

**FINANCIAL DISCLOSURE REPORT  
FOR CALENDAR YEAR 2007**

Report Required by the Ethics  
in Government Act of 1978  
(5 U.S.C. app. §§ 101-111)

<b>1. Person Reporting</b> (last name, first, middle initial)  Miles-LaGrange, Vicki L	<b>2. Court or Organization</b>  Western District of Oklahoma	<b>3. Date of Report</b>  08/07/2008
<b>4. Title</b> (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time)  U.S. District Judge (active)	<b>5a. Report Type</b> (check appropriate type) <input type="checkbox"/> Nomination,      Date <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final <b>5b.</b> <input checked="" type="checkbox"/> Amended Report	<b>6. Reporting Period</b>  01/01/2007 to 12/31/2007
<b>7. Chambers or Office Address</b>  United States Courthouse 200 N.W. 4th Street/Rm 5011 Oklahoma City, Ok 73102	<b>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.</b>  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.		
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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**FINANCIAL DISCLOSURE REPORT**

Page 2 of 7

Name of Person Reporting

Miles-LaGrange, Vicki L

Date of Report

08/07/2008

**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.	Jan. 18-20			North Atlantic Regional Conference, Hartford, CT (transportation, lodging, meals)
2.	Alpha Kappa Alpha Sorority, Inc.	Feb. 23-25			South Atlantic Regional Conference, Atlanta, GA (transportation, lodging, meals)
3.	Alpha Kappa Alpha Sorority, Inc.	March 1-4			CENTENNIAL Directorate Board Meeting, Sedona, AZ (transportation, lodging, meals)
4.	Alpha Kappa Alpha Sorority, Inc.	April 13-15			Mid-Atlantic Regional Conference, Hampton, VA (transportation, lodging, meals)
5.	Alpha Kappa Alpha Sorority, Inc.	May 25-27			Central Regional Conference, Springfield, IL (transportation, lodging, meals)

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Name of Person Reporting

Miles-LaGrange, Vicki L

Date of Report

08/07/2008

**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.			
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 properties #2 & #3, OKC, OK, pt VII, lines 2 & 4	L
2.			
3.			
4.			
5.			

**FINANCIAL DISCLOSURE REPORT**

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Name of Person Reporting	Date of Report
Miles-LaGrange, Vicki L	08/07/2008

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

In my position as Mid-Western Regional Director for Alpha Kappa Alpha Sorority, Inc., I also receive a reimbursement of administrative expenses incident to my duties and overall travel in support of the chapters of the region.

**FINANCIAL DISCLOSURE REPORT**

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Name of Person Reporting	Date of Report
Miles-LaGrange, Vicki L	08/07/2008

**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



**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)**

**FILING INSTRUCTIONS**

Mail signed original and 3 additional copies to:

Committee on Financial Disclosure  
Administrative Office of the United States Courts  
Suite 2-301  
One Columbus Circle, N.E.  
Washington, D.C. 20544

**FINANCIAL DISCLOSURE REPORT  
FOR CALENDAR YEAR 2007**

Report Required by the Ethics  
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<b>1. Person Reporting</b> (last name, first, middle initial)  Miles-LaGrange, Vicki L	<b>2. Court or Organization</b>  Western District of Oklahoma	<b>3. Date of Report</b>  03/13/2008
<b>4. Title</b> (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time)  U.S. District Judge (active)	<b>5a. Report Type</b> (check appropriate type) <input type="checkbox"/> Nomination,                      Date <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final <b>5b.</b> <input type="checkbox"/> Amended Report	<b>6. Reporting Period</b>  01/01/2007 to 12/31/2007
<b>7. Chambers or Office Address</b>  United States Courthouse 200 N.W. 4th Street/Rm 5011 Oklahoma City, Ok 73102	<b>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.</b>  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.	
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.	
2.	
3.	

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Name of Person Reporting

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Date of Report

03/13/2008

**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.			
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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.	Jan. 18-20			North Atlantic Regional Conference, Hartford, CT (transportation, lodging, meals)
2.	Alpha Kappa Alpha Sorority, Inc.	Feb. 23-25			South Atlantic Regional Conference, Atlanta, GA (transportation, lodging, meals)
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<b>Name of Person Reporting</b> Miles-LaGrange, Vicki L	<b>Date of Report</b> 03/13/2008
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6.	Alpha Kappa Alpha Sorority, Inc.	June 23	Regional Conference Planning, Denver, CO (transportation)
7.	Alpha Kappa Alpha Sorority, Inc.	July 13-22	Leadership Seminar, New Orleans, LA (transportation, lodging, meals)
8.	Alpha Kappa Alpha Sorority, Inc.	Aug.18	Regional Conference Site Visit, Denver, CO (transportation)
9.	Alpha Kappa Alpha Sorority, Inc.	Aug. 29-Sept. 2	Mid-Western Regional Conference, Denver, CO (transportation, lodging, meals)
10.	Alpha Kappa Alpha Sorority, Inc.	Oct. 5-7	Educational Advancement Foundation, Inc. Board Meeting, Greensboro, NC (transportation, lodging, meals)
11.	Alpha Kappa Alpha Sorority, Inc.	Oct. 19-20	South Eastern Regional Conference, Nashville, TN (transportation, lodging, meals)
12.	Alpha Kappa Alpha Sorority, Inc.	Nov. 2-4	CENTENNIAL Directorate Board Meeting & South Central Regional Conference, Austin, TX (transportation, lodging, meals)



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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.			
2.			
3.			
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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 properties #2 & #3, OKC, OK, pt VII, lines 2 & 4	L
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4.			
5.			

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Name of Person Reporting <b>Miles-LaGrange, Vicki L</b>	Date of Report 03/13/2008
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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 Method Code 3 (Q-W)	(1) Type (e.g., buy, sell, redemption)	(2) Date Month - Day	(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, OK	D	Rent	L	W					
3. Undeveloped land, Oklahoma City, OK -attached to property #2		None	K	W					
4. Investment property #3, Oklahoma City, OK	D	Rent	L	Q					
5. Investment property # 4 , Oklahoma City, OK		None	K	W					
6. Investment property #5, Oklahoma City, OK		None	J	W					
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									

1. Income Gain Codes: (See Columns B1 and D4)	A = \$1,000 or less F = \$50,001 - \$100,000	B = \$1,001 - \$2,500 G = \$100,001 - \$1,000,000	C = \$2,501 - \$5,000 H1 = \$1,000,001 - \$5,000,000	D = \$5,001 - \$15,000 H2 = More than \$5,000,000	E = \$15,001 - \$50,000
2. Value Codes (See Columns C1 and D3)	J = \$15,000 or less N = \$250,001 - \$500,000 P3 = \$25,000,001 - \$50,000,000	K = \$15,001 - \$50,000 O = \$500,001 - \$1,000,000	L = \$50,001 - \$100,000 P1 = \$1,000,001 - \$5,000,000 P4 = More than \$5,000,000	M = \$100,001 - \$250,000 P2 = \$5,000,001 - \$25,000,000	
3. Value Method Codes (See Column C2)	Q = Appraisal U = Book Value	R = Cost (Real Estate Only) V = Other	S = Assessment W = Estimated	T = Cash Market	

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