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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	Æ	For An A	SBURSI authorized Co		rs .	0	office Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRINT	「 ▼	Example: If ty		12FE4M5	
ELOISE GOM	EZ REYI	ES FOR CO	NGRESS				
ADDRESS (number an	nd street)	11900 HONEY	HILL RD				
Check if different than previously reported. (ACC)							
		GRAND TERR	ACE			CA 92	2313
2. FEC IDENTIFIC	CATION NU	JMBER ▼	CITY A	\		STATE A	ZIP CODE ▲
C C0054480	09		3. IS THIS REPORT	^	IEW N) OR	AMENDEI (A)	STATE ▼ DISTRICT CA 31
July 15 X Octobe January	eports: Quarterly F Quarterly R r 15 Quarter	Report (Q1) eport (Q2) ly Report (Q3) d Report (YE)	Election	General (n (12C) Report for th	General (126	in the State of
5. Covering Period		M / D D /	Y 2018	throug		M / D D /	Y Y Y Y Y 2018
I certify that I have e		Smith, William		knowledge a	nd belief it is	true, correct and c	complete.
Signature of Treasure		h, William, P, , CPA		[Electronica	ully Filed]	Date 10	/ D D / Y Y Y Y Y 10 2018
NOTE: Submission of	false, errone	ous, or incomple	te information m	ay subject the	person signing	g this Report to the	penalties of 52 U.S.C. §30109
Office Use Only							FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

2018

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2018

09

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name ELOISÉ GOMEZ REYES FOR CONGRESS

07

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

FEC Form 3 (Revised 05/2016)

of Receipts

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Write or Type Committee Name

ELOISE GOMEZ REYES FOR CONGRESS

07 2018 09 30 2018 Report Covering the Period: From: To:

I. RECEIPTS	. RECEIPTS COLUMN A Total This Period	
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized(iii) TOTAL of contributions	0.00	0.00
from individuals	0.00	0.00
(b) Political Party Committees(c) Other Political 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
4. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6. 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

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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 REPOR	RTING PERIOD	1436.41	
24	TOTAL RECEIPTS THIS PERIOD (from Line	0.00		
25. SUBTOTAL (add Line 23 and Line 24)			1436.41	
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00	
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	1436.41	

SCHEDULE C (FEC Form 3) **LOANS**

Use separate for each cate Detailed Sun

		PAGE	5	OF	7		
e schedule(s) egory of the nmary Page	FOR LINE NUMBER: (check only one)			×	13a 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) 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 ^D24^D 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 City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code 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 OF FOR LINE NUMBER: (check only one)

x 13a 13b

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)		
FLOISE GOMEZ	REYES FOR	CONGRESS

LOISE GOMEZ RE		JI CONONE		
A. Full Name (Last, First, Middle Initial) of De Smith Marion & Co	Nature of Debt (Purpose): Payroll Processing Fees - 2014 Primary Debt			
Mailing Address 38605 Calistoga Dr Ste 120			-	
City State Zip Code				
Murrieta	CA	92563-4882		
Outstanding Balance Beginning This Period			Transaction ID : SD10.4109	
456.00				
Amount Incurred This Period	F	ayment This Period	Outstanding Balance at Close of This Period	
0.00	,	0.00	456.00	
B. Full Name (Last, First, Middle Initial) of Deb The New Media Firm	otor or Creditor		Nature of Debt (Purpose): 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 10605.15 Amount Incurred This Period 0.00 0.00 0.00		Transaction ID : SD10.4110 Outstanding Balance at Close of This Period 10605.15		
C. Full Name /least First Middle Initial) of De	7 7 7			
·	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			
Mailing Address				
City	State	Zip Code	_	
Outstanding Balance Beginning This Period Amount Incurred This Period	F	Payment This Period	Outstanding Balance at Close of This Period	
, , , , , , , ,	L,			
SUBTOTALS This Period This Page (optional)		11061.15	
TOTALS This Period (last page this line number only)			11061.15	
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			108000.00	
ADD 2) and 3) and carry forward to appropri	119061.15			