Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SE

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name	
ROBERT H DOYLE	
2. Address Check if different than previously reported	
2766 CHATHAM CT.	
3. Principal Place of Business (if different from line 2)	
City: BEAVERCREEK State/2	tip (or Country) <i>OH 1 O. 4543 </i>
4. Contact Name Telephone	E-mail (optional) 5. Senate ID#
BOB DOYLE 937-418-6	361 LOBBYU99PCS.com
7. Client Name Self	6. House ID #
MIAMISBURG MOUND REDE	VELOPMENT COAR
TYPE OF REPORT 8. Year <u>03</u> Midyear	(January 1-June 30) OR Year End (July 1-De
III OF REFORM 6. Ital 55 Mayou	
9. Check if this filing amends a previously filed version of this	report 🔲
10. Check if this is a Termination Report □ ⇒ Termination	Date 11. No Lobbyii
To. Check it this is a retinimation respon — Termination	
INCOME OR EXPENSES - Complete Either	Line 12 OR Line 13
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this re
periou was.	norind were:
- /	period were:
Less than \$10,000 🖾	Less than \$10,000 🖸
	Less than \$10,000 \$10,000 or more Expenses (nearest \$20 14. REPORTING METHOD. Check box to indicate \$20
\$10,000 or more Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000,	Less than \$10,000 \$10,000 or more Expenses (nearest \$20) 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description
\$10,000 or more Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	Less than \$10,000 \$10,000 or more Expenses (nearest \$20 14. REPORTING METHOD. Check box to indicate \$20
\$10,000 or more Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000,	Less than \$10,000
\$10,000 or more Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	Less than \$10,000
\$10,000 or more Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	Less than \$10,000

Signature	Rolf A Like	
Printed Name and Title_	BOBERT H DOYLE	PRESIDENT"

LD-2 (REV. 6/98)

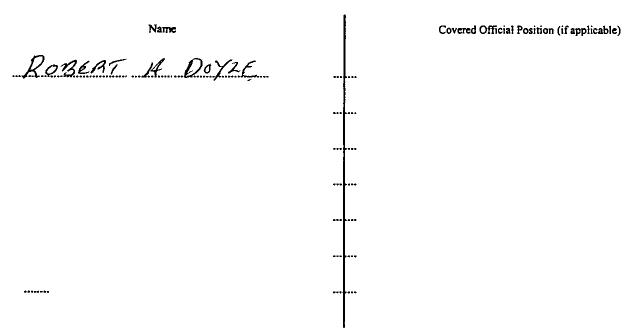
	0 -100					
Registrant Name	KOBEMI	1)074	Client Name	MIAMIS BURG	mound	

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

- 15. General issue area code <u>ENG</u> (one per page)
- 16. Specific lobbying issues

- 17. House(s) of Congress and Federal agencies contacted
- 4 Check if None

18. Name of each individual who acted as a lobbyist in this issue area



19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature

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Date 2/27/03

					
Printed Name and Title	Ro	BERT H	DOYLE	PRESID	BNT.

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Page _

Registrant Name		_ Client Name	· · · · · · · · · · · · · · · · · · ·
Information Update	Page - Complete ONLY	where registration information	n has changed.
20. Client new address			
21. Client new principal place of	***		
City		State/Zip (or Country)	
22. New general description of o			
LOBBYIST UPDATE 23. Name of each previous	sly reported individual who	is no longer expected to act as a	lobbyist for the client
ISSUE UPDATE 24. General lobbying issue AFFILIATED ORGAN 25. Add the following affil	ZATIONS	no longer pertain	
Name		Address	Principal Place of Bo (city and state or co
26. Name of each previous	ly reported organization the	at is no longer affiliated with the	registrant or client
	-,,		10510tttill 01 VIIII
FOREIGN ENTITIES 27. Add the following forei	gn entities		
Name	Address 	Principal place of busin (city and state or count	
· · · · · · · · · · · · · · · · · · ·			

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registra affiliated organization

Signature	Date	
Printed Name and Title		
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