

Date of Appointment: <u>1/25/11</u>	6/29/10 - \$2,500 4/20/10 - \$1,000
Compensation: \$ _____	
Candidate Name: <u> Cedric Glover </u>	
Amount of Contribution or Loan: \$ <u> 3,500⁰⁰ </u>	
Date of Appointment: _____	
Compensation: \$ _____	
Candidate Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Appointment: _____	
Compensation: \$ _____	
Candidate Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Appointment: _____	
Compensation: \$ _____	
Candidate Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Appointment: _____	
Compensation: \$ _____	
Candidate Name: _____	
Amount of Contribution or Loan: \$ _____	

* You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution or loan in excess of \$1,000 to the campaign of the official who appointed you.
* You are only required to disclose contributions or loans made within one year of appointment.
* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.
* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.
* "Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.