Name:

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

Status Fler

# PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	esponse.	appropriate schedule attached for each "Yes" response.	and the	e answered	Each question in this part must be answered and the appropriate schedu
<b>₹</b>	Yes 🔲	No XI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	<b>₹</b>	Yes	<ol> <li>Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?</li> <li>yes, complete and attach Schedule III.</li> </ol>
<b>₹</b>	Yes	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	No No	Yes	<ol> <li>Did you, your spouse, or a dependent child receive "unearned" ncome of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?</li> <li>yes, complete and attach Schedule II.</li> </ol>
∑ S	Yes	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  If yes, complete and attach Schedule IV.	N <sub>0</sub>	Yes	Did you or your spouse have "earned" income (e.g., salaries or ses) of \$200 or more from any source in the reporting period? yes, complete and attach Schedule I.

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST 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? **∀es** Yes No. No W

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name JERRY DOYLE

Page 2 of 6

List the sou ce, 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 exceeding \$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.

College date of receipt for honoraria)	Type	Amount	unt
Course (include date of receipt for noncommu)	.)	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	. NA	NA
UHY ADVISORS TX LLC	SPOUSE SALARY	27,050	66,005
LIBERTY FORGE	SALARY	NONE	6,266
US STEEL PENSION FUND	PENSION	1,185	2,847
	·		

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

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

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

in the account that exceeds the reporting thresholds. account and its value at the end of the reporting period. provide only the name of the institution holding the For retirement accounts which are not self-directed, cific investments), provide the value for each asset held plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the spe-For all IRAs and other retirement plans (such as 401(k)

provide a complete address. For rental or other real property held for investment,

>

C

m

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 ocation in Block A.

ing \$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 income during the reporting period); any deposits total-Exclude: Your personal residence, including second nomes and vacation homes (unless there was renta

income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. If you so choose, you may indicate that an asset or None

\$1,001 - \$15,000

\$50,001 - \$100,000

please refer to the instruction booklet For a detailed discussion of Schedule III requirements,

8

Examples:

1st Benk of Paducah, KY accounts

Indefinite

SP Mega Corp. Stock Simon & Schuster

#### Value of Asset BLOCK B

of reporting year. If you use a market value, please specify the valuation method other than fair method used. Indicate value of asset at close

only because it generated reporting year and is included If an asset was sold during the None." income, the value should be

#### Type of income

BLOCK C

est, and capital gains, even if reinvested, must be disclosed the reporting period. as Income. Check "None" if the "None" column. Dividends, interdeferred income (such as 401(k) investments or that generate taxallow you to choose specific Check all columns that apply. For asset generated no income during plans or IRAs), you may check the retirement accounts that do not

BLOCK D

#### Amount of Income

closed as income. Check "None" if no gains, even if reinvested, must be disbelow. Dividends, interest, and capital or IRAs), you may check the "None" column ate tax-deferred income (such as 401(k) plans to choose specific investments or that gener-For retirement accounts that do not allow you income was earned or generated ncome by checking the appropriate box For all other assets, indicate the category of

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

JERRY L. DOYLE

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					·		N/A			Asset /nd/or Income Source	, BLOCK A
								\$1,001 - \$15,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000	A M C ME G I I MK	Value of Asset	вьоск в
								RENT  CAPITAL GAINS  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income	BLOCK C
		<u>_</u>						\$1 - \$200 =  \$1,001 - \$2,500		Amount of Income	BLOCK D

This page may be copied if more space is required.

### SCHEDULE III -- LIABILITIES

Name JERRY L. DOYLE

Page 5 of 6

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

<b>٩</b> ۶.	<del>შ</del> ი,⊢ —————	Creditor	Liability Incurred mo/year	Type of Liability	\$15,001— \$50,000 CD	\$100,001—	\$250,000	\$500,001— \$1,000,000	\$5,000,001— <b>エ</b>	
	Exa	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			X			85
		N/A								N. 85 N. 3
		=								Same of Sec.
	•									A. 354
										en en en

### SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-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 nonorary nature.	ature.
 Position	Name of Organization
WIA	

### SCHEDULE V - AGREEMENTS

Name	
JERR!	
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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 welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A		

# 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.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hornetown, Homestate	Accounting services
NA	