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REPORT OF RECEIPTS AND DISBURSEMENTS

COMMITTEE (in full) Over the lines. ELOISE GOMEZ REYES FOR CONGRESS 11900 HONEY HILL RD	FORM 3		Authorized Co		Offic	e Use Only
ADDRESS (number and street) Check if different than previously reported. (ACC) CO0544909 3. IS THIS NEW NEW AMENDED (ACC) April 15 Quarterly Report (O1) July 15 Quarterly Report (O2) October 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) I January 31 Year-End Report (YE) Convention (12C) Special (12S) Election on In the State of In the In the State of In the State of In the In the State of In the In					12FE4M5	
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General (30G) Runoff (30R) Special (30S) Termination Report (TER) Election on M M M / D D / Y Y Y Y Y In the State of 5. Covering Period M M M / D D / Y Y Y Y Y Y In the State of Toertify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Smith, William, P, , CPA Type or Print Name of Treasurer Signature of Treasurer [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §3010 Office Use FEC FORM 3	Octobe	r 15 Quarterly Report (Q3)	Election of	on		State of
Termination Report (TER) Election on M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	x January	31 Year-End Report (YE)	(c) 30-Day PC	OST-Election Report for t	the:	
Election on State of State of 5. Covering Period M M M O O O O O O O O O O O O O O O O				General (30G)	Runoff (30R)	Special (30S)
5. Covering Period 10 01 2018 through 12 31 2018 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Smith, William, P, CPA Signature of Treasurer Smith, William, P, CPA [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §3010 Office Use FEC FORM 3	Termina	tion Report (TER)	Election o		/ Y " Y " Y " Y	
Smith, William, P, , CPA Signature of Treasurer Smith, William, P, , CPA [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §3010 Office Use FEC FORM 3	5. Covering Period		/ Y Y Y Y Y 2018			
Type or Print Name of Treasurer Smith, William, P,, CPA [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §3010 Office Use FEC FORM 3	I certify that I have e			knowledge and belief it	is true, correct and cor	nplete.
Signature of Treasurer [Electronically Filed] Date 01 30 2019 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §3010 Office Use FEC FORM 3	Type or Print Name of	Smith, Willia of Treasurer	am, P, , CPA			
Office Use FEC FORM 3	Signature of Treasure		PA	[Electronically Filed]	_ 01	
Use Use FEC FORM 3	NOTE: Submission of	false, erroneous, or incomp	lete information ma	y subject the person signi	ng this Report to the pe	nalties of 52 U.S.C. §3010
					F	EC FORM 3

SUMMARY PAGE

of Receipts and Disbursements

2018

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2018

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name ELOISÉ GOMEZ REYES FOR CONGRESS

10

01

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

ELOISE GOMEZ REYES FOR CONGRESS

Report Covering the Period: From: 10 01 2018 To: 12 31 2018

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than			
	Political Committees (i) Itemized (use Schedule A)	0.00	0.00	
	(ii) Unitemized	0.00	0.00	
	(iii) TOTAL of contributions from individuals	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	0.00	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
1.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
j.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
).	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00	

DETAILED SUMMARY PAGE

of Disbursements

PAGE 4/7

FEC Form 3 (Revised 05/2016)

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 0.00 37.90 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 37.90 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 1436.41 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 1436.41 25. SUBTOTAL (add Line 23 and Line 24)..... 0.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 1436.41 (subtract Line 26 from Line 25).....

SCHEDULE C (FEC Form 3) LOANS

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

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

13a 13b

	COMMITTEE (In Full) GOMEZ REYES F	OR CO	NGRESS		Transa	action ID : SC/10.4111	
	LOAN SOURCE Full Name (Last, First, Middle Initial) REYES, ELOISE GOMEZ, , ,					Election: 2014 Frimary General	
Mailing 1190 Ho	Mailing Address 1190 Honey Hill Dr					Other (specify) ▼	
City Grand Terrace			State ZIP Code CA 92313		de	Personal Funds of the Candidate	
	Original Amount of Loan		Cumulative Payment To Date 0.00		Date Ba	Balance Outstanding at Close of This Period	
					0.00		
TERMS	TERMS Date Incurred		Date Due Interest Ra (If none, ent				
^M 06 ^N	¹ / ^D 24 ^D / ^Y 2013	Y	M M / D D	/ Y	Ňoně ^Y	0.00 % (apr) Yes X No	
List All	Endorsers or Guarantors	(if any) t	o Loan Source				
1. Full	Name (Last, First, Middle	Initial)			Name of Employer		
Mail	Mailing Address				Occupation		
					Amount		
City		State	ZIP Code		Guaranteed Outstanding:	yy	
2. Full N	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation Amount		
Mailir							
City		State	ZIP Code		Guaranteed Outstanding:	7	
3. Full N	Name (Last, First, Middle I	nitial)			Name of Employer		
Mailir	Mailing Address				Occupation		
					Amount		
City		State	ZIP Code		Guaranteed Outstanding:	y y w	
4. Full N	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer		
Mailir					Occupation		
					Amount		
City		State	ZIP Code		Guaranteed Outstanding:	7	
SUBTOTAL	LS This Period This Page	(optional).			·····	100000.00	
TOTALS T	his Period (last page in thi	s line only	<i>'</i>)		······	, , , , , ,	
Carry outs	standing balance only to L	INE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry for	rward 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)

PAGE

13a 13b

OF

Transaction ID: SC/10.4112 NAME OF COMMITTEE (In Full) **ELOISE GOMEZ REYES FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 214 Memo Item Primary REYES, ELOISE GOMEZ, , , General Mailing Address 1190 Honey Hill Dr Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate CA 92313 **Grand Terrace** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 8000.00 0.00 8000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D26^D ^M80^M ž014 Noně x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 8000.00 TOTALS This Period (last page in this line only) 108000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

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

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X	10

OF

	ELOISE GOMEZ REY	/ES	FOR CONGRE	SS	
	A. Full Name (Last, First, Middle Initial) of De Smith Marion & Co	Nature of Debt (Purpose): Payroll Processing Fees - 2014 Primary Debt			
ŀ	Mailing Address 38605 Calistoga Dr Ste 120				
ŀ	City	State	Zip Code		
	Murrieta	CA	92563-4882		
Ī	Outstanding Balance Beginning This Period 456.00				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	456.00	
f	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cre	ditor	Nature of Debt (Purpose):	
	The New Media Firm	Media Consulting, 2014 Primary - Dispute			
	Mailing Address 1730 Rhode Island Ave NW Ste 213				
	City	State	Zip Code		
	Washington	DC	20036-3118		
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4110	
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	10605.15	
	C. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):			
	Mailing Address				
-	City	State	Zip Code		
	Outstanding Balance Beginning This Period				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	7 7		, , , , ,	, , , , , , , , , , , , , , , , , , , ,	
1)	SUBTOTALS This Period This Page (optional)		11061.15	
2)	TOTALS This Period (last page this line number only)			11061.15	
3)	TOTAL OUTSTANDING LOANS from Schedu	108000.00			
	ADD 2) and 3) and carry forward to appropri	119061.15			