

STATEMENT OF ECONOMIC INTERESTS		CHECK SCHEDULES ATTACHED: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G-1 <input type="checkbox"/> G-2 <input type="checkbox"/> G-3 <input type="checkbox"/> H <input type="checkbox"/> I				For Office Use Only	
NAME <u>Andy A. Protopgyrou</u>							
OFFICE HELD OR SOUGHT		<input type="checkbox"/> HOUSE OF DELEGATES <input checked="" type="checkbox"/> SENATE		DISTRICT NO. <u>6</u>		CANDIDATE FOR ELECTION TO THIS OFFICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
HOME ADDRESS	STREET <u>1519 Commonwealth Ave.</u>			TELEPHONE			
	CITY	STATE	ZIP				OFFICE
	<u>Norfolk</u>	<u>VA</u>	<u>23505</u>	<u>625-1775</u>	<u>625-5005</u>		
NAMES OF MEMBERS OF IMMEDIATE FAMILY <u>Katherine, Anthony, Demetra Protopgyrou</u>							

Complete Items 1 through 10. Refer to Schedules only if directed. You may attach additional explanatory information.

1. OFFICES AND DIRECTORSHIPS

Are you or a member of your immediate family a paid officer or paid director of a business? YES NO

If yes is checked, complete Schedule A.

2. PERSONAL LIABILITIES

Do you or a member of your immediate family owe more than \$10,000 to any one creditor including contingent liabilities? (Exclude debts to any government and loans secured by recorded liens on property at least equal in value to the loan.) YES NO

If yes is checked, complete Schedule B.

3. SECURITIES

Do you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$10,000 invested in one business? Account for mutual funds, limited partnerships, and trusts. YES NO

If yes is checked, complete Schedule C.

4. PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS

During the past 12 months did you receive lodging, transportation, money, or anything else of value with a combined value exceeding \$200 for a single talk, meeting, or published work in your capacity as a legislator? YES NO

If yes is checked, complete Schedule D.

5. GIFTS

During the past 12 months did a business, government, or individual other than a relative or personal friend (i) furnish you with any gift or entertainment at a single event, and the value received by you exceeded \$50 in value or (ii) furnish you with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded \$50 in value. Account for all business entertainment (except if related to your private profession or occupation) even if unrelated to your official duties. YES NO

If yes is checked, complete Schedule E.

6. SALARY AND WAGES

List each employer that pays you or a member of your immediate family salary or wages in excess of \$10,000 annually. (Exclude state or local government or advisory agencies.)

Protopgyrou & Rigney

If no reportable salary or wages, check here.

7. BUSINESS INTERESTS

Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$10,000 in a business?

YES NO

If yes is checked, complete Schedule F.

8. PAYMENTS FOR REPRESENTATION AND OTHER SERVICES

8A. Did you represent any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past 12 months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers?

YES NO

If yes is checked, complete Schedule G-1.

8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates, or others) represent any businesses before any state governmental agency for which total compensation was received during the past 12 months in excess of \$1,000?

YES NO

If yes is checked, complete Schedule G-2.

8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia for which total compensation in excess of \$1,000 was received during the past 12 months?

YES NO

If yes is checked, complete Schedule G-3.

9. REAL ESTATE

Do you or a member of your immediate family hold an interest, including a partnership interest, valued at \$10,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust.

YES NO

If yes is checked, complete Schedule H.

10. REAL ESTATE CONTRACTS WITH STATE GOVERNMENTAL AGENCIES

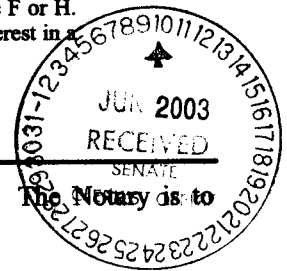
Do you or a member of your immediate family hold an interest valued at more than \$10,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past 12 months, with a state governmental agency? If the real estate contract provides for the leasing of the property to a state governmental agency, do you or a member of your immediate family hold an interest in the real estate, including a corporate, partnership, or trust interest, option, easement, or land contract valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F or H. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

YES NO

If yes is checked, complete Schedule I.

This Statement of Economic Interests is open for public inspection.

NOTE: You MUST sign the following "Affirmation" in the presence of a Notary Public. complete the acknowledgment portion of the "Affirmation."



AFFIRMATION

In accordance with the rules of the house in which I [may] serve, if I receive a request that this disclosure statement be corrected, augmented, or revised in any respect, I hereby pledge that I shall respond promptly to the request. I understand that if a determination is made that the statement is insufficient, I will satisfy such request or be subjected to disciplinary action of my house.

I swear or affirm that the foregoing information is full, true, and correct to the best of my knowledge.

Signature of Member/Member-elect/Candidate

COMMONWEALTH OF VIRGINIA

Norfolk of (City/County) (Name of City/County)

to wit:

The foregoing disclosure form was acknowledged before me this 9th day of June, 2003,

by Andrew A. Protogyras (Name of Member/Member-elect/Candidate)

Signature of Notary Public

Notary Public

My commission expires: June 30, 04

General Assembly of Virginia

Statement of Economic Interests

SCHEDULE B PERSONAL LIABILITIES

NAME: _____

Report personal liability by checking each category. Report only debts in excess of \$10,000. Do not report debts to any government. Do not report loans secured

by recorded liens on property at least equal in value to the loan.

Report contingent liabilities below and indicate which debts are contingent.

1. My personal debts are as follows:

CHECK APPROPRIATE CATEGORIES:

	\$10,001 to \$50,000	CHECK ONE	MORE THAN \$50,000
Banks	<input type="checkbox"/>		<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>		<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>		<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>		<input type="checkbox"/>
Stock, commodity, or other brokerage companies	<input type="checkbox"/>		<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor.)	<input type="checkbox"/>		<input type="checkbox"/>
_____	<input type="checkbox"/>		<input type="checkbox"/>
_____	<input type="checkbox"/>		<input type="checkbox"/>
Individual creditors: (State principal business or occupation of each creditor.)	<input type="checkbox"/>		<input type="checkbox"/>
_____	<input type="checkbox"/>		<input type="checkbox"/>
_____	<input type="checkbox"/>		<input type="checkbox"/>

2. The personal debts of the members of my immediate family are as follows:

CHECK APPROPRIATE CATEGORIES:

	\$10,001 to \$50,000	CHECK ONE	MORE THAN \$50,000
Banks	<input type="checkbox"/>		<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>		<input type="checkbox"/>
Other loan or finance companies	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>		<input type="checkbox"/>
Stock, commodity, or other brokerage companies	<input type="checkbox"/>		<input type="checkbox"/>

(Continued on next page)

**SCHEDULE B
PERSONAL LIABILITIES (continued)**

CHECK APPROPRIATE CATEGORIES:	\$10,001 to \$50,000	CHECK ONE	MORE THAN \$50,000
Other businesses: (State principal business activity for each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation of each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Return only if needed to complete Statement.)

General Assembly of Virginia

Statement of Economic Interests

SCHEDULE C SECURITIES

NAME: _____

"SECURITIES" INCLUDES stocks, bonds, mutual funds, limited partnerships, and commodity futures contracts.

"SECURITIES" EXCLUDES certificates of deposit, money market funds, annuity contracts, and insurance policies.

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$10,000.

Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments.

If no reportable securities, check here.

NAME OF ISSUER	TYPE OF ENTITY	TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, ETC.)	CHECK ONE	
			\$10,001 to \$50,000	MORE THAN \$50,000
Greenbriar Investments	corporation	stock	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MFS	IRA	mutual funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
American Funds	IRA	mutual funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

(Return only if needed to complete Statement.)

General Assembly of Virginia

Statement of Economic Interests

SCHEDULE F BUSINESS INTERESTS

NAME:

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, own an interest having a value in excess of \$10,000.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise, give the address of each property. Account for business interests held in trust.

NAME OF BUSINESS, CORPORATION, PARTNERSHIP, FARM, ADDRESS OF RENTAL PROPERTY	CITY OR COUNTY AND STATE	NATURE OF ENTERPRISE (FARMING, LAW, RENTAL PROPERTY, ETC.)	GROSS INCOME	
			\$50,000 OR LESS	MORE THAN \$50,000
Greenbriar Investments 215 G McLaws Cir	Williamsburg, VA 23185	RESTAURANT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

(Return only if needed to complete Statement.)

General Assembly of Virginia

Statement of Economic Interests

SCHEDULE G-3 PAYMENTS FOR REPRESENTATION AND OTHER SERVICES GENERALLY

NAME: _____

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association and for which total compensation in excess of \$1,000 was received during the past 12 months.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered, and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION					
			\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 and over	
Electric utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable television companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstate transportation companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrastate transportation companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil or gas retail companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banks	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan or finance companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(state type of product, e.g., textile, furniture,	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mining companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casualty insurance companies	<input checked="" type="checkbox"/>	legal representation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SCHEDULE G-3
PAYMENTS FOR REPRESENTATION AND OTHER SERVICES GENERALLY (continued)**

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION				
			\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 and over
Other insurance companies	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail companies	<input checked="" type="checkbox"/>	legal representation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer, wine, or liquor companies or distributors	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade associations	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional associations	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associations of public employees or officials	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counties, cities, or towns	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor organizations	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Return only if needed to complete Statement.)

