

# 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

ELOISE GOMEZ REYES FOR CONGRESS

ADDRESS (number and street)

11900 HONEY HILL RD

Check if different than previously reported. (ACC)

GRAND TERRACE

CA

92313

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00544809

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

CA

31

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2023

through

M M /

D D /

Y Y Y Y 2023

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

Smith, William, P., CPA

Type or Print Name of Treasurer

Signature of Treasurer

Smith, William, P., CPA

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**ELOISE GOMEZ REYES FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(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
<b>7. Net Operating Expenditures</b>		
(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
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1436.41	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ELOISE GOMEZ REYES FOR CONGRESS

Report Covering the Period: From: MM / DD / YYYY 04 / 01 / 2023 To: MM / DD / YYYY 06 / 30 / 2023

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 .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. 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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
16. 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**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	37.90
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) ►	0.00	37.90

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1436.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	1436.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1436.41

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4111  
**ELOISE GOMEZ REYES FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) REYES, ELOISE GOMEZ, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1190 Honey Hill Dr			
City Grand Terrace	State CA	ZIP Code 92313	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan <input style="width: 90%;" type="text" value="100000.00"/>	Cumulative Payment To Date <input style="width: 90%;" type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input style="width: 90%;" type="text" value="100000.00"/>
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<b>TERMS</b>	Date Incurred <input style="width: 20px;" type="text" value="06"/> / <input style="width: 20px;" type="text" value="24"/> / <input style="width: 20px;" type="text" value="2013"/>	Date Due <input style="width: 20px;" type="text" value="M"/> / <input style="width: 20px;" type="text" value="D"/> / <input style="width: 20px;" type="text" value="None"/>	Interest Rate (If none, enter 0) <input style="width: 40px;" type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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
State	ZIP Code
Amount Guaranteed Outstanding: <input style="width: 80%;" type="text"/>	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
State	ZIP Code
Amount Guaranteed Outstanding: <input style="width: 80%;" type="text"/>	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
State	ZIP Code
Amount Guaranteed Outstanding: <input style="width: 80%;" type="text"/>	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
State	ZIP Code
Amount Guaranteed Outstanding: <input style="width: 80%;" type="text"/>	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input style="width: 90%;" type="text" value="100000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input style="width: 90%;" type="text"/>

**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**

NAME OF COMMITTEE (In Full) **ELOISE GOMEZ REYES FOR CONGRESS** Transaction ID : **SC/10.4112**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) REYES, ELOISE GOMEZ, , ,		<input type="checkbox"/> Memo Item	Election: 214 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1190 Honey Hill Dr			
City Grand Terrace	State CA	ZIP Code 92313	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 8000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 8000.00
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<b>TERMS</b>	Date Incurred M 08 / D 26 / Y 2014 Y	Date Due M M / D D / Y None Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	8000.00
<b>TOTALS</b> 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)

**ELOISE GOMEZ REYES FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Smith Marion &amp; Co</b>			Nature of Debt (Purpose): Payroll Processing Fees - 2014 Primary Debt
Mailing Address 38605 Calistoga Dr Ste 120			
City Murrieta	State CA	Zip Code 92563-4882	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4109	
456.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	456.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The New Media Firm</b>			Nature of Debt (Purpose): Media Consulting, 2014 Primary - Dispute
Mailing Address 1730 Rhode Island Ave NW Ste 213			
City Washington	State DC	Zip Code 20036-3118	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4110	
10605.15			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10605.15	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	11061.15
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	11061.15
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	108000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	119061.15