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Image# 14941275351

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3 For A	n Authorized	Committee			Office Use Only
NAME OF COMMITTEE (in full)  TYPE OR P	RINT ▼	Example: If typin over the lines.	g, type	12FE4M5	
Coyne for congress 2014					
1					
ADDRESS (number and street)	clark ave				
ste 150 pr	mb 183				
Check if different than previously reported. (ACC)	ria			CA S	93455
2. FEC IDENTIFICATION NUMBER ▼	CITY	, <b>A</b>		STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00540666	3. IS THI REPO		OR	AMEND (A)	
4. TYPE OF REPORT (Choose One)	(b) 12-Day	<b>PRE</b> -Election Repo	ut for the		
(a) Quarterly Reports:	(b) 12-Day			-	П
April 15 Quarterly Report (Q1)		X Primary (12P)	)	General (1	2G) Runoff (12R)
July 15 Quarterly Report (Q2)		Convention (	12C)	Special (12	2S)
October 15 Quarterly Report (Q2)	3) Electic	on on 06	03	y y y y 2014	in the State of CA
January 31 Year-End Report (YE	(c) 30-Day	POST-Election Rep	port for the:		
		General (30G	i)	Runoff (30	R) Special (30S)
Termination Report (TER)	Election	on on	D D /	Y " Y " Y	in the State of
5. Covering Period 04 01	2014	through	M M M 05	/ 0 0 /	Y Y Y Y Y 2014
I certify that I have examined this Report ar	nd to the best of i	my knowledge and i	belief it is tr	ue, correct and	l complete.
Type or Print Name of Treasurer Mr. paul	henry coyne Jr.				
Signature of Treasurer Mr. paul henry coy	ne Jr.	[Electronically l	Filed] [	Date 05	/ 29 / Y Y Y Y Y Z 2014
NOTE: Submission of false, erroneous, or inco	mplete_information	may subject the per	son_signing t	this Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

Covne	for	congress	201	4
COYIIC	101	congress	201	7

05 14 2014 01 2014 Report Covering the Period: From: To: **COLUMN B COLUMN A** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 10799.45 (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 10799.45 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 980.37 58533.05 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 980.37 58533.05 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 186.35 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 54080.00 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

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

#### Coyne for congress 2014

Report Covering the Period: From: 04 01 2014 To: 05 14 2014

COLUMN A

Total This Period: Floation Cycle to Date

	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	7150.00
	(ii) Unitemized	0.00	3649.45
	(iii) TOTAL of contributions from individuals	0.00	10799.45
	(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
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	10799.45
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	LOANS:		
	(a) Made or Guaranteed by the Candidate	250.00	54080.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	250.00	54080.00
	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
	<b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	250.00	64879.45

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	980.37	58533.05
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:  (a) Of Loans Made or Guaranteed	0.00	0.00
	by the Candidate(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
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	OTHER DISBURSEMENTS	0.00	6160.05
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	980.37	64693.10
	III. CASH SU	MMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	916.72
4	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	250.00
5.	SUBTOTAL (add Line 23 and Line 24)		1166.72
6.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	980.37
7.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		186.35

Image#	14941275355			
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports and Statements in or for commercial purposes, other than using the name and			FOR LINE NUMBER:  (check only one)  11a	
NAM	IE OF COMMITTEE (In Full) yne for congress 2014			
A. pau Mailin City sant FEC feder Name unior Rece	Name (Last, First, Middle Initial) ul coyne  ng Address 1298 roxy ave  ta maria  ID number of contributing ral political committee.  e of Employer n bank eipt For: 2014 Primary General Other (specify)	State CA  C  Occupation bank branch		Date of Receipt  05 02 2014  Transaction ID: SA13A.4567  Amount of Each Receipt this Period  250.00  loan to campaign
B. Mailin City FEC feder Name	Name (Last, First, Middle Initial)  Ing Address  ID number of contributing ral political committee.  e of Employer  eipt For:  Primary General  Other (specify)	State  C Occupation  Election Cy	Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period
C	Name (Last, First, Middle Initial) ng Address	State	Zip Code	Date of Receipt

С

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

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

Occupation

Election Cycle-to-Date

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

Receipt For:

250.00

250.00

Amount of Each Receipt this Period

SC	CHEDULE B (FEC Form 3)	Use separate sch	nedule(s)	FOR LINE NUMBER: PAGE 6 OF 25 (check only one)	
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X   17   18   19a   19b   20a   20b   20c   21	
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and				
$\rangle$	NAME OF COMMITTEE (In Full)  Coyne for congress 2014				
۸.	Full Name (Last, First, Middle Initial) AUTHORIZED NET			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address PO BOX 8999			04 02 2014	
	City State SAN FRANCISCO CA  Purpose of Disbursement	Zip Code 94128		Amount of Each Disbursement this Period	
	web expenses  Candidate Name		001	Transaction ID : SB17.4551	
	Coyne for congress 2014  Office Sought:	·· 2014	Category/ Type		
	Senate President Other (s	General			
3.	Full Name (Last, First, Middle Initial)  MOBIL			Date of Disbursement	
	Mailing Address 2404 SOUTH BROADWAY			04 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State SANTA MARIA CA	Zip Code 93454		Amount of Each Disbursement this Period	
	Purpose of Disbursement campaign travel gas		002	60.35 Transaction ID : SB17.4553	
	Candidate Name Coyne for congress 2014		Category/ Type		
	Office Sought:    Youse   Disbursement For	General			
	Full Name (Last, First, Middle Initial)  MOBIL			Date of Disbursement	
. ز	Mailing Address 2404 SOUTH BROADWAY			04 / D D / Y Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z	
		p Code		Amount of Each Disbursement this Period	
	SANTA MARIA CA 93454  Purpose of Disbursement campaign travel gas 002				
	Candidate Name Coyne for congress 2014		Category/ Type	Transaction ID : SB17.4554	
	Office Sought:    House   Disbursement For	General			
s	UBTOTAL of Disbursements This Page (optional)			130.35	
	250 (000000)			, , ,	

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

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 25 (check only one)    X   17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		ny person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Coyne for congress 2014		
Full Name (Last, First, Middle Initial)  A. MOBIL		Date of Disbursement
Mailing Address 2404 SOUTH BROADWAY		04 23 2014
City State SANTA MARIA CA	Zip Code 93454	Amount of Each Disbursement this Period
Purpose of Disbursement campaign travel gas  Candidate Name	002	60.35 Transaction ID : SB17.4555
Coyne for congress 2014  Office Sought:  House Disbursement For	Catego Type or: 2014	
Senate	y General (specify)	
Full Name (Last, First, Middle Initial)  MoBIL  Mailing Address 2404 SOUTH BROADWAY		Date of Disbursement
City State	Zip Code	04 28 2014
SANTA MARIA CA	93454	Amount of Each Disbursement this Period
Purpose of Disbursement campaign travel gas  Candidate Name	002	73.44 Transaction ID : SB17.4556
Coyne for congress 2014	Catego Type	
Office Sought:    Yes   House   Disbursement Formation	or: 2014 y	
Full Name (Last, First, Middle Initial)  MOBIL		Date of Disbursement
Mailing Address 2404 SOUTH BROADWAY		04 / D D / Y Y Y Y Y 2014
SANTA MARIA CA	Zip Code 93454	Amount of Each Disbursement this Period
Purpose of Disbursement campaign travel gas	002	55.06
Candidate Name Coyne for congress 2014	Catego Type	
Office Sought:    House   Disbursement Formation		
SUBTOTAL of Disbursements This Page (optional)		188.85

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	hedule(s) ry of the	FOR LINE NUMBER: (check only one)    X   17
	y information copied from such Reports and Statement for commercial purposes, other than using the name a			
$\rangle$	NAME OF COMMITTEE (In Full) Coyne for congress 2014			
۹.	Full Name (Last, First, Middle Initial)  MOBIL  Mailing Address 2404 SOUTH BROADWAY			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State SANTA MARIA CA Purpose of Disbursement	Zip Code 93454		Amount of Each Disbursement this Period 57.37
	campaign travel gas  Candidate Name  Coyne for congress 2014  Office Sought: House Disbursement		002 Category/ Type	Transaction ID : SB17.4558
_	State: CA District: 24  Full Name (Last, First, Middle Initial)	er (specify)		
3.	moneris-ach  Mailing Address PO BOX 59390			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State SCHAUMBURG IL  Purpose of Disbursement web expenses	Zip Code 59390	003	Amount of Each Disbursement this Period  26.90  Transaction ID: SB17,4552
	Candidate Name Coyne for congress 2014  Office Sought:		Category/ Type	Transaction ib . 3517.4332
Э.	Full Name (Last, First, Middle Initial)  moneris-ach  Mailing Address PO BOX 59390			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State SCHAUMBURG IL  Purpose of Disbursement web payments  Candidate Name Coyne for congress 2014	Zip Code 59390	003 Category/ Type	Amount of Each Disbursement this Period  26.90  Transaction ID: SB17.4550
	Office Sought:    Yellow			
				444.47

SUBTOTAL of Disbursements This Page (optional).....

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

## SCHEDULE B (FEC Form 3)

	FOR LINE NUMBER:	PAGE 9 OF 25			
Use separate schedule(s)	(check only one)				
for each category of the	<b>X</b> 17 18	19a19b			
Detailed Summary Page	20a 20b	20c 21			
ay not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.					

TEMIZED DISBURSEMENTS	Detailed Summar		X 17 20a	18 20b	19a 20c	19b 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)						
NAME OF COMMITTEE (In Full) Coyne for congress 2014						
Full Name (Last, First, Middle Initial)  Santa barbara view  Mailing Address state street			Date of Disbu	irsement	2014	Y
City State santa barbara CA	Zip Code 93111		Amount of Ea	ich Disburse	ement this P	eriod
Purpose of Disbursement online advertising with sb viewads  Candidate Name  Coyne for congress 2014	33111	004 Category/ Type	Transaction ID	: SB17.4559	550.0	00
Office Sought: House Disbursement I		туре				
Full Name (Last, First, Middle Initial)  B.			Date of Disbu	ursement	Y Y Y	Y
Mailing Address  City State	Zip Code		Amount of Ea	ich Disburse	ement this P	eriod
Purpose of Disbursement						
Candidate Name		Category/ Type				
Office Sought:  House Senate President  State:  Disbursement I  Prima Other						
Full Name (Last, First, Middle Initial)			Date of Disbu	ırsement		
Mailing Address			M M /	D D /	Y Y Y	1
City State		Amount of Ea	ch Disburse	ement this P	eriod	
Purpose of Disbursement  Candidate Name						
Office Sought: House Disbursement I	For:	Category/ Type				
Senate Prima President Other  State: District:	ary General r (specify)					
SUBTOTAL of Disbursements This Page (optional)			· ,	,	550.0	00
TOTAL This Period (last page this line number only)					980.3	37

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

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(check only one) Detailed Summary Page Transaction ID: SC/10.4106 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mr. paul henry coyne Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 roxy ave State ZIP Code City CA 93455 santa maria Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 23000.00 0.00 23000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01 <sup>M</sup> <sup>D</sup> 15 2013 06/15/2014 0.00 % (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 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 State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 23000.00 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4225 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5230.00 0.00 5230.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>24<sup>D</sup> <sup>M</sup> 04 2013 <sup>M</sup>02 <sup>D</sup>25 0001 0.00 % (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)..... 5230.00 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4227 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>26 <sup>D</sup>17 <sup>M</sup>06<sup>M</sup> 2013 <sup>M</sup>07 0005 0.00 % (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 State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4262 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 05 <sup>M</sup> 07<sup>M</sup> 2013 0.00 11/4/2014 % (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)..... 2000.00 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

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Detailed Summary Page Transaction ID: SC/10.4255 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 300.00 0.00 300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 11 <sup>M</sup> 07<sup>M</sup> 2013 0.00 11/01/2014 % (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)..... 300.00 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

15

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(check only one) Detailed Summary Page Transaction ID: SC/10.4257 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 07<sup>M</sup> <sup>D</sup>30 2013 0.00 11/4/2014 % (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 State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4259 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 05 <sup>M</sup>08<sup>M</sup> 2013 0.00 11/04/2014 % (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 State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

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(check only one) Detailed Summary Page Transaction ID: SC/10.4260 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1400.00 0.00 1400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 09<sup>M</sup> 06 2013 0.00 11/04/2014 % (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 State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1400.00 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4261 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 09<sup>M</sup> 2013 0.00 11/04/2014 % (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)..... 1000.00 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.

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**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.4394 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 100.00 0.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup> 10<sup>M</sup> 2013 0.00 11/04/2014 % (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 State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 100.00 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4395 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> <sup>D</sup>10<sup>D</sup> 2013 0.00 11/04/2014 % (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)..... 2500.00 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4488 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 4800.00 0.00 4800.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup> 10<sup>M</sup> 2013 0.00 11/04/14 % (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)..... 4800.00 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.

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AME OF COMMITTEE (In Full) Coyne for congress 2014		Transac	etion ID : SC/10.4396
LOAN SOURCE Full Name (Last, First, PAUL henry COYNE Jr.	Middle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General
Mailing Address 1298 ROXY AVE			Other (specify) ▼
City	State ZIP Co	ode	
SANTA MARIA	CA 93455		
Original Amount of Loan 2500.00	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
TERMS  Date Incurred  M11 / D13 / Y Ž013 Y	Date Due	Interest Rate 11/04/14	
List All Endorsers or Guarantors (if any	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9 9
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Detailed Summary Page Transaction ID: SC/10.4494 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 250.00 0.00 250.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 22 <sup>D</sup>17 <sup>M</sup> 01<sup>M</sup> ž014 <sup>M</sup>07 0010 0.00 % (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 State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 250.00 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4493 NAME OF COMMITTEE (In Full) Coyne for congress 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary PAUL henry COYNE Jr. General Mailing Address Other (specify)  $\blacktriangledown$ 1298 ROXY AVE City State ZIP Code CA 93455 SANTA MARIA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1750.00 0.00 1750.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>17 <sup>M</sup> 02<sup>M</sup> <sup>D</sup>10<sup>D</sup> ž014 <sup>M</sup>07 0010 0.00 % (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 State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1750.00 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.

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AME OF COMMITTEE (In Ful Coyne for congress 20			Transac	ction II	D : SC/10.4567	1	<u>'</u>
LOAN SOURCE Full Name	e (Last, First, Middl	e Initial)	[PERSONAL FUNDS]	X	tion: 2014 Primary General		
Mailing Address 1298 roxy ave					Other (specify) ▼		
City		tate ZIP Co	de				
santa maria							
Original Amount of Loan	250.00	Cumulative Payment To	Date Bala	ance C	utstanding at Clo	se of This	
Date Incurre	ed	Date Due	Interest Rate 0005 0.00	-	% (apr)	Secured:	No
List All Endorsers or Gua		Loan Source					
1. Full Name (Last, First,	Middle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	9	4	
2. Full Name (Last, First, N	Middle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	7	-	
3. Full Name (Last, First, N	Middle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	9	4	
4. Full Name (Last, First, N	Middle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		· ·	
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