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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Co	ommittee		Offi	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN	IT ▼	Example: If typing, over the lines.	type 1	2FE4M5	
ELOISE GOMEZ RE	EYES FOR CO	ONGRESS				
ADDRESS (number and street)	11900 HONE	Y HILL RD				
<u>▼</u>						
Check if different than previously reported. (ACC)		RACE CA				13
2. FEC IDENTIFICATION	NUMBER V	CITY A	\	STAT	TE A	ZIP CODE A
	NOMBER V					STATE ▼ DISTRICT
C C00544809		3. IS THIS REPORT	X NEW (N)	OR L	AMENDED (A)	CA 31
4. TYPE OF REPORT	(Choose One)	",				1
(a) Quarterly Reports:		(b) 12-Day P	RE-Election Report	for the:		
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)		L L	Primary (12P)	Ш	General (12G)	Runoff (12R)
		L	Convention (120	C)	Special (12S)	
G Gally To Quartor	arterly Report (Q3)	Election		D D / Y	YYY	in the State of
January 31 Yea	r-End Report (YE)	(c) 30-Day P	OST-Election Repor	t for the:		
			General (30G)		Runoff (30R)	Special (30S)
Termination Rep	oort (TER)	Election		D D / Y	Y Y Y	in the State of
5. Covering Period	M M / D D D O1	/ Y " Y " Y " Y 2020 "	through	M M /	30 / Y	2020
I certify that I have examined	Smith, Willia		knowledge and bel	ief it is true, o	correct and co	mplete.
Type or Print Name of Treas Signature of Treasurer	Smith, William, P, , CF	PA	[Electronically File	d] Date	M M /	14 / Y Y Y Y Y Y Y 2020
- NOTE: Submission of false, en	roneous, or incompl	ete information ma	ay subject the persor	n signing this I	Report to the po	enalties of 52 U.S.C. §30109
Office						·
Use Only					F	FEC FORM 3 (Revised 05/2016)

Report Covering the Period:

SUMMARY PAGE

of Receipts and Disbursements

2020

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2020

06

To:

30

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name ELOISE GOMEZ REYES FOR CONGRESS

From:

04

01

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 PAGE 3 / 7 FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ELOISE GOMEZ REYES FOR CONGRESS

04 2020 06 30 2020 01 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)	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
	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
	OFFSETS TO OPERATING		
	EXPENDITURES Refunds, Rebates, etc.)	0.00	0.00
	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

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	37.90
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
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)	0.00	37.90
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	1436.41	
4	TOTAL RECEIPTS THIS PERIOD (from Line	0.00	
25. SUBTOTAL (add Line 23 and Line 24)			1436.41
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	0.00	
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)			1436.41

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 5 OF 7
FOR LINE NUMBER: (check only one)

13b Transaction ID: SC/10.4111 NAME OF COMMITTEE (In Full) **ELOISE GOMEZ REYES FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary REYES, ELOISE GOMEZ, , , General Mailing Address 1190 Honey Hill Dr Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate CA 92313 **Grand Terrace** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D24D M 06M ž013 Noně x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 100000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

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

R: **x** 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

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

	9
X	10

NAME OF COMMITTEE (In Full)

E	LOISE GOMEZ REY	YES F	OR CONGRES	SS	
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):			
	Smith Marion & Co	Payroll Processing Fees - 2014 Primary Debt			
ŀ	Mailing Address 38605 Calistoga Dr			_	
ļ	Ste 120	Ste 120			
	City Murrieta	State CA	Zip Code 92563-4882		
Ì	Outstanding Balance Beginning This Period	_		Transaction ID : SD10.4109	
	456.00				
	9				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	456.00	
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Credit	tor	Nations of Dalet (Dissesse)	
	The New Media Firm			Nature of Debt (Purpose): Media Consulting, 2014 Primary - Dispute	
	Mailing Address 1730 Rhode Island Ave NW Ste 213				
	City	State	Zip Code	1	
ļ	Washington	DC	20036-3118		
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4110	
	10605.15				
	Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
				10605.15	
	0.00			1000.10	
Ì	C. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):			
ŀ	Mailing Address	-			
	City	State	Zip Code		
ŀ					
	Outstanding Balance Beginning This Period				
	, ,				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	, , , , , , , , , , , , , , , , , , , ,		· ·	, , , ,	
1)	SUBTOTALS This Period This Page (optional))		11061.15	
		7 7			
2)	TOTALS This Period (last page this line numl	11061.15			
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			108000.00	
		7 7			
4)	ADD 2) and 3) and carry forward to appropri	119061.15			