

**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

Ray Haynes For Congress

ADDRESS (number and street)

27475 Ynez Road #707

Check if different
than previously
reported. (ACC)

Temecula

CA

92591

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00559500

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

36

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

through

M M /

D D /

Y Y Y Y

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 Chrissie Hastie

Signature of Treasurer

Chrissie Hastie

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

15

2014

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Ray Haynes For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14761.26	14761.26
(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))	14761.26	14761.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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)	14761.26	

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

Ray Haynes For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

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).....

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)**15. OTHER RECEIPTS (Dividends, Interest, etc.)****16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 9

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14761.26	14761.26
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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	14761.26	14761.26

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14761.26
25. SUBTOTAL (add Line 23 and Line 24).....	14761.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14761.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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 5 OF 9

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

Ray Haynes For Congress

Full Name (Last, First, Middle Initial)

Ray Haynes

Mailing Address 27475 Ynez Road #707

City

Temecula

State

CA

Zip Code

92591-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

6750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2014

11

2014

Transaction ID : 40415.C514

Amount of Each Receipt this Period

6750.00

Loans Made/Guaranteed by Cand.

Full Name (Last, First, Middle Initial)

Ray Haynes

Mailing Address 27475 Ynez Road #707

City

Temecula

State

CA

Zip Code

92591-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

14761.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

31

2014

Transaction ID : 40415.C515

Amount of Each Receipt this Period

8011.26

Loans Made/Guaranteed by Cand.

Full Name (Last, First, Middle Initial)

C.
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

D D

Y Y Y Y Y Y

Amount of Each Receipt this Period

14761.26

14761.26

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

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 PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 9

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

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NAME OF COMMITTEE (In Full)

Ray Haynes For Congress

Full Name (Last, First, Middle Initial)

A. California Justice Voter Guide

Mailing Address PO Box 631

City	State	Zip Code
Torrance	CA	90508-

Purpose of Disbursement
Printing & Postage

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:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2014

Amount of Each Disbursement this Period

2371.16

Transaction ID : 40415.E370

PRINTING & POSTAGE

B. California Secretary Of State

Mailing Address 1500 11th Street

City	State	Zip Code
Sacramento	CA	95814-

Purpose of Disbursement
Filing Fees

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:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 11 / 2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : 40415.E373

FILING FEES

C. California Secretary Of State

Mailing Address 1500 11th Street

City	State	Zip Code
Sacramento	CA	95814-

Purpose of Disbursement
Filing Fees

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:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 11 / 2014

Amount of Each Disbursement this Period

1750.00

Transaction ID : 40415.E374

FILING FEES

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

9121.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 9

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

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NAME OF COMMITTEE (In Full)

Ray Haynes For Congress

Full Name (Last, First, Middle Initial)

A. Continuing The Republican Revolution

Mailing Address 1300 Bristol Street North #100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Newport Beach	CA	92660-

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Printing**Transaction ID : 40415.E369**

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

PRINTING

State:

District:

Full Name (Last, First, Middle Initial)

B. Mission Inn Hotel & Spa

Mailing Address 3649 Mission Inn Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Riverside	CA	92501-

Amount of Each Disbursement this Period

1960.20

Purpose of Disbursement
Catering**Transaction ID : 40415.E372**

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

CATERING

State:

District:

Full Name (Last, First, Middle Initial)

C. Parents For Progress

Mailing Address PO Box 631

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Torrance	CA	90508-

Amount of Each Disbursement this Period

2179.90

Purpose of Disbursement
Printing & Postage**Transaction ID : 40415.E371**

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

PRINTING & POSTAGE

State:

District:

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

5640.10

14761.26

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 9

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LS40415.C514

Ray Haynes For Congress

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

[PERSONAL FUNDS]

Election: 2014

Ray Haynes

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

27475 Ynez Road #707

City

State

ZIP Code

Temecula

CA

92591-

Original Amount of Loan

6750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6750.00

TERMS

Date Incurred

M M / D D / Y Y
03 / 11 / 2014

Date Due

M M / D D / Y Y

ONDEMAND

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)..... ►

6750.00

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

PAGE 9 OF 9

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LS40415.C515

Ray Haynes For Congress

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

[PERSONAL FUNDS]

Election: 2014

Ray Haynes

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

27475 Ynez Road #707

City

State

ZIP Code

Temecula

CA

92591-

Original Amount of Loan

8011.26

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8011.26

TERMS

Date Incurred

M M / D D / Y Y
03 / 31 / 2014

Date Due

M M / D D / Y Y
ONDEMAND

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)..... ►

8011.26

TOTALS This Period (last page in this line only)..... ►

14761.26

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