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FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Cor		Offi	ice Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRIN	•	Example: If typing, type over the lines.	12FE4M5	
ELOISE GOMEZ RE					1
	ı 11900 HONEY				
ADDRESS (number and street)	11900 HONE				
▼ Check if different					
than previously reported. (ACC)	GRAND TERF	RACE		CA 923	313
2. <b>FEC IDENTIFICATION</b>	NIIMRED <b>W</b>	CITY ▲		STATE ▲	ZIP CODE ▲
	NOWIDEN ¥				STATE ▼ DISTRICT
C C00544809		<ol><li>IS THIS REPORT</li></ol>	NEW (N) OR	AMENDED (A)	CA   31
					-
4. TYPE OF REPORT (	Choose One)	(b) 12-Day <b>PR</b>	<b>E</b> -Election Report for t	he:	
(a) Quarterly Reports:		П	Primary (12P)	General (12G)	Runoff (12R)
April 15 Quarterl	y Report (Q1)				Hulloli (12h)
July 15 Quarterly	y Report (Q2)	Ш	Convention (12C)	Special (12S)	
October 15 Qual	rterly Report (Q3)	Election o	n	y y y y	in the State of
January 31 Year-	End Report (YE)	(c) 30-Day <b>PC</b>	ST-Election Report for	the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Repo	ort (TER)	Election o	n M M / D I	/	in the State of
5. Covering Period	1 04 / D 01 /	Y Y Y Y 2019	through	06 / D / Y	Y Y Y 2019
I certify that I have examined			knowledge and belief it	is true, correct and co	omplete.
Type or Print Name of Treasu	Smith, Williar urer	II, P, , CPA			
Signature of Treasurer	mith, William, P, , CP	A	[Electronically Filed]	Date 07	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erro	oneous, or incomple	ete information may	y subject the person sig	ning this Report to the p	enalties of 52 U.S.C. §30109
Office					EEC EODM C
Use Only					FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

2019

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2019

06

30

FEC Form 3 (Revised 05/2016)

#### Write or Type Committee Name ELOISÉ GOMEZ REYES FOR CONGRESS

04

01

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

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

### **ELOISE GOMEZ REYES FOR CONGRESS**

04 2019 06 30 2019 01 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1. C	CONTRIBUTIONS (other than loans) FROM:			
(a	•			
	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	
(k	,	0.00	0.00	
(0	c) Other Political Committees (such as PACs)	0.00	0.00	
(c (€	TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
	RANSFERS FROM OTHER	0.00	0.00	
Α	UTHORIZED COMMITTEES	0.00	0.00	
	OANS: a) Made or Guaranteed by the			
(0	Candidate	0.00	0.00	
(b	,	0.00	0.00	
(0	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
	PFFSETS TO OPERATING			
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
- 1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	0.00	

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

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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	
0.	REFUNDS OF CONTRIBUTIONS TO:			
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
		0.00	0.00	
	(b) Political Party Committees(c) Other Political 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	0.00	
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	37.90	
	III. CASH SU	JMMARY		
3.	CASH ON HAND AT BEGINNING OF REPO	1436.41		
4 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)			0.00	
5.	SUBTOTAL (add Line 23 and Line 24)	1436.41		
6.	TOTAL DISBURSEMENTS THIS PERIOD (fro	0.00		
7.	CASH ON HAND AT CLOSE OF REPORTIN	IG PERIOD	1436.41	

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

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

**PAGE** 5 OF FOR LINE NUMBER: (check only one)

**X** 13a 13b

Transaction ID: SC/10.4111 NAME OF COMMITTEE (In Full) **ELOISE GOMEZ REYES FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary REYES, ELOISE GOMEZ, , , General Mailing Address 1190 Honey Hill Dr Other (specify)  $\blacktriangledown$ City State ZIP Code X Personal Funds of the Candidate CA 92313 **Grand Terrace** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D24D M 06M ž013 Noně x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 100000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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

PAGE 6 OF FOR LINE NUMBER: (check only one)

**X** 13a 13b

NAME OF COMMITTEE (In Full) ELOISE GOMEZ REYES FOR	CONGRESS	Transaction ID : SC/10.4112		
REYES, ELOISE GOMEZ, , ,	Memo Item Election: 214  x Primary  General			
Mailing Address 1190 Honey Hill Dr	Mailing Address 1190 Honey Hill Dr			
City Grand Terrace	State	ZIP Code 92313  Personal Funds of the Candidate		
Original Amount of Loan		yment To Date Balance Outstanding at Close of This Period		
8000.00		0.00		
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)		
M08M / D26D / Y Ž014 Y	M M / D D	0.00 % (apr) Yes ₩ No		
List All Endorsers or Guarantors (if a	ny) to Loan Source			
1. Full Name (Last, First, Middle Initial	)	Name of Employer		
Mailing Address		Occupation		
City Sta	te 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		
		Amount Guaranteed		
City	te ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	te ZIP Code	Guaranteed Outstanding:		
CURTOTAL C This Deviced This Daws (anti-	anal)			
SUBTOTALS This Period This Page (option	nial)·····	8000.00		
TOTALS This Period (last page in this line	e only)	108000.00		
Carry outstanding balance only to LINE 3	, Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

# SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 7 OF
FOR LINE NUMBER:
(check only one)

R:		
		9
	X	10

NAME OF COMMITTEE (In Full)

FI OISE COMEZ REVES FOR CONGRESS

ELUISE GUMEZ RE	1 5	FOR CONGRE	<b>33</b>		
A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):				
Smith Marion & Co	Payroll Processing Fees - 2014 Primary Debt				
Mailing Address 38605 Calistoga Dr Ste 120			_		
City					
Murrieta					
Outstanding Balance Beginning This Period	i		Transaction ID : SD10.4109		
456.00	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 De	btor or Cred	ditor	Nature of Debt (Purpose):		
The New Media Firm			Media Consulting, 2014 Primary - Dispute		
Mailing Address 1730 Rhode Island Ave NW Ste 213	- 1700 Kilodo Island 7VO KVV				
City	State	Zip Code			
Washington	DC	20036-3118			
Amount Incurred This Period Payment This Period  0.00  0.00			Outstanding Balance at Close of This Period 10605.15		
C. Full Name (Last, First, Middle Initial) of D	Nature of Debt (Purpose):				
Mailing Address			-		
City	State	Zip Code	_		
Outstanding Balance Beginning This Period	i		1		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
9 9 9 9		7 7			
SUBTOTALS This Period This Page (optional	ıl)		11061.15		
) TOTALS This Period (last page this line number only)			11061.15		
TOTAL OUTSTANDING LOANS from Sched	108000.00				
) ADD 2) and 3) and carry forward to appropri	119061.15				