Each question in this part must be answered Each question in this part must be an each que	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with	Name: OGE Mark Sullivarian
Employing Office: ANSWER EACH OF THESI ANSWER E	Employing Office: ANSWER EACH OF THESI No	State: NEKASKA District: 3 RD
- ANSWER EACH OF THESI s.g., salaries or rting period? Yes \(\begin{array}{cccccccccccccccccccccccccccccccccccc	- ANSWER EACH OF THESI a.g., selaries or ring period? Yes \(\bar{U} \) No \(\bar{U} \) we amy reporting period? Yes \(\bar{U} \) No \(\bar{U} \) part must be answered and the approved by the Committee on Ethicart details of such a trust benefiting you, your in the committee on the commit	Date of P. S.R.D. Election: M
Yes W No	u, your spouse, or a dependent child receive "unearned" reporting period or hold any asset worth more than \$1,000 at the end of the period? If your spouse, or a dependent child have any reporting period? If your spouse, or a dependent child have any reporting period? If your spouse, or a dependent child have any reporting period? If your spouse, or a dependent child have any reporting period? If your spouse, or a dependent child have any reporting period? Yes No VI. A signification in this part must be answered and the appropriate and attach Schedule III. Propriete and attach Schedule III. Fry and the spouse of the committee on Ethics and thave you excluded from this report details of such a trust benefiting you, your spouse.	- ANSWER
Yes 🛮 No	Did you, your spouse, or a dependent child have any report- ilability (more than \$10,000) during the reporting period? Each question in this part must be answered and the approach at the second at the se	Yes
	Each question in this part must be answered and the appropriate schedule attached for eac EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF 1 TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	Yes 🔟

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name / Oge / / Park Sullivan

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned incomexceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: militally bay (such as Inalizate Guard of neserve bay), lederal remembra broglams, and		refiells received under the oddial decurity Act.	eculity Act.
Source (include date of receipt for honorarie)	Type	Amount	ant
(monate date of locopy by figuriality)	· } p~	Current Year to Filing	Preceding Ye
XYZ Corporation, Houston, TX	Salary	96,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Hastings NE	Spouse Salary	NA	11/2
	/		

identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

method other than fair market value, please specify the method used. reporting year. If you use a valuation

> allow you to choose specific Check all columns that apply. For retirement accounts that do not

Type of Income BLOCK C

investments or that generate tax-deterred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends,

indicate value of asset at close of Value of Asset BLOCK B

If an asset was sold during the report-

Asset and/or income Source **BLOCK A**

Provide complete names of stocks and mutual funds (do not use ticker symbols).

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	Bank 1	TEgustable All Acceptational	P Wells Form HSA	Auroraco-of Aurora NE	MCUALmich NIC	Bank of Briphing NE	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	homes and vacation homes (unless there was rental horone during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (\$F) or dependent thrift (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please rater to the instruction booklet.	Exclude: Your personal residence, including second	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental or other real property held for investment, provides a complete address or a description, e.g., "rental property," and the city and state.	rior all thinks and orner remement plans stuch as 40 lik) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use ticker symbols).
:							L			None		>	This column is for assets solely he by your spouse or dependent child.	be "None."	# # # # # # # # # # # # # # # # # # #
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Amount of income BLOCK D

income by checking the appropriate box below. Dividends, in check the "None" column. For all other assets, indicate the cate income. Check "None" if no income was earned or generated and capital gains, even if reinvested, must be disclos For assets for which you checked "Tax-Deferred" in Block C, yo

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

	7	4	P	4	4	P	56	Ħ	7	크	DC 7.7. SP,		
	Family Fara Hall + How		Ameritach the Ins	Equitable Bank OF NE	Fidelity	TIAHCREK	Securin Ret	Socacold CST	Ed Soice Food Princer	Equitable Cock GINE		Asset and/or Income Source	BLOCK A
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	76	tan M	X	X	X	X	X	× .		X	\$25,000,001 - \$50,000,000 \times Over \$50,000,000 \times Spouse/DC Asset over \$1,000,000* \times NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income—(Specify: e.g.,	Type of income	BLOCK C
	Funn		X	×	X	X		X		X	Partnership Income or Farm Income) None	Amount (BLO
	><	X .	X	×	X	X	Х	X		Х	None -	Amount of Income	BLOCK D

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SCHEDULE III - LIABILITIES

Name / Syd Mill Sullivar Page _ of

ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

							Amo		Amount of Liability	₹
3. 9		Date Liability		A B	င	a	m		ີດ	
DC, JT	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$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
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	-		×				
77	Equitable But	1-2008	two loans and operaturs				X			
4	JOGredit	1-2009	Planter note	×				ļ		
177	Komatsu Gedit	10-2009	Loader not-	×						
JT	Dakote MAC	8 p 9					\times			

SCHEDULE IV - POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

מוש הסטונים סטוסון כי מוז ויסויסים ו וימומיסי	THE PARTY OF THE P
Position	Name of Organization
President/owner	Sullivar and Sullivar Feeding Inc. (Sub Skor) Non Pail
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