In all sections, please type or print clearly in blue or black ink

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

**EXEMPTION** ~ 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 Ethics. **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 Yes No No \

### SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name SUZANNE PATCICK

Page L of S

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 or 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 income	han the filer's current employme mount of any honoraria; list only	int by the U.S. Government the source for other sport	nt) totalling \$200 or use earned income
exceeding \$1,000. See examples below. <b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act	ment programs, and benefits re	ceived under the Social S	ecurity Act.
Source (include date of receipt for honoraria)	Twne	Amount	unt
Contro (mondo agro os recolos se monestra)	1 7 60	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
ramples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$9,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	гy	NA	NA
scinitar Contal Partrus Avistand, Ox	Consultant Fre		# 11,000
	,		

WELL HEAD ASSISTED & SMANKALY.	· AUJANNE J PARKICK JEA	1st Bank of Paducah, KY accounts	SP, SP Mega Corp. Stock  DC, Examples: Simon & Schuster	Exclude: Your personal residence, inclikiting second hothes and vacation homes (unloss thore was rental income during the reporting period); any doposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal refirement program, including the Thrift Savings Plan  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 hald with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklot	account and its value at the end of the reporting period.  For rental or other real properly held for investment, provide a complete address.  For an ownership intorest in a privately-hold businoss that is not publicly traded, slate the name of the business, the nature of its adjustes, and its greatrablic ness, the nature of its adjustes, and its greatrablic	BLOCK A  Asset and/or Income Source Identity (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting portod, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use linker 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 shoted the spe- off c investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed provide only the name of the institution bodding the
	×	×	indefinite	None \$1 - \$1,000 \$1,001 - \$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 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 Over \$50,000,000	> B C C C C C C C C C C C C C C C C C C	Value of Asset  Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."
×	××	×	X Hoyalies	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farr	n Income)	Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
	x x		X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$100,000	Current Year Preceding Year	Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

#### SCHEDULE III — LIABILITIES

Name ALBANNE PATRICK

Page # of \$

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. 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 turni-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

Creditor   Creditor		SP, DC, JT
Mortgage on 123 Main Street, Dover, DE   S10,001   S15,000   M   S10,001   S50,000   M   S250,000   M   S10,000   M   S250,000   M   S10,000,000   M   S250,000   M   S250,000,000   M   S250,000,000   M   S25,000,000   M   M   M   M   M   M   M   M   M	HANK OF MERICA	Creditor  Example: First Bank of Wilmington, DE
S10,001—   No.   S15,000   No.   S15,000   No.   No.		Date Liability Incurred mo/year
S15,000   B   S15,000   B   S15,000   C   S100,000   C   S100,000   C   S250,000   C   S250,000   C   S1,000,000   C   S1,000,000   C   S1,000,000   C   S25,000,000   C   S	REYOLYING CHARGE ACCOUNT	
S50 000	<	
\$100,000 C \$100,000 C \$100,001 C \$250,000 m \$500,000 m \$500,000 m \$1,000,000 m \$1,000,000 m \$5,000,001 G \$5,000,000 m \$5,000,000 m		
S250,000		
\$5,000,000 \$5,000,000 \$25,000,000 \$25,000,000 \$25,000,000		× \$100,001- D And
\$5,000,000 \$5,000,000 \$25,000,000 \$25,000,000 \$25,000,000		\$250.001— m = 5
\$5,000,000 \$5,000,000 \$25,000,000 \$25,000,000 \$25,000,000		\$1.000.000 T
\$25,000,000 \( \) \$25,000,001 \$50,000,000 \( \)		55,000,005
Over		\$25,000,000
\$50,000.000		Over

#### SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current catendar year and in the two prior years as an officer, 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.

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

Position	Name of Organization
YOLE PROPRIETOR	hUZANNE A. PATRICIC . COHPANY

Use additional sheets if more space is required.

### SCHEDULE V - AGREEMENTS

Name MYKNNE PATRICK

Page S of S

			Date	Identify the date service; continu efit plan mainta
			Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employm service; continuation or deferral of payments by a former or current employer other than the U.S. Government: o effi plan maintained by a former employer.
			Terms of Agreement	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government: or continuing participation in an employee welfere or benefit plan maintained by a former employer.

# SCHEDULE VI -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

			Eletsis Mipbulding Defsis Moo, Greece	Example:   Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)	recognized by law, no not repeat information listed on schedule t.
			Consulting formices		Brief Description of Duties	