	Yes : No C	"	Exemptions— Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent because they meet not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?  Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	
		STIONS	ON OF	קר
			If yes, complete and attach Schedule V. schedule attached for each "Yes" response	
	appropriate	and the	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes V No Each question in this part must be answered and the appropriate	.<
			If yes, complete and attach Schedule IV.	
	Yes No 🗸			₹
			If yes, complete and attach Schedule III.	
	Yes No V		Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth Yes VIII. current calendar year?	Ē
			If yes, complete and attach Schedule II.	
	Yes V No	ę	Did any individual or organization make a donation to charity in lieu of paying  Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	=
			If yes, complete and attach Schedule I.  If yes, complete and attach Schedule VI.	
	Yes 🗌 No 🗸		Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200  Yes No VI. reporting period (i.e., aggregating more than \$335 and not otherwise	
		!	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	P
	more than 30 days late.	more that late.	Type Annual (May 15) Amendment Termination Termination	777
	uA \$200 penalty shall be assessed against anyone who files	wa \$200 r be asses	Filer Member of the U.S. State: OK Officer Or Employing Office:  Status House of Representatives District: 3 Employee	
no	2018#184 USE OFM)2: 25 MC	2018#A	(Full Name) (Daytime Telephone)	:
Tari	LEGISI ATIVE RESOURCE CLATI	LEGISI ATI		
O	DELIVERED		CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT  CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT  For use by Members, officers, and employees	ರ ⊂
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SCHEDULE I
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- ASSETS A
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		Identify (a) each a fair market vall and (b) any othe than \$200 in "ur land, provide a of mutual funds (d) retirement plants in which you has investments), provide a of mutual funds (d) retirement plants in which you has investments, provide at that is not public its activities, and its value at that is not public its activities, and information, see Exclude: Your podebt owed to you parent or sibling savings account Government retire if you so choose that of your spoin the optional of			T		SP V	
	BLOCK A	Asset and/or income Source 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 assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Panhandle Oil & Gas Inc	Panhandle Oil & Gas Inc	Security State Bank, Cheyenne, OK	Western Farm Bureau (not self directed)	103 acres - Mioneral Rights, Roger Mills Co., Oklahoma	
Name Frank D Lucas	вгоск в	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	\$15,001 - \$50,000	\$1,001 - \$15,000	\$1,001 - \$15,000 INTER	\$1,001 - \$15,000	\$250,001 - \$500,000	<u> </u>
ucas	вгоск с	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	DIVIDENDS	CAPITAL GAINS	INTEREST	INTEREST	See below individual companies	
	BLOCK D	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	\$201 - \$1,000	\$5,001 - \$15,000	\$1 - \$200	\$1 - \$200	See below companies	
Page 2 of 7	BLOCK E	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.		S(part)	i	:		

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SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	E Name Frank D Lucas	ucas		Page 3 of 7
	St Mary Operating Co.	None	Royalty	\$201 - \$1,000	
	BP America Production Co.	None	Royalty	\$5,001 - \$15,000	i I
	Plain Marketing	None	Royalty	\$1 - \$200	
	Cimerax Energy Co.	None	Royalty	\$201 - \$1,000	;
	Exco Midcontinet	None	Royalty	\$201 - \$1,000	:
DC	Security State Bank, Cheyenne, OK	\$1,001 - \$15,000 INTERE	INTEREST	\$1 - \$200	
	Public Employee Retirement (not self directed)	\$15,001 - \$50,000	None	NONE	
	480 acres - Farmland, House, Equip. & Cattle, Cheyenne, OK	\$250,001 - \$500,000	Farm Income	\$50,001 - \$100,000 Gross	<u> </u>
JT	508 acres - Farmland, Roger Mills Co., OK	\$250,001 - \$500,000	Farm Income	see above income	
JT	320 acres - Farmland, Roger Mills Co. OK	\$100,001 - \$250,000	Farm Income	see above income	
SP	Oklahoma Tercher Retirement (not self directed)	\$1,001 - \$15,000	None	NONE	:
SP	Texas Teacher Retirement (not self directed)	\$1,001 - \$15,000 None	None	NONE	:
J	Apache Corporation	None	Gas well drilling water	\$2,501 - \$5,000	<u>'</u>
Ţ	Engogex LLL	None	Pipeline right-of- way damages	\$5,001 - \$15,000	

	SCHEDULE III - ASSETS AND "UNEARNED" INCOME
Name	
Name Frank D Lucas	

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Markwest Oklahoma GAS None Pipeline right-of-way damages \$5,001 - \$15,000

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## SCHEDULE IV - TRANSACTIONS

Name Frank D Lucas

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented

	SP, DC, JT	l
Panhandle Oil & Gas Inc	Asset	
S(part)	Type of Transaction	
Yes	Capital Gain in Excess of \$200?	
09-01-10	Date	
\$1,001 - \$15,000	Amount of Transaction	

## SCHEDULE V - LIABILITIES

Name Frank D Lucas

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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 owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

	The same and the state of the property describes for any occurre to the same	, acc + :0,000.	
SP, DC,	Creditor	Type of Liability	Amount of Liability
ΤĽ	Security State Bank, Cheyenne, OK	Mortgage on 508 acres Farmland, Roger Mills Co., OK	\$100,001 - \$250,000
JT	Security State Bank, Cheyenne, OK	Note on JD 6615 Tractor	\$15,001 - \$50,000
JT	Security State Bank, Cheyenne, OK	Operating Note (farm operating loan)	\$15,001 - \$50,000
JT	Farm Credit of Western Oklahoma, Woodward, OK	Line of Credit	\$15,001 - \$50,000
SP	Bank of America	Revolving Credit Account	\$15,001 - \$50,000
-	Chase Bank USA	Revolving Credt Account	\$15,001 - \$50,000
	American Express	Revolving Credit Account	\$15,001 - \$50,000
JT	Farm Plan	Revolving Criedt Account	\$15,001 - \$50,000

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Frank D Lucas

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spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family mg? Food? Member Included?  (Y/N) (Y/N)	Days not at sponsor's expense
Franklin Center for Global Policy Exchange	Aug 9 - 14	Aug 9 - 14 OKC-Ottawa-OKC	≺	<b>~</b>	~	none
Us Assoc of Fromer Members of Congress Study Group on Turkey, German Marshall Fund of the US, and Economic Policy Research Fund of Turkey	Aug 29 - Sept 14	OKC-Ankara-OKC	<b>~</b> !	<b>≺</b>	<b>≺</b>	none

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