

**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

Quayle for Congress

ADDRESS (number and street) ▼

PO Box 751271

Check if different than previously reported. (ACC)

Las Vegas

NV

89136

2. **FEC IDENTIFICATION NUMBER** ▼

C C00475863

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

AZ

06

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  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Corinne Berger

Signature of Treasurer Corinne Berger

[Electronically Filed]

Date

/  /

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Quayle 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))....	0.00	2180052.55
(b) Total Contribution Refunds (from Line 20(d)) .....	16500.00	428300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-16500.00	1751752.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	762.69	1927264.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	20905.85	56182.07
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-20143.16	1871082.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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).....	0.00	

**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

**Quayle 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).....	0.00	1687697.11
(ii) Unitemized.....	0.00	46698.01
(iii) TOTAL of contributions from individuals ▶	0.00	1734395.12
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	445657.43
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	2180052.55
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	225.10
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	20905.85	56182.07
<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>	20905.85	2241459.72

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	762.69	1927264.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	6223.13
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	6223.13
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	16500.00	370050.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	58250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	16500.00	428300.00
21. OTHER DISBURSEMENTS .....	4500.00	4500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	21762.69	2366287.98

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	856.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20905.85
25. SUBTOTAL (add Line 23 and Line 24).....	21762.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21762.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 14
<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

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)  
**Quayle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Christopher**

Mailing Address 27891 North 100th Way

City State Zip Code  
Scottsdale AZ 85262-

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

Name of Employer Occupation  
R & M Christopher Family LLP Partner/Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 03 / 2013

**Transaction ID : 30514.C6532**

Amount of Each Receipt this Period  
500.00

Offsets to Operating Expenditu

NOTE:Uncashed/Voided ck

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

Mailing Address 7700 Henze Road

City State Zip Code  
Evansville IN 47720-

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2013

**Transaction ID : 30626.C6540**

Amount of Each Receipt this Period  
2500.00

Offsets to Operating Expenditu

NOTE:Uncashed/Voided ck

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

Mailing Address 3655 West Anthem Way #A 109-421

City State Zip Code  
Phoenix AZ 85086-

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

Name of Employer Occupation  
Hayden Capital Investments Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2013

**Transaction ID : 30514.C6535**

Amount of Each Receipt this Period  
2500.00

Offsets to Operating Expenditu

NOTE:Uncashed/Voided ck

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

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

5500.00

**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 14
	<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)  
**Quayle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Smart Media Group**

Mailing Address 1717 King Street

City State Zip Code  
Alexandria VA 22314-

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4405.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : 30514.C6530**

Amount of Each Receipt this Period  
4405.85

Offsets to Operating Expenditu

NOTE:Refund Of Overpayment

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

Mailing Address 875 Third Avenue

City State Zip Code  
New York NY 10021-

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

Name of Employer Occupation  
Cerberus Capital Mgmt LP Private Equity

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : 30514.C6533**

Amount of Each Receipt this Period  
2500.00

Offsets to Operating Expenditu

NOTE:Uncashed/Voided ck

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

Mailing Address 3131 East Camelback Road #210

City State Zip Code  
Phoenix AZ 85016-

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : 30514.C6531**

Amount of Each Receipt this Period  
250.00

Offsets to Operating Expenditu

NOTE:Uncashed/Voided ck

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

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

7155.85

**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 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Quayle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George Shultz**

Mailing Address 776 Dolores Street

City State Zip Code  
Stanford CA 94305-

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

Name of Employer Occupation  
Stanford University Educator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 21 / 2013

**Transaction ID : 30625.C6538**

Amount of Each Receipt this Period  
2500.00

Offsets to Operating Expenditu

NOTE:Uncashed/Voided ck

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

Mailing Address 1552 West Augusta Avenue

City State Zip Code  
Phoenix AZ 85021-

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2013

**Transaction ID : 30514.C6536**

Amount of Each Receipt this Period  
550.00

Offsets to Operating Expenditu

NOTE:Uncashed/Voided ck

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

Mailing Address 34 Green Meadow Lane

City State Zip Code  
New Canaan CT 06840-

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

Name of Employer Occupation  
Cerberus Capital Mgmt LP Managing Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 21 / 2013

**Transaction ID : 30625.C6537**

Amount of Each Receipt this Period  
2500.00

Offsets to Operating Expenditu

NOTE:Uncashed/Voided ck

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

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

5550.00

**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 8 OF 14
	<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)  
**Quayle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jennifer Ingersoll**

Mailing Address 875 Third Avenue

City State Zip Code  
New York NY 10021-

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2013

**Transaction ID : 30514.C6534**

Amount of Each Receipt this Period  
2500.00

Offsets to Operating Expenditu

NOTE:Uncashed/Voided ck

**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).....

2500.00

20705.85



**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 14			
	<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)  
**Quayle for Congress**

Full Name (Last, First, Middle Initial) <b>A. In Compliance Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2013
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 250.00
City Las Vegas	State NV	
Zip Code 89136-		<b>Transaction ID : 30514.E2903</b>
Purpose of Disbursement Consulting Treasury	Category/ Type	
Candidate Name		<b>CONSULTING TREASURY</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. In Compliance Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 512.69
City Las Vegas	State NV	
Zip Code 89136-		<b>Transaction ID : 30711.E2918</b>
Purpose of Disbursement Consulting Treasury	Category/ Type	
Candidate Name		<b>CONSULTING TREASURY</b>
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:		

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).....	762.69
<b>TOTAL</b> This Period (last page this line number only).....	762.69

**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 14			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Quayle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nicole Bidwill</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2013
Mailing Address 3131 East Camelback Road #210		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 30514.E2907</b>
City Phoenix State AZ Zip Code 85016-	Purpose of Disbursement Refund of Contribution Reissued Candidate Name Category/Type 010	
Office Sought: House Senate President State: District:	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Terri Chancellor</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2013
Mailing Address 7700 Henze Road		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : 30626.E2917</b>
City Evansville State IN Zip Code 47720-	Purpose of Disbursement Refund of Contribution Reissued Candidate Name Category/Type 010	
Office Sought: House Senate President State: District:	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Robert Christopher</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2013
Mailing Address 27891 North 100th Way		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 30514.E2904</b>
City Scottsdale State AZ Zip Code 85262-	Purpose of Disbursement Refund of Contribution Reissued Candidate Name Category/Type 010	
Office Sought: House Senate President State: District:	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3250.00
<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 11 OF 14			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Quayle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Ingersoll</b>			Date of Disbursement MM / DD / YYYY 05 / 08 / 2013	
Mailing Address 875 Third Avenue			Amount of Each Disbursement this Period 2500.00	
City New York	State NY	Zip Code 10021-	Transaction ID : 30514.E2909	
Purpose of Disbursement Refund of Contribution Reissued		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. W. Brett Ingersoll</b>			Date of Disbursement MM / DD / YYYY 05 / 08 / 2013	
Mailing Address 875 Third Avenue			Amount of Each Disbursement this Period 2500.00	
City New York	State NY	Zip Code 10021-	Transaction ID : 30514.E2908	
Purpose of Disbursement Refund of Contribution Reissued		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Richard Kelleher</b>			Date of Disbursement MM / DD / YYYY 06 / 21 / 2013	
Mailing Address 5219 North Casa Blanca Drive			Amount of Each Disbursement this Period 200.00	
City Paradise Valley	State AZ	Zip Code 85253-	Transaction ID : 30625.E2916	
Purpose of Disbursement Refund of Contribution Reissued		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5200.00
<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 14			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Quayle for Congress**

Full Name (Last, First, Middle Initial) <b>A. George Kollitides</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2013
Mailing Address 34 Green Meadow Lane		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : 30625.E2914</b>
City New Canaan	State CT	
Zip Code 06840-	Purpose of Disbursement Refund of Contribution Reissued	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Terry Lee</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2013
Mailing Address 3655 West Anthem Way #A 109-421		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : 30514.E2905</b>
City Phoenix	State AZ	
Zip Code 85086-	Purpose of Disbursement Refund of Contribution Reissued	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Seidberg</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2013
Mailing Address 1552 West Augusta Avenue		Amount of Each Disbursement this Period 550.00 <b>Transaction ID : 30514.E2906</b>
City Phoenix	State AZ	
Zip Code 85021-	Purpose of Disbursement Refund of Contribution Reissued	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5550.00
<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 13 OF 14			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Quayle for Congress**

Full Name (Last, First, Middle Initial) <b>A. George Shultz</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2013
Mailing Address 776 Dolores Street		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : 30625.E2915</b>
City Stanford State CA Zip Code 94305-	Purpose of Disbursement Refund of Contribution Reissued Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
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:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
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).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	16500.00

**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 14 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Quayle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dold For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address PO Box 8145		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 30625.E2912</b>
City Winnetka	State IL	
Zip Code 60093-	Purpose of Disbursement DONATION - PRIMARY 2014	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. Dold For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address PO Box 8145		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 30625.E2913</b>
City Winnetka	State IL	
Zip Code 60093-	Purpose of Disbursement DONATION - GENERAL 2014	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>c. The Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 2001 New Hampshire Ave. NW		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : 30625.E2910</b>
City Washington	State DC	
Zip Code 20009-	Purpose of Disbursement DONATION	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	4500.00