

# 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 CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) 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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2013 through M M / D D / Y Y Y Y 09 / 30 / 2013

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 brian klinge  
Signature of Treasurer brian klinge [Electronically Filed] Date M M / D D / Y Y Y Y 02 / 02 / 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.

**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))....	6249.45	6269.45
(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)).....	6249.45	6269.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	13518.83	43627.09
(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)).....	13518.83	43627.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-1587.69	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	41930.00	

**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).....	5500.00	5500.00
(ii) Unitemized.....	749.45	769.45
(iii) TOTAL of contributions from individuals ▶	6249.45	6269.45
(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))..	6249.45	6269.45
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	11200.00	41930.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	11200.00	41930.00
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)..... ▶	17449.45	48199.45

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13518.83	43627.09
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 .....	6160.05	6160.05
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	19678.88	49787.14

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	641.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17449.45
25. SUBTOTAL (add Line 23 and Line 24).....	18091.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19678.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-1587.69

**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 checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Coyne for congress 2014**

**A.** Full Name (Last, First, Middle Initial)  
**dwight lowell**

Mailing Address 901 cima del mundo rd

City santa barbara State CA Zip Code 93108

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

Name of Employer retired Occupation businessman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2013

**Transaction ID : SA11AI.4268**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**kimberly lowell**

Mailing Address 901 cima del mundo rd

City santa barbara State CA Zip Code 93108

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

Name of Employer chrissie's fund Occupation president

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2013

**Transaction ID : SA11AI.4270**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**cathy wengler**

Mailing Address 148 kalle ln.

City orcutt State CA Zip Code 93455

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

Name of Employer retired Occupation housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2013

**Transaction ID : SA11AI.4274**

Amount of Each Receipt this Period  
 500.00

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

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

5500.00

5500.00

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

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

FOR LINE NUMBER: PAGE 6 OF 25  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Coyne for congress 2014**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL henry COYNE Jr.**

Mailing Address 1298 ROXY AVE

City SANTA MARIA State CA Zip Code 93455

FEC ID number of contributing federal political committee. **C H4CA24134**

Name of Employer union bank Occupation branch manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **7230.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2013

**Transaction ID : SA13A.4262**

Amount of Each Receipt this Period  
 2000.00  
 personal loan

**B.** Full Name (Last, First, Middle Initial)  
**PAUL henry COYNE Jr.**

Mailing Address 1298 ROXY AVE

City SANTA MARIA State CA Zip Code 93455

FEC ID number of contributing federal political committee. **C H4CA24134**

Name of Employer union bank Occupation branch manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **7530.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2013

**Transaction ID : SA13A.4255**

Amount of Each Receipt this Period  
 300.00  
 loan from candidate

**C.** Full Name (Last, First, Middle Initial)  
**PAUL henry COYNE Jr.**

Mailing Address 1298 ROXY AVE

City SANTA MARIA State CA Zip Code 93455

FEC ID number of contributing federal political committee. **C H4CA24134**

Name of Employer union bank Occupation branch manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **13530.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : SA13A.4257**

Amount of Each Receipt this Period  
 6000.00  
 personal LOAN

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

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

**8300.00**

**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 7 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	

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NAME OF COMMITTEE (In Full)  
**Coyne for congress 2014**

Full Name (Last, First, Middle Initial) <b>A. PAUL henry COYNE Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 05 / 2013	
Mailing Address 1298 ROXY AVE		<b>Transaction ID : SA13A.4259</b>	
City SANTA MARIA	State CA	Amount of Each Receipt this Period 500.00 PERSONAL LOAN	
Zip Code 93455			
FEC ID number of contributing federal political committee. <b>C H4CA24134</b>			
Name of Employer union bank	Occupation branch manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 14030.00		

Full Name (Last, First, Middle Initial) <b>B. PAUL henry COYNE Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2013	
Mailing Address 1298 ROXY AVE		<b>Transaction ID : SA13A.4260</b>	
City SANTA MARIA	State CA	Amount of Each Receipt this Period 1400.00 PERSONAL LOAN	
Zip Code 93455			
FEC ID number of contributing federal political committee. <b>C H4CA24134</b>			
Name of Employer union bank	Occupation branch manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15430.00		

Full Name (Last, First, Middle Initial) <b>C. PAUL henry COYNE Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013	
Mailing Address 1298 ROXY AVE		<b>Transaction ID : SA13A.4261</b>	
City SANTA MARIA	State CA	Amount of Each Receipt this Period 1000.00 PERSONAL LOAN	
Zip Code 93455			
FEC ID number of contributing federal political committee. <b>C H4CA24134</b>			
Name of Employer union bank	Occupation branch manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 16430.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2900.00
<b>TOTAL</b> This Period (last page this line number only).....	11200.00

**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 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) <b>A. corner store</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2013
Mailing Address 5661 calle real		Amount of Each Disbursement this Period 120.00 <b>Transaction ID : SB17.4370</b>
City goleta	State CA	
Zip Code 93117	Purpose of Disbursement campaign gas	Category/ Type 002
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>B. corner store</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 5661 calle real		Amount of Each Disbursement this Period 64.85 <b>Transaction ID : SB17.4357</b>
City goleta	State CA	
Zip Code 93117	Purpose of Disbursement campaign gas	Category/ Type 002
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 182.27 <b>Transaction ID : SB17.4347</b>
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement tps taxes payroll	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	367.12
<b>TOTAL</b> 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) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 791.98
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement payroll	<b>Transaction ID : SB17.4348</b>
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 90.95
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement eib	<b>Transaction ID : SB17.4350</b>
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 791.98
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement payroll	<b>Transaction ID : SB17.4351</b>
Candidate Name	001 Category/ Type	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1674.91
<b>TOTAL</b> 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 10 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) <b>A. PRESTON KINCAID-KINCAID ADVERTISING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 02 / 2013</b>
Mailing Address <b>1691 SANTA ANA RD</b>		Amount of Each Disbursement this Period <b>3825.00</b> <b>Transaction ID : SB17.4343</b>
City <b>HOLLISTER</b> State <b>CA</b> Zip Code <b>95023</b>	Purpose of Disbursement advertising and consulting <b>004</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. PRESTON KINCAID-KINCAID ADVERTISING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 23 / 2013</b>
Mailing Address <b>1691 SANTA ANA RD</b>		Amount of Each Disbursement this Period <b>2663.61</b> <b>Transaction ID : SB17.4344</b>
City <b>HOLLISTER</b> State <b>CA</b> Zip Code <b>95023</b>	Purpose of Disbursement advertising expenses <b>004</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. PRESTON KINCAID-KINCAID ADVERTISING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 23 / 2013</b>
Mailing Address <b>1691 SANTA ANA RD</b>		Amount of Each Disbursement this Period <b>868.61</b> <b>Transaction ID : SB17.4376</b>
City <b>HOLLISTER</b> State <b>CA</b> Zip Code <b>95023</b>	Purpose of Disbursement cashier's check - marketing materials <b>003</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7357.22</b>
<b>TOTAL</b> 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 11 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) <b>A. PRESTON KINCAID-KINCAID ADVERTISING</b>			Date of Disbursement M M / D D / Y Y Y Y <b>08 / 23 / 2013</b>
Mailing Address <b>1691 SANTA ANA RD</b>			Amount of Each Disbursement this Period <b>800.00</b> <b>Transaction ID : SB17.4377</b>
City <b>HOLLISTER</b>	State <b>CA</b>	Zip Code <b>95023</b>	
Purpose of Disbursement <b>cashier's check - bloc of web time</b>		Category/ Type <b>004</b>	
Candidate Name			
Office Sought: <input 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: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. PRESTON KINCAID-KINCAID ADVERTISING</b>			Date of Disbursement M M / D D / Y Y Y Y <b>09 / 06 / 2013</b>
Mailing Address <b>1691 SANTA ANA RD</b>			Amount of Each Disbursement this Period <b>2500.00</b> <b>Transaction ID : SB17.4371</b>
City <b>HOLLISTER</b>	State <b>CA</b>	Zip Code <b>95023</b>	
Purpose of Disbursement <b>advertising services</b>		Category/ Type <b>004</b>	
Candidate Name			
Office Sought: <input 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: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>c. US post office</b>			Date of Disbursement M M / D D / Y Y Y Y <b>09 / 03 / 2013</b>
Mailing Address <b>battles ave</b>			Amount of Each Disbursement this Period <b>92.00</b> <b>Transaction ID : SB17.4352</b>
City <b>santa maria</b>	State <b>CA</b>	Zip Code <b>93117</b>	
Purpose of Disbursement <b>postage</b>		Category/ Type <b>003</b>	
Candidate Name			
Office Sought: <input 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: _____ District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3392.00</b>
<b>TOTAL</b> 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 12 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. US post office</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address battles ave		Amount of Each Disbursement this Period 57.36
City santa maria	State CA	
Zip Code 93117	Purpose of Disbursement postage	<b>Transaction ID : SB17.4353</b>
Candidate Name	004 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. US post office</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address battles ave		Amount of Each Disbursement this Period 92.00
City santa maria	State CA	
Zip Code 93117	Purpose of Disbursement postage	<b>Transaction ID : SB17.4355</b>
Candidate Name	003 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. US post office</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2013
Mailing Address battles ave		Amount of Each Disbursement this Period 92.00
City santa maria	State CA	
Zip Code 93117	Purpose of Disbursement postage	<b>Transaction ID : SB17.4358</b>
Candidate Name	003 Category/ Type	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	241.36
<b>TOTAL</b> 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 13 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) <b>A. US post office</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2013
Mailing Address battles ave		Amount of Each Disbursement this Period 9.20
City santa maria	State CA	
Zip Code 93117	Purpose of Disbursement postage	<b>Transaction ID : SB17.4360</b>
Candidate Name	003 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. US post office</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address battles ave		Amount of Each Disbursement this Period 92.00
City santa maria	State CA	
Zip Code 93117	Purpose of Disbursement postage	<b>Transaction ID : SB17.4361</b>
Candidate Name	004 Category/ Type	
Office Sought: <input 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: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	101.20
<b>TOTAL</b> This Period (last page this line number only).....	13133.81

**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 14 OF 25
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Coyne for congress 2014**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 98.95 <b>Transaction ID : SB21.4316</b>
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement eib	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 241.90 <b>Transaction ID : SB21.4334</b>
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement PAYROLL TPS TAXES	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>C. PRESTON KINCAID-KINCAID ADVERTISING</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013
Mailing Address 1691 SANTA ANA RD		Amount of Each Disbursement this Period 264.70 <b>Transaction ID : SB21.4303</b>
City HOLLISTER	State CA	
Zip Code 95023	Purpose of Disbursement signs	Category/ Type 004
Candidate Name	Office Sought: <input 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: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	605.55
<b>TOTAL</b> 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 15 OF 25			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Coyne for congress 2014**

Full Name (Last, First, Middle Initial) <b>A. PRESTON KINCAID-KINCAID ADVERTISING</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013		
Mailing Address 1691 SANTA ANA RD			Amount of Each Disbursement this Period 3510.19		
City HOLLISTER	State CA	Zip Code 95023	Transaction ID : SB21.4315		
Purpose of Disbursement campaign website and consulting fees		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. PRESTON KINCAID-KINCAID ADVERTISING</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013		
Mailing Address 1691 SANTA ANA RD			Amount of Each Disbursement this Period 281.00		
City HOLLISTER	State CA	Zip Code 95023	Transaction ID : SB21.4308		
Purpose of Disbursement advertising business cards, palm cards		Category/ Type 004			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. PRESTON KINCAID-KINCAID ADVERTISING</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013		
Mailing Address 1691 SANTA ANA RD			Amount of Each Disbursement this Period 800.00		
City HOLLISTER	State CA	Zip Code 95023	Transaction ID : SB21.4320		
Purpose of Disbursement block of web advertising time		Category/ Type 004			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4591.19
<b>TOTAL</b> 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 16 OF 25
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Coyne for congress 2014**

Full Name (Last, First, Middle Initial) <b>A. US post office</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2013
Mailing Address battles ave		Amount of Each Disbursement this Period 46.00 <b>Transaction ID : SB21.4327</b>
City santa maria	State CA	
Zip Code 93117	Purpose of Disbursement POSTAGE	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>B. US post office</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2013
Mailing Address battles ave		Amount of Each Disbursement this Period 46.00 <b>Transaction ID : SB21.4328</b>
City santa maria	State CA	
Zip Code 93117	Purpose of Disbursement POSTAGE	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>c. US post office</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2013
Mailing Address battles ave		Amount of Each Disbursement this Period 46.00 <b>Transaction ID : SB21.4329</b>
City santa maria	State CA	
Zip Code 93117	Purpose of Disbursement POSTAGE	Category/ Type 003
Candidate Name	Office Sought: <input 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: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	138.00
<b>TOTAL</b> This Period (last page this line number only).....	5334.74

**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) **Mr. 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 23000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 23000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 01 / D 15 / Y 2013	Date Due M M / D D / Y 06/15/2014	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 23000.00
<b>TOTALS</b> 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
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 5230.00
<b>TOTALS</b> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 2500.00
<b>TOTALS</b> 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) **[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
2000.00	0.00	2000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 07 / 05 / 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)..... ▶ 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) **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 300.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300.00
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**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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 300.00
<b>TOTALS</b> 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/10.4257

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  
6000.00 0.00 6000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07

30

2013

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
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**TERMS**

Date Incurred M 08 / D 05 / Y 2013	Date Due M M / D D / Y 11/04/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 500.00
<b>TOTALS</b> 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: M 09 / D 06 / Y 2013  
 Date Due: M M / D D / Y 11/04/2014  
 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)..... ▶ 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**

NAME OF COMMITTEE (In Full) **Coyne for congress 2014** Transaction ID : **SC/10.4261**

**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 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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**TERMS**

Date Incurred M 09 / D 27 / Y 2013	Date Due M M / D D / Y 11/04/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	1000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	41930.00

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