

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
Coyne for congress 2014

ADDRESS (number and street) 1130 east clark ave ste 150 pmb 183
Check if different than previously reported. (ACC) santa maria CA 93455

2. FEC IDENTIFICATION NUMBER C C00540666
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
CA 24

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 06 / 03 / 2014 in the State of CA
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 05 / 14 / 2014

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

Type or Print Name of Treasurer Mr. paul henry coyne Jr.

Signature of Treasurer Mr. paul henry coyne Jr. [Electronically Filed] Date 05 / 29 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 8 columns and 1 row, followed by FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Coyne for congress 2014

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

| | 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 | 10799.45 |
| (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 | 10799.45 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 980.37 | 58533.05 |
| (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))..... | 980.37 | 58533.05 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 186.35 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 54080.00 | |

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)

Write or Type Committee Name

Coyne for congress 2014

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 | 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 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 0.00 | 10799.45 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. 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 |
| 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)..... ▶ | 250.00 | 64879.45 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 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 | 6160.05 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 980.37 | 64693.10 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 916.72 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 250.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1166.72 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 980.37 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 186.35 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 25 |
| | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Coyne for congress 2014

A. Full Name (Last, First, Middle Initial)
paul coyne

Mailing Address 1298 roxy ave

City santa maria State CA Zip Code 93455

FEC ID number of contributing federal political committee. **C**

Name of Employer union bank Occupation bank branch manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA13A.4567

Amount of Each Receipt this Period
250.00
 loan to campaign

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 6 OF 25 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Coyne for congress 2014

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. AUTHORIZED NET | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014 |
| Mailing Address PO BOX 8999 | | Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4551 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94128 | Purpose of Disbursement web expenses | Category/ Type 001 |
| Candidate Name Coyne for congress 2014 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA | District: 24 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. MOBIL | | Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014 |
| Mailing Address 2404 SOUTH BROADWAY | | Amount of Each Disbursement this Period 60.35 Transaction ID : SB17.4553 |
| City SANTA MARIA | State CA | |
| Zip Code 93454 | Purpose of Disbursement campaign travel gas | Category/ Type 002 |
| Candidate Name Coyne for congress 2014 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA | District: 24 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. MOBIL | | Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014 |
| Mailing Address 2404 SOUTH BROADWAY | | Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4554 |
| City SANTA MARIA | State CA | |
| Zip Code 93454 | Purpose of Disbursement campaign travel gas | Category/ Type 002 |
| Candidate Name Coyne for congress 2014 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA | District: 24 | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 130.35 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 25 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Coyne for congress 2014

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| A. MOBIL | | M M / D D / Y Y Y Y 04 / 23 / 2014 | |
| Mailing Address 2404 SOUTH BROADWAY | | Amount of Each Disbursement this Period | |
| City SANTA MARIA State CA Zip Code 93454 | | 60.35 | |
| Purpose of Disbursement campaign travel gas | | Transaction ID : SB17.4555 | |
| Candidate Name Coyne for congress 2014 | | Category/ Type 002 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2014 | |
| State: CA District: 24 | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| B. MOBIL | | M M / D D / Y Y Y Y 04 / 28 / 2014 | |
| Mailing Address 2404 SOUTH BROADWAY | | Amount of Each Disbursement this Period | |
| City SANTA MARIA State CA Zip Code 93454 | | 73.44 | |
| Purpose of Disbursement campaign travel gas | | Transaction ID : SB17.4556 | |
| Candidate Name Coyne for congress 2014 | | Category/ Type 002 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2014 | |
| State: CA District: 24 | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| C. MOBIL | | M M / D D / Y Y Y Y 04 / 29 / 2014 | |
| Mailing Address 2404 SOUTH BROADWAY | | Amount of Each Disbursement this Period | |
| City SANTA MARIA State CA Zip Code 93454 | | 55.06 | |
| Purpose of Disbursement campaign travel gas | | Transaction ID : SB17.4557 | |
| Candidate Name Coyne for congress 2014 | | Category/ Type 002 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2014 | |
| State: CA District: 24 | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 188.85 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 25 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Coyne for congress 2014

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. MOBIL | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 2404 SOUTH BROADWAY | | Amount of Each Disbursement this Period 57.37 Transaction ID : SB17.4558 |
| City SANTA MARIA State CA Zip Code 93454 | Purpose of Disbursement campaign travel gas Category/Type 002 | |
| Candidate Name Coyne for congress 2014 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA District: 24 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. moneris-ach | | Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014 |
| Mailing Address PO BOX 59390 | | Amount of Each Disbursement this Period 26.90 Transaction ID : SB17.4552 |
| City SCHAUMBURG State IL Zip Code 59390 | Purpose of Disbursement web expenses Category/Type 003 | |
| Candidate Name Coyne for congress 2014 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA District: 24 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. moneris-ach | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address PO BOX 59390 | | Amount of Each Disbursement this Period 26.90 Transaction ID : SB17.4550 |
| City SCHAUMBURG State IL Zip Code 59390 | Purpose of Disbursement web payments Category/Type 003 | |
| Candidate Name Coyne for congress 2014 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA District: 24 | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 111.17 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 9 OF 25 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Coyne for congress 2014

| | | |
|--|------------------------|--|
| Full Name (Last, First, Middle Initial) A. santa barbara view | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014 |
| Mailing Address state street | | Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.4559 |
| City santa barbara | State CA | |
| Zip Code 93111 | | Category/ Type 004 |
| Purpose of Disbursement online advertising with sb view..ads | | |
| Candidate Name Coyne for congress 2014 | | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: CA District: 24 | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | | Category/ Type |
| Purpose of Disbursement | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | | Category/ Type |
| Purpose of Disbursement | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 550.00 |
| TOTAL This Period (last page this line number only)..... | 980.37 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4106**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Mr. paul henry coyne Jr. Primary
 Mailing Address 1298 roxy ave General
 Other (specify) ▼

City State ZIP Code
 santa maria CA 93455

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 23000.00 | 0.00 | 23000.00 |

TERMS

| | | | |
|----------------|------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 01 / 15 / 2013 | 06/15/2014 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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: [] |

| | | |
|--|---|----------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4225**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PAUL henry COYNE Jr.** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1298 ROXY AVE

City State ZIP Code
 SANTA MARIA CA 93455

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 5230.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 5230.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---------------------------------------|----------------------------------|-------------------------------|---|
| Date Incurred M 04 / D 24 / Y 2013 | Date Due M 02 / D 25 / Y 0001 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|----------------------------------|-------------------------------|---|

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: [] |

| | | |
|--|---|-------------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4227**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PAUL henry COYNE Jr.** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1298 ROXY AVE

City State ZIP Code
 SANTA MARIA CA 93455

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 2500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2500.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---------------------------------------|----------------------------------|-------------------------------|---|
| Date Incurred M 06 / D 26 / Y 2013 | Date Due M 07 / D 17 / Y 0005 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|----------------------------------|-------------------------------|---|

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: [] |

| | | |
|--|---|-------------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4262**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PAUL henry COYNE Jr.** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
1298 ROXY AVE

City State ZIP Code
SANTA MARIA CA 93455

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 2000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2000.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---------------------------------------|-------------------------------------|-------------------------------|---|
| Date Incurred M 07 / D 05 / Y 2013 | Date Due M M / D D / Y 11/4/2014 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|-------------------------------------|-------------------------------|---|

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: [] |

| | | |
|--|---|-------------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4255**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
PAUL henry COYNE Jr.
 Primary
 General
 Other (specify) ▼

Mailing Address
 1298 ROXY AVE
 City State ZIP Code
 SANTA MARIA CA 93455

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 300.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 300.00 |
|-----------------------------------|------------------------------------|---|

TERMS
 Date Incurred: M 07 / D 11 / Y 2013
 Date Due: M M / D D / Y 11/01/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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: [] |

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.

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

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4257**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
PAUL henry COYNE Jr. Primary
 Mailing Address 1298 ROXY AVE General
 Other (specify) ▼

City State ZIP Code
 SANTA MARIA CA 93455

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 6000.00 | 0.00 | 6000.00 |

TERMS Date Incurred Date Due Interest Rate Secured:
 07 / 30 / 2013 M M / D D / 11/4/2014 0.00 % (apr) Yes No

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: [] |

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4259**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PAUL henry COYNE Jr.** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1298 ROXY AVE

City State ZIP Code
 SANTA MARIA CA 93455

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 500.00 |
|-----------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|----------------------------------|-------------------------------|---|
| Date Incurred M 08 / D 05 / Y 2013 | Date Due M / D / Y 11/04/2014 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|----------------------------------|-------------------------------|---|

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: [] |

| | | |
|--|---|------------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coyne for congress 2014

Transaction ID : SC/10.4260

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

PAUL henry COYNE Jr.

Primary

General

Other (specify) ▼

Mailing Address
1298 ROXY AVE

City State ZIP Code
SANTA MARIA CA 93455

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1400.00 0.00 1400.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

06

2013

11/04/2014

0.00

% (apr)

Yes

No

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: |

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coyne for congress 2014

Transaction ID : SC/10.4261

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

PAUL henry COYNE Jr.

Primary

General

Other (specify) ▼

Mailing Address
1298 ROXY AVE

City State ZIP Code
SANTA MARIA CA 93455

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
09

M M / D D / Y Y Y Y
27

M M / D D / Y Y Y Y
2013

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
11/04/2014

0.00

% (apr)

Yes

No

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: [] |

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4394**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
PAUL henry COYNE Jr. Primary
 Mailing Address 1298 ROXY AVE General
 Other (specify) ▼

City State ZIP Code
 SANTA MARIA CA 93455

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 100.00 | 0.00 | 100.00 |

TERMS

| | | | |
|------------------------|------------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 10 / D 01 / Y 2013 Y | M / D / Y 11/04/2014 Y | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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: [] |

| | | |
|--|---|--------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4395**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
PAUL henry COYNE Jr. Primary
 Mailing Address 1298 ROXY AVE General
 Other (specify) ▼

City State ZIP Code
 SANTA MARIA CA 93455

| | | |
|-------------------------|----------------------------|---|
| 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:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
 10 10 / 2013 11/04/2014

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: [] |

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.

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

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4488**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PAUL henry COYNE Jr. | [PERSONAL FUNDS] | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1298 ROXY AVE | | |

| | | |
|-------------|-------|----------|
| City | State | ZIP Code |
| SANTA MARIA | CA | 93455 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 4800.00 | 0.00 | 4800.00 |

TERMS

| | | | |
|------------------------|--------------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 10 / D 15 / Y 2013 Y | M M / D D / Y 11/04/14 Y | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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: <input style="width: 100%;" type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|--|---|
| SUBTOTALS This Period This Page (optional)..... | <input style="width: 100%;" type="text" value="4800.00"/> |
| TOTALS This Period (last page in this line only)..... | <input style="width: 100%;" 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) **Coyne for congress 2014** Transaction ID : **SC/10.4396**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
PAUL henry COYNE Jr. Primary
 Mailing Address 1298 ROXY AVE General
 Other (specify) ▼

City State ZIP Code
 SANTA MARIA CA 93455

| | | |
|-------------------------|----------------------------|---|
| 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: |
| 11 / 13 / 2013 | 11/04/14 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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: [] |

| | | |
|--|---|---------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4494**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PAUL henry COYNE Jr.** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
1298 ROXY AVE

City State ZIP Code
SANTA MARIA CA 93455

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 250.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 250.00 |
|-----------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|----------------------------------|-------------------------------|---|
| Date Incurred M 01 / D 22 / Y 2014 | Date Due M 07 / D 17 / Y 0010 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|----------------------------------|-------------------------------|---|

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: [] |

| | | |
|--|---|------------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4493**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PAUL henry COYNE Jr.** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1298 ROXY AVE

City State ZIP Code
 SANTA MARIA CA 93455

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 1750.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 1750.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---------------------------------------|----------------------------------|-------------------------------|---|
| Date Incurred M 02 / D 10 / Y 2014 | Date Due M 07 / D 17 / Y 0010 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|----------------------------------|-------------------------------|---|

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: [] |

| | | |
|--|---|-------------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coyne for congress 2014

Transaction ID : SC/10.4567

LOAN SOURCE Full Name (Last, First, Middle Initial)

paul coyne

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
1298 roxy ave

City State ZIP Code
santa maria CA 93455

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:
M 05 / D 02 / Y 2014 M 01 / D 24 / Y 0005 0.00 % (apr) Yes No

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: |

SUBTOTALS This Period This Page (optional)..... ▶ 250.00
TOTALS This Period (last page in this line only)..... ▶ 54080.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.