

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2013 SEP -6 AM 9:14
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

Coyne for Congress 2014

ADDRESS (number and street)

1130 east clark Ave, Ste 150 PMB 183

(Check if address is changed)

SANTA MARIA
CITY ▲

CA.
STATE ▲

93455
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@COYNEFORCONGRESS.COM

(Check if address is changed)

Optional Second E-Mail Address PAUL@COYNEFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://COYNEFORCONGRESS.COM

(Check if address is changed)

2. DATE 8-30-13

3. FEC IDENTIFICATION NUMBER ►

C00540666

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

BRIAN F. KLINGE

Signature of Treasurer

Brian F. Klinge

Date 08-16-13

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

13031113259

Write or Type Committee Name

COYNE FOR CONGRESS 2014

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

BRIAN F. KLINGE

Mailing Address

866 SANFORD COURT

Title or Position

TREASURER

CITY

SANTA BARBARA

STATE

CA

ZIP CODE

93111

Telephone number

805 967 4753

13031113261

Full Name of Designated Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031113262

130 SEP 11 10 26 AM '13

UnionBank

Official
Statement
A 93060

SANTA CLARITA CA 913

31 AUG 2013 PM 4 11



FEDERAL election Commission

999 e. Street

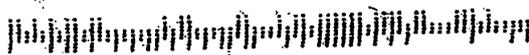
N.W., Washington, D.C.

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Hand Delivered Date of Receipt

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Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 9/6/13
PREPARER DATE PREPARED

(8/2013)

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