

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Jack Doyle for Congress

ADDRESS (number and street)

741 Balboa Ave

Check if different than previously reported. (ACC)

Coronado

CA

92118

2. FEC IDENTIFICATION NUMBER ▼

C C00518431

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

52

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

06

05

2012

in the State of

CA

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

06

05

2012

in the State of

CA

5. Covering Period

02

15

2012

through

05

16

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jack Doyle

Signature of Treasurer Jack Doyle

[Electronically Filed]

Date

05

24

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Jack Doyle for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	9019.00	9019.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9019.00	9019.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	13991.36	13991.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	13991.36	13991.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	45027.64	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	50000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Jack Doyle for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3500.00	3500.00
(ii) Unitemized.....	949.00	949.00
(iii) TOTAL of contributions from individuals ▶	4449.00	4449.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	4570.00	4570.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9019.00	9019.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	50000.00	50000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	50000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	59019.00	59019.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13991.36	13991.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13991.36	13991.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	59019.00
25. SUBTOTAL (add Line 23 and Line 24).....	59019.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13991.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	45027.64

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Jack Doyle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry Fick**

Mailing Address 358 Broadway PO Drawer 210220

City Chula Vista State CA Zip Code 91921

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : SA11AI.4111**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Errin Samuelsz**

Mailing Address 10615 Len St.

City Santee State CA Zip Code 92071

FEC ID number of contributing federal political committee. **C**

Name of Employer Retro Gen Occupation Lab Technician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012

**Transaction ID : SA11AI.4157**

Amount of Each Receipt this Period  
 1000.00  
 In-kind - Web site design

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jack Doyle for Congress**

Full Name (Last, First, Middle Initial) <b>Jack Doyle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 01 / 2012	
Mailing Address 741 Balboa Ave		<b>Transaction ID : SA11D.4164</b>	
City Coronado	State CA	Zip Code 92118	
FEC ID number of contributing federal political committee. C H2CA52105		Amount of Each Receipt this Period 1740.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1740.00		

Full Name (Last, First, Middle Initial) <b>Jack Doyle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2012	
Mailing Address 741 Balboa Ave		<b>Transaction ID : SA11D.4166</b>	
City Coronado	State CA	Zip Code 92118	
FEC ID number of contributing federal political committee. C H2CA52105		Amount of Each Receipt this Period 1980.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3720.00		

Full Name (Last, First, Middle Initial) <b>Jack Doyle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2012	
Mailing Address 741 Balboa Ave		<b>Transaction ID : SA11D.4160</b>	
City Coronado	State CA	Zip Code 92118	
FEC ID number of contributing federal political committee. C H2CA52105		Amount of Each Receipt this Period 850.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 54570.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4570.00
<b>TOTAL</b> This Period (last page this line number only).....	4570.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jack Doyle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jack Doyle**

Mailing Address 741 Balboa Ave

City State Zip Code  
Coronado CA 92118

FEC ID number of contributing federal political committee. **C** H2CA52105

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
53720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2012

**Transaction ID : SA13A.4103**

Amount of Each Receipt this Period  
50000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

50000.00

50000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jack Doyle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jack Doyle</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 741 Balboa Ave		Amount of Each Disbursement this Period 1740.00 <b>Transaction ID : SB17.4165</b>
City Coronado	State CA	
Purpose of Disbursement In-kind - Filing Fee		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 52	

Full Name (Last, First, Middle Initial) <b>B. Jack Doyle</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 741 Balboa Ave		Amount of Each Disbursement this Period 1980.00 <b>Transaction ID : SB17.4167</b>
City Coronado	State CA	
Purpose of Disbursement In-kind Ballot Statement Fee		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 52	

Full Name (Last, First, Middle Initial) <b>c. Jack Doyle</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 741 Balboa Ave		Amount of Each Disbursement this Period 850.00 <b>Transaction ID : SB17.4161</b>
City Coronado	State CA	
Purpose of Disbursement In-kind - Misc Items: Signs, Postage and Materials		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 52	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4570.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jack Doyle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hector's Print Shop</b>		Date of Disbursement MM / DD / YYYY 04 / 09 / 2012
Mailing Address 1015 Third Ave		Amount of Each Disbursement this Period 568.92 <b>Transaction ID : SB17.4129</b>
City Chula Vista	State CA	
Zip Code 91911	Purpose of Disbursement Literature	Category/ Type 004
Candidate Name <b>Jack Doyle for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 52	

Full Name (Last, First, Middle Initial) <b>B. Hector's Print Shop</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2012
Mailing Address 1015 Third Ave		Amount of Each Disbursement this Period 107.22 <b>Transaction ID : SB17.4131</b>
City Chula Vista	State CA	
Zip Code 91911	Purpose of Disbursement Envelopes	Category/ Type 001
Candidate Name <b>Jack Doyle for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 52	

Full Name (Last, First, Middle Initial) <b>c. Inter Marketing Mfg Serv</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2012
Mailing Address 1504 Fayette St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4140</b>
City El Cajon	State CA	
Zip Code 92020	Purpose of Disbursement Signs	Category/ Type 004
Candidate Name <b>Jack Doyle for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 52	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1676.14
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jack Doyle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Inter Marketing Mfg Serv</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 1504 Fayette St.		Amount of Each Disbursement this Period 2124.75 <b>Transaction ID : SB17.4134</b>
City El Cajon	State CA	
Zip Code 92020	Purpose of Disbursement Signs	Category/ Type
Candidate Name <b>Jack Doyle for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 52	

Full Name (Last, First, Middle Initial) <b>B. Inter Marketing Mfg Serv</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 1504 Fayette St.		Amount of Each Disbursement this Period 316.52 <b>Transaction ID : SB17.4125</b>
City El Cajon	State CA	
Zip Code 92020	Purpose of Disbursement Signs	Category/ Type
Candidate Name <b>Jack Doyle for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 52	

Full Name (Last, First, Middle Initial) <b>c. Marketing Support Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 11280 Spica Dr		Amount of Each Disbursement this Period 1800.00 <b>Transaction ID : SB17.4133</b>
City Sab Diego	State CA	
Zip Code 92126	Purpose of Disbursement Phone Calls	Category/ Type
Candidate Name <b>Jack Doyle for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 52	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4241.27
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jack Doyle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marketing Support Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 11280 Spica Dr		Amount of Each Disbursement this Period 134.00 <b>Transaction ID : SB17.4135</b>
City Sab Diego State CA Zip Code 92126	Purpose of Disbursement Phone Call 004 Category/Type	
Candidate Name <b>Jack Doyle for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 52		

Full Name (Last, First, Middle Initial) <b>B. Marketing Support Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 11280 Spica Dr		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.4132</b>
City Sab Diego State CA Zip Code 92126	Purpose of Disbursement E-Mail 004 Category/Type	
Candidate Name <b>Jack Doyle for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 52		

Full Name (Last, First, Middle Initial) <b>c. Marketing Support Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 11280 Spica Dr		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4127</b>
City Sab Diego State CA Zip Code 92126	Purpose of Disbursement Phone/E-mail 004 Category/Type	
Candidate Name <b>Jack Doyle for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 52		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1484.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jack Doyle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Errin Samuelsz</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2012
Mailing Address 10615 Len St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4158</b>
City Santee	State CA	
Zip Code 92071	Purpose of Disbursement In-kind - Web site design	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Joel Scalzitti</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 1600 E Lexington Ave		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4156</b>
City El Cajon	State CA	
Zip Code 92019	Purpose of Disbursement Sign Placement	Category/ Type 004
Candidate Name <b>Jack Doyle for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 52	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	13971.41

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Jack Doyle for Congress** Transaction ID : **SC/10.4103**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Jack Doyle** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
741 Balboa Ave

City State ZIP Code  
Coronado CA 92118

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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**TERMS**

Date Incurred: M 03 / D 22 / Y 2012  
 Date Due: M / D / Y On Demand  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	50000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.