

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 10 / 01 / 2013 through M M / D D / Y Y Y Y 12 / 31 / 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 PAUL henry COYNE Jr.

Signature of Treasurer PAUL henry COYNE Jr. [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))....	2605.00	8874.45
(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)).....	2605.00	8874.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10748.61	54375.70
(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)).....	10748.61	54375.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	168.70	
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).....	51830.00	

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).....	650.00	6150.00
(ii) Unitemized.....	1955.00	2724.45
(iii) TOTAL of contributions from individuals ▶	2605.00	8874.45
(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))..	2605.00	8874.45
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	9900.00	51830.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	9900.00	51830.00
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)..... ▶	12505.00	60704.45

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10748.61	54375.70
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) ►	10748.61	60535.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-1587.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12505.00
25. SUBTOTAL (add Line 23 and Line 24).....	10917.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10748.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	168.70

**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 27
	<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	

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)
ILSE BOURBEAU

Mailing Address **5411 TOLTEC DRIVE**

City **SANTA BARBARA** State **CA** Zip Code **93111-1609**

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

Name of Employer **SELF** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2013

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period
300.00

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

Mailing Address **226 LA VISTA GRANDE**

City **SANTA BARBARA** State **CA** Zip Code **93103**

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.4402

Amount of Each Receipt this Period
350.00

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).....

650.00

650.00

**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 6 OF 27
	<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

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
16530.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA13A.4394

Amount of Each Receipt this Period
100.00

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
19030.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2013

Transaction ID : SA13A.4395

Amount of Each Receipt this Period
2500.00

LOAN

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
23830.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : SA13A.4488

Amount of Each Receipt this Period
4800.00

loan

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

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

7400.00

**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 27
	<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

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
26330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : SA13A.4396

Amount of Each Receipt this Period
2500.00

LOAN

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).....

2500.00

9900.00

**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 27			
	<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 12 / 03 / 2013
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4482
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement web pay	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. corner store		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 5661 calle real		Amount of Each Disbursement this Period 50.07 Transaction ID : SB17.4480
City goleta	State CA	
Zip Code 93117	Purpose of Disbursement 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) C. corner store		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 5661 calle real		Amount of Each Disbursement this Period 48.23 Transaction ID : SB17.4481
City goleta	State CA	
Zip Code 93117	Purpose of Disbursement 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:	

SUBTOTAL of Disbursements This Page (optional).....	118.30
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 27			
	<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. Paychex		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 90.95 Transaction ID : SB17.4457
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement EIB 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:	

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 182.27 Transaction ID : SB17.4458
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement TPS 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:	

Full Name (Last, First, Middle Initial) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 606.70 Transaction ID : SB17.4460
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement	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:	

SUBTOTAL of Disbursements This Page (optional).....	879.92
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 10 OF 27	
	<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. Paychex		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 98.95 Transaction ID : SB17.4473
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement payroll- 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. Paychex		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 123.99 Transaction ID : SB17.4474
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement payroll-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) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 249.34 Transaction ID : SB17.4484
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement 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:	

SUBTOTAL of Disbursements This Page (optional).....	472.28
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 11 OF 27			
	<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. Paychex		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1350 marsh st		Amount of Each Disbursement this Period 42.94
City san luis obispo	State CA	
Zip Code 93401	Purpose of Disbursement payroll-taxes	Transaction ID : SB17.4485
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. Paychex		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 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 payroll-eib	Transaction ID : SB17.4486
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) C. PRESTON KINCAID-KINCAID ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 1691 SANTA ANA RD		Amount of Each Disbursement this Period 2500.00
City HOLLISTER	State CA	
Zip Code 95023	Purpose of Disbursement october campaign consulting	Transaction ID : SB17.4471
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:		

SUBTOTAL of Disbursements This Page (optional).....	2633.89
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 12 OF 27			
	<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. PRESTON KINCAID-KINCAID ADVERTISING			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 1691 SANTA ANA RD			Amount of Each Disbursement this Period 692.20
City HOLLISTER	State CA	Zip Code 95023	Transaction ID : SB17.4472
Purpose of Disbursement remit envelopes/envelopes		Category/ Type 003	
Candidate Name		Disbursement For: 2014 <input checked="" 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) B. PRESTON KINCAID-KINCAID ADVERTISING			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 1691 SANTA ANA RD			Amount of Each Disbursement this Period 2500.00
City HOLLISTER	State CA	Zip Code 95023	Transaction ID : SB17.4470
Purpose of Disbursement campaign consulting		Category/ Type 001	
Candidate Name		Disbursement For: 2014 <input checked="" 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. PRESTON KINCAID-KINCAID ADVERTISING			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 1691 SANTA ANA RD			Amount of Each Disbursement this Period 2500.00
City HOLLISTER	State CA	Zip Code 95023	Transaction ID : SB17.4469
Purpose of Disbursement campaign consulting		Category/ Type 001	
Candidate Name		Disbursement For: 2014 <input checked="" 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).....	5692.20
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 13 OF 27	
	<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. PRESTON KINCAID-KINCAID ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 1691 SANTA ANA RD		Amount of Each Disbursement this Period 278.00 Transaction ID : SB17.4468
City HOLLISTER	State CA	
Zip Code 95023	Purpose of Disbursement envelopes	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:	

Full Name (Last, First, Middle Initial) B. US post office		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address battles ave		Amount of Each Disbursement this Period 92.00 Transaction ID : SB17.4461
City santa maria	State CA	
Zip Code 93117	Purpose of Disbursement	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) c. US post office		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address battles ave		Amount of Each Disbursement this Period 46.00 Transaction ID : SB17.4462
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:	

SUBTOTAL of Disbursements This Page (optional).....	416.00
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 14 OF 27			
	<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. US post office		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address battles ave		Amount of Each Disbursement this Period 115.00
City santa maria	State CA	
Zip Code 93117	Purpose of Disbursement POSTAGE	Transaction ID : SB17.4463
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. US post office		Date of Disbursement M M / D D / Y Y Y Y 10 / 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	Transaction ID : SB17.4464
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) C.		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		
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:		

SUBTOTAL of Disbursements This Page (optional).....	207.00
TOTAL This Period (last page this line number only).....	10419.59

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/10.4106

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

[PERSONAL FUNDS]

Election: 2014

Mr. 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
23000.00	0.00	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: 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)..... ▶ 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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1298 ROXY AVE		
City SANTA MARIA	State CA	ZIP Code 93455

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 24 / Y 2013	M 02 / D 25 / Y 0001	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).....	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) Transaction ID : SC/10.4227
 Coyne for congress 2014

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
2500.00	0.00	2500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 26 / Y 2013	M 07 / D 17 / Y 0005	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="2500.00"/>
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

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/10.4262

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
2000.00 0.00 2000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

07

05

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)..... 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

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/10.4255

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 Cumulative Payment To Date Balance Outstanding at Close of This Period
300.00 0.00 300.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

07

11

2013

11/01/2014

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)..... 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

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

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/10.4259

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 Cumulative Payment To Date Balance Outstanding at Close of This Period
500.00 0.00 500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 05 / 2013 M M / D D / 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)..... ▶ 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)

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	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

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)

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 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:
09 / 27 / 2013 M M / D D / 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) **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 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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TERMS

Date Incurred M 10 / D 01 / 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
---------------------------------------	--------------------------------------	-------------------------------	---

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

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/10.4395

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
2500.00 0.00 2500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 10 / 2013

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)..... ▶ 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) **[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 4800.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4800.00
------------------------------------	------------------------------------	--

TERMS
 Date Incurred: M 10 / D 15 / Y 2013
 Date Due: M M / D D / Y 11/04/14
 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)..... ▶ 4800.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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) 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
2500.00	0.00	2500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 13 / 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="2500.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="51830.00"/>

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