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REPORT OF RECEIPTS

FORM 3		DISB For An Autho					Office Use Only
NAME OF COMMITTEE (in		OR PRINT ▼		ample: If typin er the lines.	g, type	12FE4M5	
ELOISE GOM	EZ REYES F	OR CONG	RESS				
ADDRESS (number an	d street)	00 HONEY HILL	RD				
Check if dif than previou reported. (A	ısly _I GR	AND TERRACE				CA L	92313
2. FEC IDENTIFIC	CATION NUMBE	_	CITY IS THIS REPORT	× NEW		AMENE (A)	ZIP CODE STATE ▼ DISTRICT CA 31
(a) Quarterly Re X April 15 July 15 October	PORT (Choose Copports: Quarterly Report Quarterly Report 15 Quarterly Rep	(Q1) (Q2) Port (Q3)	Election on	Primary (12P) Convention (12C)	General (1	
Termina	tion Report (TER)		Election on	General (30G	D * D /	Runoff (30	Special (30S) in the State of
5. Covering Period	M M /	01 / Y	y y y y 2016	through	M M M 03	/ 31 /	Y Y Y Y Y 2016
I certify that I have e		oort and to the		owledge and I	belief it is tru	e, correct and	d complete.
Signature of Treasure	er <u>William P S</u>	mith CPA		[Electronically 1	Filed] Da	ate 04	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	false, erroneous, o	or incomplete inf	ormation may	subject the per	son signing th	nis Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

ELOISE GOMEZ REYES FOR CONGRESS

		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	0.00
	(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))	0.00	0.00
·.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0.00	37.90
	(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))	0.00	37.90
	Cash on Hand at Close of Reporting Period (from Line 27)	1436.41	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	119061.15	

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

FEC Form 3 (Revised 12/2003) of Receipts PAGE 3/7

Write or Type Committee Name

ELOISE GOMEZ REYES FOR CONGRESS

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11. C	CONTRIBUTIONS (other than loans) FROM:			
(8	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00	
	(ii) Unitemized	0.00	0.00	
	(iii) TOTAL of contributions from individuals	0.00	0.00	
	Political Party Committees Other Political Committees	0.00	0.00	
(0	c) Other Political Committees (such as PACs)	0.00	0.00	
`	d) The Candidate	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00	
	OANS:			
(8	A) Made or Guaranteed by the Candidate	0.00	0.00	
,	b) All Other Loans	0.00	0.00	
((c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
	OFFSETS TO OPERATING EXPENDITURES			
	Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
1	TOTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	0.00	

DETAILED SUMMARY PAGE

PAGE 4/7

of Disbursements FEC Form 3 (Revised 02/2003)

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 0.00 37.90 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 37.90 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 1436.41 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 1436.41 25. SUBTOTAL (add Line 23 and Line 24)..... 0.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 1436.41 (subtract Line 26 from Line 25).....

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

5 OF

X 13a

13b Transaction ID: SC/10.4111 NAME OF COMMITTEE (In Full) ELOISE GOMEZ REYES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2014 Memo Item Primary **ELOISE GOMEZ REYES** General Mailing Address Other (specify) 1190 Honey Hill Dr City State ZIP Code CA 92313 **Grand Terrace** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^M 06^M ^D24 2013 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 100000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

×	13a
	13h

Detailed Summary Page Transaction ID: SC/10.4112 NAME OF COMMITTEE (In Full) ELOISE GOMEZ REYES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: Memo Item 214 Primary **ELOISE GOMEZ REYES** General Mailing Address Other (specify) 1190 Honey Hill Dr State ZIP Code City CA 92313 **Grand Terrace** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 8000.00 0.00 8000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^M 08^M ^D26 ž014 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 8000.00 108000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 7
FOR LINE NUMBER (check only one)

IE NUMBER:		
only one)		9
	$\overline{\mathbf{v}}$	10

OF

	ME OF COMMITTEE (In Full) LOISE GOMEZ REYE	ES FOR	CONGRE	SS
	A. Full Name (Last, First, Middle Initial) of Debto Smith Marion & Co	Nature of Debt (Purpose): Payroll Processing Fees - 2014 Primary Debt		
	Mailing Address 38605 Calistoga Dr Ste 120			
	City State	Zip Code		
	Murrieta	CA	92563-4882	- 1
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4109
	456.00			
	Amount Incurred This Period	Payme	ent This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	456.00
	B. Full Name (Last, First, Middle Initial) of Debtor The New Media Firm	or Creditor		Nature of Debt (Purpose): Media Consulting, 2014 Primary - Dispute
	Mailing Address 1730 Rhode Island Ave NW Ste 213			
	City State Washington	Zip Code DC	20036-3118	
ł	-		20000 0110	Transportion ID - CD40 4440
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4110
	10605.15			
	Amount Incurred This Period	Payme	ent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	10605.15
	C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):
	Mailing Address			
	City	State	Zip Code	
٠	Outstanding Balance Beginning This Period			
	Amount Incurred This Period	Payme	ent This Period	Outstanding Balance at Close of This Period
1)	SUBTOTALS This Period This Page (optional)			11061.15
2)	TOTALS This Period (last page this line number	only)		11061.15
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	108000.00
۵۱	ADD 2) and 3) and carry forward to appropriate	line of Summany	Page (last page only)	119061.15