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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Co		Offic	e Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRI	•	Example: If typing, type over the lines.	12FE4M5	
ELOISE GOM	EZ REYES FOR C				1
ADDRESS (number an	d street)	EY HILL RD			
▼ Check if dif	ferent				
than previous reported. (A	usly GRAND TER	RRACE		CA 9231	3
2. FEC IDENTIFIC	CATION NUMBER V	CITY ▲		STATE ▲	ZIP CODE ▲
C C0054480		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT CA 31
4. TYPE OF RE	PORT (Choose One)				
(a) Quarterly Re	eports:	(b) 12-Day PF	RE -Election Report for th	e:	-
April 15	Quarterly Report (Q1)	L	Primary (12P)	General (12G)	Runoff (12R)
			Convention (12C)	Special (12S)	
X July 15	Quarterly Report (Q2)		M M / D D	/ Y Y Y Y	in the
Octobe	r 15 Quarterly Report (Q3)	Election of			State of
January	31 Year-End Report (YE)	(c) 30-Day PC	DST -Election Report for t	he:	
			General (30G)	Runoff (30R)	Special (30S)
Termina	tion Report (TER)	Election o	on	/ Y " Y " Y " Y	in the State of
5. Covering Period	M M / D D D	/ Y Y Y Y Y 2017	through	06 30 / Y	Y Y Y 2017
I certify that I have e	xamined this Report and		knowledge and belief it i	s true, correct and cor	mplete.
Type or Print Name	Smith, Willi of Treasurer	am, P, , CPA			
Signature of Treasure	Smith, William, P, , C	PA	[Electronically Filed]	Date 07 /	15 / Y Y Y Y Y Y 2017
NOTE: Submission of	false, erroneous, or incomp	olete information ma	y subject the person signi	ng this Report to the pe	nalties of 52 U.S.C. §3010
Office Use				F	EC FORM 3
Only	1 1			1 1	(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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2017

06

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name ELOISÉ GOMEZ REYES FOR CONGRESS

04 2017 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 37.90 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 37.90 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1436.41 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 119061.15 Schedule C and/or Schedule D).....

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

PAGE 3 / 7 FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ELOISE GOMEZ REYES FOR CONGRESS

04 2017 06 30 2017 01 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(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
((b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
•	(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
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	0.00

DETAILED SUMMARY PAGE

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FEC Form 3 (Revised 05/2016)

of Disbursements

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 (c) 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) 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

PAGE FOR LINE NUMBER: (check only one)

5 OF

×	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) Election: 2014 Memo Item Primary REYES, ELOISE GOMEZ, , , General Mailing Address 1190 Honey Hill Dr Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate 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: (If none, enter 0) 0.00 D24D M 06M ž013 Noně x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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 Detailed Summary Page

PAGE FOR LINE NUMBER: (check only one)

x 13a 13b

OF

Transaction ID: SC/10.4112 NAME OF COMMITTEE (In Full) **ELOISE GOMEZ REYES FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 214 Memo Item Primary REYES, ELOISE GOMEZ, , , General Mailing Address 1190 Honey Hill Dr Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate CA 92313 **Grand Terrace** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 8000.00 0.00 8000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D26^D ^M80^M ž014 Noně x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 8000.00 TOTALS This Period (last page in this line only) 108000.00 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

NAME OF COMMITTEE (In Full)

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

OF

	ELOISE GOMEZ REY	/ES	FOR CONGRE	SS	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Smith Marion & Co			Nature of Debt (Purpose): Payroll Processing Fees - 2014 Primary Debt	
ŀ	Mailing Address 38605 Calistoga Dr Ste 120				
ŀ	City	State	Zip Code		
	Murrieta	CA	92563-4882		
	Outstanding Balance Beginning This Period 456.00				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	456.00	
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cre	ditor	Nature of Debt (Purpose):	
	The New Media Firm			Media Consulting, 2014 Primary - Dispute	
	Mailing Address 1730 Rhode Island Ave NW Ste 213				
	City	State	Zip Code		
	Washington	DC	20036-3118		
	Outstanding Balance Beginning This Period 10605.15			Transaction ID : SD10.4110	
	Amount Incurred This Period			Outstanding Balance at Close of This Period	
	0.00		Payment This Period 0.00	10605.15	
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address			Nature of Debt (Purpose):	
-	City	State	Zip Code		
-	Outstanding Balance Beginning This Period				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	7 7		, , , , ,	, , , , , , , , , , , , , , , , , , , ,	
1)	1) SUBTOTALS This Period This Page (optional)			11061.15	
2)	2) TOTALS This Period (last page this line number only)			11061.15	
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			108000.00	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			119061.15		