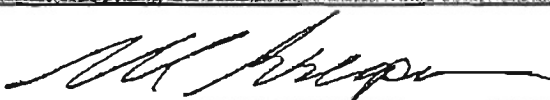




Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Reporting Individual's Name Last Name: Gregson, Jr First Name and Middle Initial: Wallace C		Reporting Period Incumbent: <input type="checkbox"/> Covered by Report: <input checked="" type="checkbox"/> New Entrant, Nominee or Candidate: <input type="checkbox"/> Termination: <input type="checkbox"/>		Termination Date (Month/Day/Year) _____	
Position for Which Filing Title of Position: Assistant Secretary Asian and Pacific Security Affairs Department or Agency (If Applicant): Defense		Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date of filing. Part II of Schedule D is not applicable.			
Location of Present Office (or forwarding address) Address (Number, Street, P.O. Box, State, and ZIP Code): Department of Defense, The Pentagon, Washington, DC, 20301 Telephone No. (Inland Area Code): (719) 302 5695		Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) Title of Position(s) and Dates Held: None		Nominees, New Entrants and Candidates for President and Vice President Schedule A—The reporting period for the preceding BLOTT C is the preceding calendar year and the current calendar year up to the date of filing. Your assets as of any date you choose that is within 31 days of the date of filing.			
Presidential Nominees Subject to Senate Confirmation Name of Congressional Committee Concerning Nomination: Armed Services Do You Intend to Create a Qualified Divestment Trust? <input type="checkbox"/> <input checked="" type="checkbox"/>		Schedule B—Not applicable.			
Certification I, Gregson, Jr , certify that the statements I have made on this form and all attached schedules are true, correct and correct to the best of my knowledge.		Signature of Reporting Individual: 		Date (Month/Day/Year): 25 April 2009	
Office Review (If desired by agency) Signature of Other Reviewing Official: _____ Date (Month/Day/Year): _____		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 31 days of the date of filing.			
Agency Ethics Official's Opinion On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).		Signature of Designated Agency Ethics Official Reviewing Official: 		Date (Month/Day/Year): 4/23/09	
Office of Government Ethics Use Only Signature:  Date (Month/Day/Year): 5/11/09		Schedule C, Part II (Arrangements or Transactions)—Show any agreement or arrangements as of the date of filing.			
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)					
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>					
(Check box if comments are continued on the reverse side) <input type="checkbox"/>					
OGE Use Only APR 30 2009					

Reporting Individual's Name
 Wallace C Gregson, Jr.

SCHEDULE A

Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None for less than \$200" is checked, no other entry is needed in Block C for that item. BLOCK C																					
		None for less than \$1,000	\$1,001 - \$25,000	\$25,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Exempt Investment Fund	Exempt Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (for less than \$200)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	Over \$50,000,000	\$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)	
1	Merrill Lynch (WCG & Associates benefit account)																																
2	Aim International Growth Fund(AIEX) Allianz NFJ International (AFJAX) Ario International (JETIX)	X																	X														
3	Baron Partners Fund (BPTRX) Cambiar Opportunity Fund (CAMOX) CGM Advisor Targeted (NEFGX)	X																	X														
4	Davis New York Venture (DNVYX) Federated Kaufmann Small (FKASX) Hartford Growth Opportun (HGOAX)	X																	X														
5	Ivy Asset Strategy (WASYX) Matthews Asia Pacific (MPACX) Mutual Discovery Fund (MDISX)	X																	X														
6	Neuberg & Bernn Genesis (NBGEX)	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 by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name

Wallace C Gregson, Jr.

SCHEDULE A continued

(Use only if needed)

Page Number

3

Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B										Income type and amount. If "None" (or less than \$200) is checked, no other entry is needed in Block C for that item. BLOCK C										
		None	Under \$1,000	\$1,000 - \$5,000	\$5,000 - \$10,000	\$10,000 - \$25,000	\$25,000 - \$50,000	\$50,000 - \$100,000	Over \$100,000	Over \$500,000	Over \$1,000,000	Over \$5,000,000	Over \$10,000,000	Over \$50,000,000	Over \$100,000,000	Over \$500,000,000	Over \$1,000,000,000	Over \$5,000,000,000	Over \$10,000,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo./Day/Year) Only if Honoraria	
		Type	Amount																			
		None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	None (or less than \$200)	
1	Merrill Lynch Beyond Banking Cash only management acct		X																			
2																						
3	USAA Savings Account		X																			
4																						
5	WCG & Associates International, LLC Colorado Springs, CO (consulting)																				Salary	387,840.81
6	WCG & Associates International, LLC			X																	Cash Receivables	
7																						
8																						
9																						

* 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

SCHEDULE A continued
 (Use only if needed)

Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B								Income: type and amount. If "None (or less than \$200)" is checked, no other entry is needed in Block C for that item. BLOCK C																	
		None (or less than \$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 - \$100,000,000	Over \$100,000,000	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$200)	\$201 - \$1,000	\$1,001 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000	Other Income (Specify Type & Amount)	Date (Mo., Day, Year) Only if Honorary	
1	Merrill Lynch IRA-W C Gregson:																										
2	Columbia Val & Restruct (UMBIX)		x														x										
	Fidelity Advisor New Insights (FINSX)		x														x										
3	Harbor Intl Fund Investor (HIINX)		x														x										
	Hartford Growth Opport (HGOAX)		x														x										
4	Ivy asset Strategy (WASYX)																x										
	Janus Adviser Forty Fund (JDCAX)		x														x										
5	Jennison Small Company (PSCZX)		x														x										
	Metropolitan West Tot Ret (MWTRX)		x														x										
6	MFS Research Bond (MRBFX)																x										
	MFS Research Intl Fund (MRSAX)		x														x										
7	Thornburg Intl Value (TGVIX)		x														x										
	Van Kampen Comstock (ACSTX)		x														x										
8																											
9																											

* 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

SCHEDULE A continued

Page Number

6

(Use only if needed)

BLOCK A	BLOCK B										BLOCK C									
	Valuation of Assets at close of reporting period										Income: type and amount. If "None for less than \$200" is checked, no other entry is included in Block C for that item.									
	None	None for less than \$100	\$1-\$100	\$100-\$250	\$250-\$500	\$500-\$1,000	\$1,000-\$2,500	\$2,500-\$5,000	\$5,000-\$10,000	Over \$10,000	None	None for less than \$200	\$200-\$500	\$500-\$1,000	\$1,000-\$2,500	\$2,500-\$5,000	\$5,000-\$10,000	Over \$10,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)
1	Merrill Lynch IRA (S):																			
2		X																		
		X																		
3		X																		
		X																		
4		X																		
		X																		
6		X																		
		X																		
6		X																		
		X																		
7		X																		
		X																		
8		X																		
9																				

* 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

SCHEDULE A-continued

Page Number

7

(Use only if needed)

Assets and Income	Valuation of Assets (disclose if reporting period)										Income: type and amount. If "None (or less than \$200)" is checked, no other entry is needed in Block C for that item.																	
	BLOCK B										BLOCK C																	
											Type	Amount																
	None (or less than \$1,000)	\$1,000 - \$15,000	\$15,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$250,000	\$250,000 - \$500,000	\$500,000 - \$1,000,000	Over \$1,000,000	\$1,000,000 - \$5,000,000	Over \$5,000,000	Private Equity Fund	Excepted Trust	Qualified Plan	Dividends	Real and Personal	Interest	Capital Gains	None (or less than \$200)	\$200 - \$1,000	\$1,000 - \$5,000	\$5,000 - \$15,000	\$15,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$1,000,000	Over \$1,000,000	Other Income (Specify Type & Amount)	Other Income (Specify Type & Amount)	
1 Merrill Lynch Roth IRA (S):																												
2 Blackrock Small Cap Growth (MASWX)	x																	x										
Blackrock Lg Cap Core (MALRX)		x																x										
3 Blackrock Short Term Bond (MADUX)	x																	x										
Blackrock Fundament Growth (MAFGX)		x																x										
4 Blackrock Intl Value (MAIVX)		x																x										
Blackrock Eurofund (MAEFX)	x																	x										
5 Blackrock Basic Value (MABAX)		x																x										
Blackrock Value Opportunity (MASPX)	x																	x										
6 Blackrock High Income (MAHIX)	x																	x										
Blackrock Pacific (MAPCX)	x																	x										
7 Blackrock Total Return (MAHOX)		x																x										
8																												
8																												

* 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 category.

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

Reporting Individual's Name	SCHEDULE B	Page Number 9
-----------------------------	-------------------	-------------------------

Part I: Transactions

Report any purchase, sale, or exchange, by you, your spouse, or dependent children, during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeds \$1,000. Include transactions that resulted in a loss. Do not

report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

None

1	2	3	4	5	Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)													
							\$100	\$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	Certificate of divestiture			
						2/1/99														

* This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or 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 \$200; and (2) travel-related cash reimbursements received from one source totaling more than \$200. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 1111, 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

the U.S. Government, given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child for and independent of their relationship to you or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions for other exclusions.

1	2	3	4	5	Value
	Source (Name and Address)	Brief Description			
	Naft Press of Book Collectors, NY (Frank Jones, San Francisco, CA)	Airfare, hotel room & meals in NY for national conference 6/15/99 (personal activity unrelated to duty)			\$500
		Weather fine (personal friend)			\$360

Reporting Individual's Name
 Wallace C. Gregson, Jr.

SCHEDULE D

Part I: Positions Held Outside U.S. Government

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or

consultant of any corporation, firm, partnership, or other business enterprise, or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

	Organization (Name and Address)	Type of Organization	Position Held	From (M/Y)	To (M/Y)
Example:	Smith Assoc of Rock Collectors, NY, NY Doc Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/02 7/85	Present 1/00
1	Injured Marine Semper Fi Fund, Camp Pendleton, CA	Non-Profit Charity	Board member, Treasurer Chmn Investment Cmte	8/06	Present
2	Center for a New American Security, Washington, DC	Think tank	Advisor	2/07	Present
3	Center For Unconventional Security Affairs., Irvine, CA	Think tank	Member, Advisory Board	11/06	Present
4	Marine Corps University Foundation, Quantico, VA	Charity	Board of Trustees	10/06	Present
5	WCG & Associates International, Colorado Springs, CO	LLC	Owner	11/06	Present
6	NOETIC, Washington, DC	Corporation	Vice President Board member	3/08 6/07	Present Present

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 business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any

corporation, firm, partnership, or other business enterprise, or any other non-profit 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.

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

None

	Source (Name and Address)	Brief Description of Duties
Example:	Doc Jones & Smith, Hometown, State Metro University, (client of Doc Jones & Smith), Hometown, State	Legal services Legal services in connection with university construction
1	Battelle Memorial Institute	Consultant (all as WCG & Associates International)
2	Bechtel National, Inc.	Consultant
3	Booz Allen Hamilton	Consultant
4	Bowhead	Consultant
5	Camber Corporation	Consultant
6	Commonwealth of the Northern Mariana Islands	Consultant

Reporting Individual's Name Wallace C. Gregson, Jr.	SCHEDULE D	Page Number 12
--	-------------------	-------------------

Part II: Positions Held Outside U.S. Government
 Report any positions held during the reporting period, whether or not they are compensated, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, agent, or consultant of any corporation, firm, partnership, joint venture, trust, company, nonprofit organization, or educational institution. Exclude positions with nominal titles exercised only for political entities and those solely for general purposes.

Number	Organization (Name and Address)	Type of Organization	Position Held	Reporting Period	Status
1	Global Relief Technologies, Portsmouth, NH	Technology services corporation	Member, Board of Directors	2/08	Present
2					
3					
4					
5					
6					

Part III: Compensation in Excess Of \$5,000 Paid by One Source
 Report sources of more than \$5,000 compensation received from your business activities for services provided during the reporting period. This includes the names of all major customers of any corporation, firm, partnership, or other business enterprise, and other non-profit organizations, if such entities provided the services generating a compensation of more than \$5,000. Do not report the U.S. Government or a contractor of the U.S. Government.

Do not complete this part if you are an incumbent, former incumbent, or vice-presidential or presidential candidate.

Number	Name of Source (Name and Address)	Brief Description of Duties
1	Center for Strategic and Budgetary Analysts	Consultant
2	CUBIC Corporation	Consultant
3	Harris RF Corporation	Consultant
4	L-3 Corporation	Consultant
5	NOETIC	Consultant
6	Northrop Grumman	Consultant

Price Editions Cannot Be Used.

Reporting Individual's Name Wallace C. Gregson, Jr.	SCHEDULE D	Page Number 13
---	-------------------	--------------------------

Part I. Positions Held Outside U.S. Government
 Report any positions held during the applicable reporting period for which you were compensated or for which you are or might be compensated in excess of \$5,000 as director, trustee, agent, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, or any other institution or educational institution. Exclude positions which prevent you from performing your official duties and those solely of an advisory nature.

Line Item	Organization (Name and Address)	Type of Organization	Position	Mon. Yr.	
				(6/2)	(6/3)
1					
2					
3					
4					
5					
6					

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 spouse or dependent child during the reporting period, either directly or through a business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other non-profit 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.
 Do not complete this part if you are an incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

Line Item	Source (Name and Address)	Description of Duties
2	WCG & Associates International, Colorado Springs, CO (will be placed in an inactive status upon appointment)	Owner of consulting LLC
3		
4		
5		
6		