

**FINANCIAL DISCLOSURE REPORT
FOR CALENDAR YEAR 2010**

1. Person Reporting (last name, first, middle initial) Miles-LaGrange, Vicki L.	2. Court or Organization Western District of Oklahoma	3. Date of Report 05/09/2011
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) U.S. District Judge (active)	5a. Report Type (check appropriate type) <input type="checkbox"/> Nomination, Date <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final 5b. <input type="checkbox"/> Amended Report	6. Reporting Period 01/01/2010 to 12/31/2010
7. Chambers or Office Address United States Courthouse 200 N.W. 4th Street/Rm 3301 Oklahoma City, Ok 73102	8. On the basis of the information contained in this Report and any modifications pertaining thereto, it is, in my opinion, in compliance with applicable laws and regulations. Reviewing Officer _____ Date _____	

IMPORTANT NOTES: *The instructions accompanying this form must be followed. Complete all parts, checking the NONE box for each part where you have no reportable information. Sign on last page.*

I. POSITIONS. *(Reporting individual only; see pp. 9-13 of filing instructions.)*

NONE *(No reportable positions.)*

<u>POSITION</u>	<u>NAME OF ORGANIZATION/ENTITY</u>
1. Trustee	Oklahoma Foundation for Excellence
2. Mid-Western Regional Director	Alpha Kappa Alpha Sorority, Inc.
3. Board Member	Oklahoma Heritage Association
4.	
5.	

II. AGREEMENTS. *(Reporting individual only; see pp. 14-16 of filing instructions.)*

NONE *(No reportable agreements.)*

<u>DATE</u>	<u>PARTIES AND TERMS</u>
1. 1993	Oklahoma State Employees Retirement
2.	
3.	

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III. NON-INVESTMENT INCOME. *(Reporting individual and spouse; see pp. 17-24 of filing instructions.)***A. Filer's Non-Investment Income** NONE *(No reportable non-investment income.)*

	<u>DATE</u>	<u>SOURCE AND TYPE</u>	<u>INCOME</u> (yours, not spouse's)
1.			
2.			
3.			
4.			

B. Spouse's Non-Investment Income - *If you were married during any portion of the reporting year, complete this section.**(Dollar amount not required except for honoraria.)* NONE *(No reportable non-investment income.)*

	<u>DATE</u>	<u>SOURCE AND TYPE</u>
1.		
2.		
3.		
4.		

IV. REIMBURSEMENTS *- transportation, lodging, food, entertainment.**(Includes those to spouse and dependent children; see pp. 25-27 of filing instructions.)* NONE *(No reportable reimbursements.)*

	<u>SOURCE</u>	<u>DATES</u>	<u>LOCATION</u>	<u>PURPOSE</u>	<u>ITEMS PAID OR PROVIDED</u>
1.	Alpha Kappa Alpha Sorority, Inc.	March 11-14	Jackson, MS	South Eastern Reg. Conf.	lodging & meals
2.	Alpha Kappa Alpha Sorority, Inc.	March 18-21	Norman, OK	Mid-Western Reg. Conf.	lodging & meals
3.	Alpha Kappa Alpha Sorority, Inc.	March 25-26	National Harbour, MD	North Atlantic Reg. Conf.	lodging & meals
4.	Alpha Kappa Alpha Sorority, Inc.	March 26-28	Chicago, IL	Central Reg. Conf.	lodging & meals
5.	Alpha Kappa Alpha Sorority, Inc.	April 8-11	Shreveport, LA	South Central Reg. Conf.	lodging & meals

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6.	Alpha Kappa Alpha Sorority, Inc.	April 14-18	San Jose, CA	Far Western Reg. Conf.	lodging & meals
7.	Alpha Kappa Alpha Sorority, Inc.	April 23	Detroit, MI	Great Lakes Reg. Conf.	lodging & meals
8.	Alpha Kappa Alpha Sorority, Inc.	April 23-25	Atlanta, GA	South Atlantic Reg. Conf.	lodging & meals
9.	Alpha Kappa Alpha Sorority, Inc.	April 30-May 2	Raleigh, NC	Mid Atlantic Reg. Conf.	lodging & meals
10.	International Women's Economic Summit	June 22	Irving, TX	Speaker at Summit	transportation
11.	Alpha Kappa Alpha Sorority, Inc.	July 8-16	St. Louis, MO	Int'l Reg. Conf., Directorate Mtg. & Boule	transportation, lodging, meals
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- 36. _____
- 37. _____

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V. GIFTS. *(Includes those to spouse and dependent children; see pp. 28-31 of filing instructions.)* NONE *(No reportable gifts.)*

<u>SOURCE</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
1. Alpha Kappa Alpha Sorority, Inc.	AKA Centennial Regional Director Pendant, Gold with Diamonds in ESP Logo	\$1,279.00
2.		
3.		
4.		
5.		

VI. LIABILITIES. *(Includes those of spouse and dependent children; see pp. 32-33 of filing instructions.)* NONE *(No reportable liabilities.)*

<u>CREDITOR</u>	<u>DESCRIPTION</u>	<u>VALUE CODE</u>
1. BancFirst	Mortgages on investment property #2 ,OKC, OK, pt VII, line 2	K
2.		
3.		
4.		
5.		

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VII. INVESTMENTS and TRUSTS – income, value, transactions (Includes those of spouse and dependent children; see pp. 34-60 of filing instructions.)

NONE (No reportable income, assets, or transactions.)

A. Description of Assets (including trust assets) Place "(X)" after each asset exempt from prior disclosure	B. Income during reporting period		C. Gross value at end of reporting period		D. Transactions during reporting period				
	(1) Amount Code 1 (A-H)	(2) Type (e.g., div., rent, or int.)	(1) Value Code 2 (J-P)	(2) Value Code 3 (Q-W)	(1) Type (e.g., buy, sell, redemption)	(2) Date mm/dd/yy	(3) Value Code 2 (J-P)	(4) Gain Code 1 (A-H)	(5) Identity of buyer/seller (if private transaction)
	1. Investment property #1, Washington, D.C.	E	Rent	N	W				
2. Investment property #2, Oklahoma City, Oklahoma	D	Rent	L	W					
3. Undeveloped land, Oklahoma City, OK - attached to property #2		None	K	W					
4. Investment property #6, Oklahoma City, OK		None	K	W					
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- 1. Income Gain Codes: A = \$1,000 or less B = \$1,001 - \$2,500 C = \$2,501 - \$5,000 D = \$5,001 - \$15,000 E = \$15,001 - \$50,000
- F = \$50,001 - \$100,000 G = \$100,001 - \$1,000,000 H1 = \$1,000,001 - \$5,000,000 H2 = More than \$5,000,000
- 2. Value Codes J = \$15,000 or less K = \$15,001 - \$50,000 L = \$50,001 - \$100,000 M = \$100,001 - \$250,000
- (See Columns C 1 and D3) N = \$250,001 - \$500,000 O = \$500,001 - \$1,000,000 P1 = \$1,000,001 - \$5,000,000 P2 = \$5,000,001 - \$25,000,000
- 3. Value Method Codes Q = Appraisal R = Cost (Real Estate Only) S = Assessment T = Cash Market
- (See Column C2) U = Book Value V = Other W = Estimated

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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS. *(Indicate part of report.)*

Until July 2010 as Mid-Western Regional Director for Alpha Kappa Alpha Sorority, Inc., I received a reimbursement of administrative expenses incident to my duties and overall travel in support of the chapters of the region.

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IX. CERTIFICATION.

I certify that all information given above (including information pertaining to my spouse and minor or dependent children, if any) is accurate, true, and complete to the best of my knowledge and belief, and that any information not reported was withheld because it met applicable statutory provisions permitting non-disclosure.

I further certify that earned income from outside employment and honoraria and the acceptance of gifts which have been reported are in compliance with the provisions of 5 U.S.C. app. § 501 et. seq., 5 U.S.C. § 7353, and Judicial Conference regulations.

Signature: s/ **Vicki L. Miles-LaGrange**

NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILFULLY FALSIFIES OR FAILS TO FILE THIS REPORT MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS (5 U.S.C. app. § 104)

Committee on Financial Disclosure
Administrative Office of the United States Courts
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Washington, D.C. 20544