Coyne for congress 2014

1130 east clark ave
ste 150 pmb 183
santa maria CA 93455

4. TYPE OF REPORT (Choose One)
   (a) Quarterly Reports:
      X April 15 Quarterly Report (Q1)
      O July 15 Quarterly Report (Q2)
      O October 15 Quarterly Report (Q3)
      O January 31 Year-End Report (YE)
   (b) 12-Day PRE-Election Report for the:
      O Primary (12P)
      O Convention (12C)
      O General (12G)
      O Runoff (12R)
      O Special (12S)
      Election on MM/DD/YYYY in the State of ____________
   (c) 30-Day POST-Election Report for the:
      O General (30G)
      O Runoff (30R)
      O Special (30S)
      Election on MM/DD/YYYY in the State of ____________

5. Covering Period MM/DD/YYYY through MM/DD/YYYY

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 MM/DD/YYYY

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

<table>
<thead>
<tr>
<th>COLUMNA</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COLUMNS</strong></td>
<td><strong>Election Cycle-to-Date</strong></td>
</tr>
<tr>
<td><strong>This Period</strong></td>
<td>** COLUMN B**</td>
</tr>
</tbody>
</table>

### 6. Net Contributions (other than loans)

- **(a)** Total Contributions (other than loans) (from Line 11(e)) ....
  - **COLUMN A:** 1925.00
  - **COLUMN B:** 10799.45
- **(b)** Total Contribution Refunds (from Line 20(d)) ..................
  - **COLUMN A:** 0.00
  - **COLUMN B:** 0.00
- **(c)** Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))......
  - **COLUMN A:** 1925.00
  - **COLUMN B:** 10799.45

### 7. Net Operating Expenditures

- **(a)** Total Operating Expenditures (from Line 17) ......................
  - **COLUMN A:** 3176.98
  - **COLUMN B:** 57552.68
- **(b)** Total Offsets to Operating Expenditures (from Line 14) .....
  - **COLUMN A:** 0.00
  - **COLUMN B:** 0.00
- **(c)** Net Operating Expenditures (subtract Line 7(b) from Line 7(a))......
  - **COLUMN A:** 3176.98
  - **COLUMN B:** 57552.68

### 8. Cash on Hand at Close of Reporting Period (from Line 27) .....

- **COLUMN A:** 916.72

### 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..........

- **COLUMN A:** 0.00

### 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..........

- **COLUMN A:** 53830.00

**For further information contact:**

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

Toll Free 800-424-9530  
Local 202-694-1100
### I. RECEIPTS

#### 11. CONTRIBUTIONS (other than loans) FROM:

<table>
<thead>
<tr>
<th></th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total This Period</td>
<td>Election Cycle-to-Date</td>
</tr>
<tr>
<td>(a) Individuals/Persons Other Than Political Committees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Itemized (use Schedule A) ..........</td>
<td>1000.00</td>
<td>7150.00</td>
</tr>
<tr>
<td>(ii) Unitemized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) TOTAL of contributions from individuals ..........</td>
<td>1925.00</td>
<td>10799.45</td>
</tr>
<tr>
<td>(b) Political Party Committees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Other Political Committees (such as PACs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) The Candidate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))</td>
<td>1925.00</td>
<td>10799.45</td>
</tr>
</tbody>
</table>

#### 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

|                      | | |
|----------------------| | |
|                      | 0.00 | 0.00 |

#### 13. LOANS:

<table>
<thead>
<tr>
<th></th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total This Period</td>
<td>Election Cycle-to-Date</td>
</tr>
<tr>
<td>(a) Made or Guaranteed by the Candidate</td>
<td>2000.00</td>
<td>53830.00</td>
</tr>
<tr>
<td>(b) All Other Loans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) TOTAL LOANS (add Lines 13(a) and (b))</td>
<td>2000.00</td>
<td>53830.00</td>
</tr>
</tbody>
</table>

#### 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)

|                      | | |
|----------------------| | |
|                      | 3925.00 | 64629.45 |
## II. DISBURSEMENTS

<table>
<thead>
<tr>
<th></th>
<th>COLUMN A Total This Period</th>
<th>COLUMN B Election Cycle-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. OPERATING EXPENDITURES</td>
<td>3176.98</td>
<td>57552.68</td>
</tr>
<tr>
<td>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
| 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) | 3176.98                      | 63712.73                       |

## III. CASH SUMMARY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</td>
<td>168.70</td>
</tr>
<tr>
<td>24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)</td>
<td>3925.00</td>
</tr>
<tr>
<td>25. SUBTOTAL (add Line 23 and Line 24)</td>
<td>4093.70</td>
</tr>
<tr>
<td>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</td>
<td>3176.98</td>
</tr>
</tbody>
</table>
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
      (subtract Line 26 from Line 25) | 916.72 |
## SCHEDULE A  (FEC Form 3)
### ITEMIZED RECEIPTS

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

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Receipt</th>
<th>Transaction ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>george larson</td>
<td>02/14/2014</td>
<td>SA11AI.4516</td>
</tr>
<tr>
<td>Mailing Address: 6634 valjean ave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: van nuys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code: 91406</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEC ID number of contributing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>federal political committee.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Employer: geosols consultants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation: geologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipt For: Primary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception Date: 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of Each Receipt this Period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Receipt</th>
<th>Transaction ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>jim spink</td>
<td>02/05/2014</td>
<td>SA11AI.4508</td>
</tr>
<tr>
<td>Mailing Address: 887 north kellogg ave.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: santa barbara</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code: 93111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEC ID number of contributing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>federal political committee.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Employer: atk industries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation: project manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipt For: Primary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception Date: 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of Each Receipt this Period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Receipt</th>
<th>Transaction ID</th>
</tr>
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<tr>
<td>george larson</td>
<td>02/14/2014</td>
<td>SA11AI.4516</td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: van nuys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code: 91406</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEC ID number of contributing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>federal political committee.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Employer: geosols consultants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation: geologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipt For: Primary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception Date: 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of Each Receipt this Period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SUBTOTAL of Receipts This Page (optional)

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

|                                      | 1000.00
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000.00</td>
</tr>
</tbody>
</table>
## SCHEDULE A (FEC Form 3)

### ITEMIZED RECEIPTS

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<table>
<thead>
<tr>
<th>NAME OF COMMITTEE (In Full)</th>
<th>Coyne for congress 2014</th>
</tr>
</thead>
</table>

Full Name (Last, First, Middle Initial)

PAUL henry COYNE Jr.

**Mailing Address**: 1298 ROXY AVE

<table>
<thead>
<tr>
<th>City</th>
<th>SANTA MARIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>93455</td>
</tr>
</tbody>
</table>

FEC ID number of contributing federal political committee.

| C | H4CA24134 |

**Name of Employer**: union bank

**Occupation**: branch manager

**Receipt For**: 2014

<table>
<thead>
<tr>
<th>Primary</th>
<th>General</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Receipt**: 01 / 22 / 2014

**Transaction ID**: SA13A.4494

**Amount of Each Receipt this Period**: 250.00

loan to campaign from candidate

---

**Full Name (Last, First, Middle Initial)**

PAUL henry COYNE Jr.

**Mailing Address**: 1298 ROXY AVE

<table>
<thead>
<tr>
<th>City</th>
<th>SANTA MARIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>93455</td>
</tr>
</tbody>
</table>

FEC ID number of contributing federal political committee.

| C | H4CA24134 |

**Name of Employer**: union bank

**Occupation**: branch manager

**Receipt For**: 2014

<table>
<thead>
<tr>
<th>Primary</th>
<th>General</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Receipt**: 02 / 10 / 2014

**Transaction ID**: SA13A.4493

**Amount of Each Receipt this Period**: 1750.00

loan from candidate to campaign

---

**Full Name (Last, First, Middle Initial)**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>SANTA MARIA</td>
<td>CA</td>
</tr>
</tbody>
</table>

FEC ID number of contributing federal political committee.

| C |  |

**Name of Employer**: union bank

**Occupation**: branch manager

**Receipt For**: 2014

<table>
<thead>
<tr>
<th>Primary</th>
<th>General</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Receipt**: 01 / 27 / 2014

**Transaction ID**: SA13A.4493

**Amount of Each Receipt this Period**: 2000.00

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<table>
<thead>
<tr>
<th>SUBTOTAL of Receipts This Page (optional)</th>
<th></th>
</tr>
</thead>
</table>

| TOTAL This Period (last page this line number only) | 2000.00 |

---

FEC Schedule A (Form 3) (Revised 02/2009)
### SCHEDULE B  (FEC Form 3)
#### ITEMIZED DISBURSEMENTS

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<table>
<thead>
<tr>
<th>NAME OF COMMITTEE (In Full)</th>
<th>Coyne for congress 2014</th>
</tr>
</thead>
</table>

#### A. AUTHORIZED NET

**Mailing Address**
PO BOX 8999

**City**
SAN FRANCISCO

**State**
CA

**Zip Code**
94128

**Purpose of Disbursement**
website operations

**Candidate Name**

**Office Sought:**
House

**Disbursement For:**
2014

**Type**
Primary

**Date of Disbursement**
01/03/2014

**Amount of Each Disbursement this Period**
20.00

**Transaction ID**
SB17.4527

#### B. AUTHORIZED NET

**Mailing Address**
PO BOX 8999

**City**
SAN FRANCISCO

**State**
CA

**Zip Code**
94128

**Purpose of Disbursement**
website operations

**Candidate Name**

**Office Sought:**
House

**Disbursement For:**
2014

**Type**
Primary

**Date of Disbursement**
02/03/2014

**Amount of Each Disbursement this Period**
20.00

**Transaction ID**
SB17.4528

#### C. AUTHORIZED NET

**Mailing Address**
PO BOX 8999

**City**
SAN FRANCISCO

**State**
CA

**Zip Code**
94128

**Purpose of Disbursement**
website operations

**Candidate Name**

**Office Sought:**
House

**Disbursement For:**
2014

**Type**
Primary

**Date of Disbursement**
03/03/2014

**Amount of Each Disbursement this Period**
20.00

**Transaction ID**
SB17.4529

**SUBTOTAL**
of Disbursements This Page (optional)
60.00

**TOTAL**
This Period (last page this line number only)
60.00
<table>
<thead>
<tr>
<th>Category/Type</th>
<th>Candidate Name</th>
<th>Office Sought</th>
<th>Date of Disbursement</th>
<th>Purpose of Disbursement</th>
<th>Amount of Each Disbursement this Period</th>
<th>Transaction ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Coyne for congress 2014</td>
<td>House</td>
<td>02 / 18 / 2014</td>
<td>california state filing fee paid to ca secretary of state</td>
<td>$1740.00</td>
<td>SB17.4539</td>
</tr>
<tr>
<td>002</td>
<td>fastlane</td>
<td>House</td>
<td>02 / 07 / 2014</td>
<td>campaign gas</td>
<td>$51.88</td>
<td>SB17.4542</td>
</tr>
<tr>
<td>002</td>
<td>fastlane</td>
<td>House</td>
<td>02 / 10 / 2014</td>
<td>campaign gas</td>
<td>$48.14</td>
<td>SB17.4541</td>
</tr>
</tbody>
</table>

**SUBTOTAL of Disbursements This Page (optional)**

$1840.02

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

$1840.02
## SCHEDULE B (FEC Form 3)
### ITEMIZED DISBURSEMENTS

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### NAME OF COMMITTEE (In Full)
Coyne for congress 2014

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Disbursement</th>
<th>Amount of Each Disbursement this Period</th>
<th>Transaction ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. fastlane</td>
<td>02/19/2014</td>
<td>57.31</td>
<td>SB17.4538</td>
</tr>
<tr>
<td>Mailing Address: 206 east harvard blvd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: Santa Paul</td>
<td>State: CA</td>
<td>Zip Code: 93060</td>
<td></td>
</tr>
<tr>
<td>Purpose of Disbursement: campaign gas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Sought: House</td>
<td>Disbursement For: 2014</td>
<td>Category/Type: 002</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. fastlane</td>
<td>02/24/2014</td>
<td>55.28</td>
<td>SB17.4537</td>
</tr>
<tr>
<td>Mailing Address: 206 east harvard blvd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: Santa Paul</td>
<td>State: CA</td>
<td>Zip Code: 93060</td>
<td></td>
</tr>
<tr>
<td>Purpose of Disbursement: campaign gas</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Candidate Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Sought: House</td>
<td>Disbursement For: 2014</td>
<td>Category/Type: 002</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. moneris-ach</td>
<td>02/03/2014</td>
<td>26.90</td>
<td>SB17.4525</td>
</tr>
<tr>
<td>Mailing Address: PO BOX 59390</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: Schaumburg</td>
<td>State: IL</td>
<td>Zip Code: 59390</td>
<td></td>
</tr>
<tr>
<td>Purpose of Disbursement: website payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Sought: House</td>
<td>Disbursement For: 2014</td>
<td>Category/Type: 001</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SUBTOTAL of Disbursements This Page (optional) .................................................................
139.49

### TOTAL This Period (last page this line number only) .................................................................
### Schedule B (FEC Form 3)

#### Itemized Disbursements

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

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Disbursement</th>
<th>Amount of Each Disbursement this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. moneris-ach</strong></td>
<td>03/03/2014</td>
<td>26.90</td>
</tr>
<tr>
<td>Mailing Address: PO BOX 59390</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: Schaumburg</td>
<td>State: IL</td>
<td>Zip Code: 59390</td>
</tr>
<tr>
<td>Purpose of Disbursement: website payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate Name</td>
<td>Category/Type: 001</td>
<td></td>
</tr>
<tr>
<td>Office Sought: House</td>
<td>Disbursement For: 2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary: x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>General: □</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify): □</td>
<td></td>
</tr>
<tr>
<td>State: CA</td>
<td>District: 59390</td>
<td></td>
</tr>
</tbody>
</table>

| **B. Paychex**                          | 01/14/2014           | 138.52                                 |
| Mailing Address: 1350 marsh st         |                      |                                        |
| City: San Luis Obispo                   | State: CA            | Zip Code: 93401                        |
| Purpose of Disbursement: payroll        |                        |                                        |
| Candidate Name                         | Category/Type: 001   |
| Office Sought: House                   | Disbursement For: 2014|
|                                            | Primary: x            |
|                                            | General: □            |
|                                            | Other (specify): □   |
| State: CA                               | District: 93401       |

| **C. Paychex**                          | 01/15/2014           | 23.86                                  |
| Mailing Address: 1350 marsh st         |                      |                                        |
| City: San Luis Obispo                   | State: CA            | Zip Code: 93401                        |
| Purpose of Disbursement: paychex tps axes|                        |                                        |
| Candidate Name                         | Category/Type: 001   |
| Office Sought: House                   | Disbursement For: 2014|
|                                            | Primary: x            |
|                                            | General: □            |
|                                            | Other (specify): □   |
| State: CA                               | District: 93401       |

#### Subtotal of Disbursements This Page (Optional)

Subtotal: 189.28

#### Total This Period (Last Page this Line Number Only)

Total: 265.22
**ITEMIZED DISBURSEMENTS**

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<table>
<thead>
<tr>
<th>Name of Committee (In Full)</th>
<th>Coyne for congress 2014</th>
</tr>
</thead>
</table>

**A. Paychex**

- **Mailing Address**: 1350 marsh st
- **City**: san luis obispo
- **State**: CA
- **Zip Code**: 93401
- **Purpose of Disbursement**: tps taxes
- **Candidate Name**: Category/Type
- **Office Sought**: House
- **Disbursement For**: 2014
- **Transaction ID**: SB17.4534
- **Date of Disbursement**: M M / D D / Y Y Y Y
- **Amount of Each Disbursement this Period**: 231.12

**B. printing impressions**

- **Mailing Address**: 1351 holiday hill rd
- **City**: goleta
- **State**: CA
- **Zip Code**: 93117
- **Purpose of Disbursement**: printing costs for remittance envelopes
- **Candidate Name**: Category/Type
- **Office Sought**: House
- **Disbursement For**: 2014
- **Transaction ID**: SB17.4543
- **Date of Disbursement**: M M / D D / Y Y Y Y
- **Amount of Each Disbursement this Period**: 242.18

**C. US post office**

- **Mailing Address**: battles ave
- **City**: santa maria
- **State**: CA
- **Zip Code**: 93117
- **Purpose of Disbursement**: campaign postage
- **Candidate Name**: Category/Type
- **Office Sought**: House
- **Disbursement For**: 2014
- **Transaction ID**: SB17.4530
- **Date of Disbursement**: M M / D D / Y Y Y Y
- **Amount of Each Disbursement this Period**: 46.00

**SUBTOTAL of Disbursements This Page (optional)................................. 519.30**

**TOTAL This Period (last page this line number only)..........................**
### SCHEDULE B (FEC Form 3)
**ITEMIZED DISBURSEMENTS**

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.

<table>
<thead>
<tr>
<th>NAME OF COMMITTEE (In Full)</th>
<th>Coyne for congress 2014</th>
</tr>
</thead>
</table>

**Full Name (Last, First, Middle Initial)**

<table>
<thead>
<tr>
<th>US post office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip Code</td>
</tr>
<tr>
<td>Purpose of Disbursement</td>
</tr>
<tr>
<td>Candidate Name</td>
</tr>
<tr>
<td>Office Sought:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Disbursement For:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>District:</td>
</tr>
</tbody>
</table>

| Amount of Each Disbursement this Period | 156.99 |
| Transaction ID: | SB17.4547 |

**Date of Disbursement**

| M / D / Y | 02 / 11 / 2014 |

**B. US post office**

| Mailing Address | battles ave |
| City          | santa maria |
| State         | CA          |
| Zip Code      | 93117       |
| Purpose of Disbursement | campaign postage |
| Candidate Name |             |
| Office Sought: | House      |
|               | Senate     |
|               | President  |
|               |            |
| Disbursement For: | 2014       |
|               | Primary    |
|               | General    |
|               | Other (specify) |
| State:        |             |
| District:     |             |

| Amount of Each Disbursement this Period | 98.00 |
| Transaction ID: | SB17.4531 |

**Date of Disbursement**

| M / D / Y | 02 / 24 / 2014 |

**C.**

| Mailing Address |             |
| City          |             |
| State         |             |
| Zip Code      |             |
| Purpose of Disbursement |             |
| Candidate Name |             |
| Office Sought: | House      |
|               | Senate     |
|               | President  |
|               |            |
| Disbursement For: |            |
|               | Primary    |
|               | General    |
|               | Other (specify) |
| State:        |             |
| District:     |             |

| Amount of Each Disbursement this Period | 254.99 |
| Transaction ID: | SB17.4531 |

**Date of Disbursement**

| M / D / Y | 12 / 24 / 2014 |

**SUBTOTAL** of Disbursements This Page (optional)

| Amount | 254.99 |

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

| Amount | 3003.08 |

---

FE5AN018   FEC Schedule B (Form 3) (Revised 02/2009)
### LOANS

**NAME OF COMMITTEE (in Full)**
Coyne for congress 2014

**SCHEDULE C (FEC Form 3)**

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

**FOR LINE NUMBER:**
- **13a**
- **13b**

**Transaction ID:** SC/10.4106

**Transaction ID:** SC/10.4106

**Election:** 2014

**[PERSONAL FUNDS]**
- **Primary**
- **General**
- **Other (specify)**

---

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

Mr. paul henry coyne Jr.

**Mailing Address**
1298 roxy ave

**City**
santa maria

**State**
CA

**ZIP Code**
93455

**Original Amount of Loan**
23000.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
23000.00

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/15/2013</td>
<td>06/15/2014</td>
<td>0.00% (apr)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)
   **Name of Employer**
   **Mailing Address**
   **City**
santa maria
   **State**
   CA
   **ZIP Code**
   93455

2. Full Name (Last, First, Middle Initial)
   **Name of Employer**
   **Mailing Address**
   **City**
santa maria
   **State**
   CA
   **ZIP Code**
   93455

3. Full Name (Last, First, Middle Initial)
   **Name of Employer**
   **Mailing Address**
   **City**
santa maria
   **State**
   CA
   **ZIP Code**
   93455

4. Full Name (Last, First, Middle Initial)
   **Name of Employer**
   **Mailing Address**
   **City**
santa maria
   **State**
   CA
   **ZIP Code**
   93455

---

**SUBTOTALS**
This Period This Page (optional) ....................................................

**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

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
[PERSONAL FUNDS]
PAUL henry COYNE Jr.

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SANTA MARIA</td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

**Original Amount of Loan**
5230.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
5230.00

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/24/2013</td>
<td>6/25/2014</td>
<td>0.00% (apr)</td>
<td>No</td>
</tr>
</tbody>
</table>

List All Endorsers or Guarantors (if any) to Loan Source

1. **Full Name (Last, First, Middle Initial)**
   Name of Employer
   Mailing Address
   City
   State
   ZIP Code

2. **Full Name (Last, First, Middle Initial)**
   Name of Employer
   Mailing Address
   City
   State
   ZIP Code

3. **Full Name (Last, First, Middle Initial)**
   Name of Employer
   Mailing Address
   City
   State
   ZIP Code

4. **Full Name (Last, First, Middle Initial)**
   Name of Employer
   Mailing Address
   City
   State
   ZIP Code

**SUBTOTALS** 
This Period This Page (optional) ........................................... 5230.00

**TOTALS** This Period (last page in this line only) ......................... 5230.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**NAME OF COMMITTEE (In Full)**  
Coyne for congress 2014

**LOAN SOURCE**  
Full Name (Last, First, Middle Initial)  
[PERSONAL FUNDS]  
PAUL henry COYNE Jr.

Mailing Address  
1298 ROXY AVE

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANTA MARIA</td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

Original Amount of Loan: 2500.00  
Cumulative Payment To Date: 0.00  
Balance Outstanding at Close of This Period: 2500.00

**TERMS**  
Date Incurred: 06/26/2013  
Date Due: 07/17/2014  
Interest Rate: 0.00 % (apr)  
Secured: No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)  
   Name of Employer
   Mailing Address
   City  State  ZIP Code

2. Full Name (Last, First, Middle Initial)  
   Name of Employer
   Mailing Address
   City  State  ZIP Code

3. Full Name (Last, First, Middle Initial)  
   Name of Employer
   Mailing Address
   City  State  ZIP Code

4. Full Name (Last, First, Middle Initial)  
   Name of Employer
   Mailing Address
   City  State  ZIP Code

**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.

Transaction ID: SC/10.4227
**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

**LOAN SOURCE**
Full Name (Last, First, Middle Initial)
PAUL henry COYNE Jr.

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Occupation</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>SANTA MARIA</td>
<td>CA</td>
</tr>
</tbody>
</table>

**Original Amount of Loan** | 2000.00 | Cumulative Payment To Date | 0.00 | Balance Outstanding at Close of This Period | 2000.00 |

**TERMS**
Date Incurred | Date Due | Interest Rate |
| 07/05/2013 | 11/4/2014 | 0.00 % (apr) |
| Secured: Yes or No | Yes |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code |
| PAUL henry COYNE Jr. | 1298 ROXY AVE | SANTA MARIA | CA | 93455 |

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code |

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code |

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code |

**SUBTOTALS** This Period This Page (optional) ................................................................. 2000.00

**TOTALS** This Period (last page in this line only) ................................................................. 2000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
### SCHEDULE C  (FEC Form 3)
#### LOANS

**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

<table>
<thead>
<tr>
<th>Loan Source</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Occupation</th>
<th>[PERSONAL FUNDS]</th>
<th>Election:</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAUL henry COYNE Jr.</td>
<td></td>
<td></td>
<td>2014</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

**Mailing Address**
1298 ROXY AVE

**City**
SANTA MARIA

**State**
CA

**ZIP Code**
93455

**Original Amount of Loan**
300.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
300.00

**TERMS**

- **Date Incurred**: 07/11/2013
- **Date Due**: 11/01/2014
- **Interest Rate**: 0.00 % (apr)

**List All Endorsers or Guarantors (if any) to Loan Source**

1. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Amount Guaranteed Outstanding

2. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Amount Guaranteed Outstanding

3. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Amount Guaranteed Outstanding

4. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Amount Guaranteed Outstanding

**SUBTOTALS**
This Period
This Page (optional)

**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.*
<table>
<thead>
<tr>
<th>LOAN SOURCE</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
<th>Election: 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAUL Henry COYNE Jr.</td>
<td>[PERSONAL FUNDS]</td>
<td>Primary</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TERMS</th>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>( M / D / Y )</td>
<td>( M / D / Y )</td>
<td>( % ) (apr)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>07/2013</td>
<td>11/4/2014</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List All Endorsers or Guarantors (if any) to Loan Source

<table>
<thead>
<tr>
<th>1. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Occupation</td>
</tr>
<tr>
<td>City State ZIP Code</td>
<td>Amount Guaranteed Outstanding:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Occupation</td>
</tr>
<tr>
<td>City State ZIP Code</td>
<td>Amount Guaranteed Outstanding:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Occupation</td>
</tr>
<tr>
<td>City State ZIP Code</td>
<td>Amount Guaranteed Outstanding:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Occupation</td>
</tr>
<tr>
<td>City State ZIP Code</td>
<td>Amount Guaranteed Outstanding:</td>
</tr>
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</table>

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

**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

**LOAN SOURCE**
Full Name (Last, First, Middle Initial)
PAUL henry COYNE Jr.

**Mailing Address**
1298 ROXY AVE

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANTA MARIA</td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

**Original Amount of Loan**
500.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
500.00

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/05/2013</td>
<td>11/04/2014</td>
<td>0.00% (apr)</td>
<td>No</td>
</tr>
</tbody>
</table>

**Election**
Primary: 2014

**List All Endorsers or Guarantors (if any) to Loan Source**

1. **Full Name (Last, First, Middle Initial)**
   - PAUL henry COYNE Jr.
   - Mailing Address: 1298 ROXY AVE
   - City: SANTA MARIA, State: CA, ZIP Code: 93455
   - Original Amount of Loan: 500.00
   - Cumulative Payment To Date: 0.00
   - Balance Outstanding at Close of This Period: 500.00

2. **Full Name (Last, First, Middle Initial)**
   - Mailing Address: 1298 ROXY AVE
   - City: SANTA MARIA, State: CA, ZIP Code: 93455

3. **Full Name (Last, First, Middle Initial)**
   - Mailing Address: 1298 ROXY AVE
   - City: SANTA MARIA, State: CA, ZIP Code: 93455

4. **Full Name (Last, First, Middle Initial)**
   - Mailing Address: 1298 ROXY AVE
   - City: SANTA MARIA, State: CA, ZIP Code: 93455

**SUBTOTALS**
This Period This Page (optional)

**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  

<table>
<thead>
<tr>
<th>LOAN SOURCE</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
<th>Election:</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PAUL henry COYNE Jr.</td>
<td></td>
<td></td>
<td>Primary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>General</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

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

**Transaction ID**: SC/10.4260

### denni Miriam COYNE Jr.

**Mailing Address**: 1298 ROXY AVE  

**City**: SANTA MARIA  

**State**: CA  

**ZIP Code**: 93455  

**Original Amount of Loan**: 1400.00  

**Cumulative Payment To Date**: 0.00  

**Balance Outstanding at Close of This Period**: 1400.00  

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/06/2013</td>
<td>11/04/2014</td>
<td>0.00% (apr)</td>
<td>No</td>
</tr>
</tbody>
</table>

**Election**: 2014  

**Primary**  

**General**  

**Other (specify)**

List All Endorsers or Guarantors (if any) to Loan Source:

1. **Full Name (Last, First, Middle Initial)**:  
   **Name of Employer**:  
   **Mailing Address**:  
   **City**:  
   **State**:  
   **ZIP Code**:  
   **Amount Guaranteed Outstanding**:  

2. **Full Name (Last, First, Middle Initial)**:  
   **Name of Employer**:  
   **Mailing Address**:  
   **City**:  
   **State**:  
   **ZIP Code**:  
   **Amount Guaranteed Outstanding**:  

3. **Full Name (Last, First, Middle Initial)**:  
   **Name of Employer**:  
   **Mailing Address**:  
   **City**:  
   **State**:  
   **ZIP Code**:  
   **Amount Guaranteed Outstanding**:  

4. **Full Name (Last, First, Middle Initial)**:  
   **Name of Employer**:  
   **Mailing Address**:  
   **City**:  
   **State**:  
   **ZIP Code**:  
   **Amount Guaranteed Outstanding**:  

**SUBTOTALS**  

This Period This Page (optional).................................  

**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

**LOAN SOURCE**  
PAUL henry COYNE Jr.

**Mailing Address**  
1298 ROXY AVE

**City**  
SANTA MARIA

**State**  
CA

**ZIP Code**  
93455

**Original Amount of Loan**  
1000.00

**Cumulative Payment To Date**  
0.00

**Balance Outstanding at Close of This Period**  
1000.00

**TERMS**

- **Date Incurred**: 09/27/2013
- **Date Due**: 11/04/2014
- **Interest Rate**: 0.00 % (apr)
- **Secured**: No

**Election**:  
Primary 2014

**List All Endorsers or Guarantors (if any) to Loan Source**

1. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Name of Employer
   - Occupation
   - Amount
   - Guaranteed Outstanding

2. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Name of Employer
   - Occupation
   - Amount
   - Guaranteed Outstanding

3. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Name of Employer
   - Occupation
   - Amount
   - Guaranteed Outstanding

4. **Full Name (Last, First, Middle Initial)**
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Name of Employer
   - Occupation
   - 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.
**NAME OF COMMITTEE (In Full)**  
Coyne for congress 2014

**LOAN SOURCE**  
PAUL henry COYNE Jr.

**Mailing Address**  
1298 ROXY AVE

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANTA MARIA</td>
<td>CA</td>
<td>93455</td>
</tr>
</tbody>
</table>

**Original Amount of Loan**  
100.00

**Cumulative Payment To Date**  
0.00

**Balance Outstanding at Close of This Period**  
100.00

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
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</thead>
<tbody>
<tr>
<td>10/01/2013</td>
<td>11/04/2014</td>
<td>0.00 % (apr)</td>
<td>No</td>
</tr>
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</table>

**List All Endorsers or Guarantors (if any) to Loan Source**

1. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

   **Employer**
   - Occupation
   - Amount Guaranteed Outstanding:

2. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

   **Employer**
   - Occupation
   - Amount Guaranteed Outstanding:

3. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

   **Employer**
   - Occupation
   - Amount Guaranteed Outstanding:

4. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City
   - State
   - ZIP Code

   **Employer**
   - Occupation
   - Amount Guaranteed Outstanding:

**SUBTOTALS**  
This Period This Page (optional):  
100.00

**TOTALS**  
This Period (last page in this line only):  
100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**NAME OF COMMITTEE** (In Full)
Coyne for congress 2014

**LOAN SOURCE**  
Full Name (Last, First, Middle Initial)  
[PERSONAL FUNDS]  
PAUL henry COYNE Jr.

Mailing Address  
1298 ROXY AVE  
City  
State  
ZIP Code  
SANTA MARIA  
CA  
93455

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500.00</td>
<td>0.00</td>
<td>2500.00</td>
</tr>
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</table>

**TERMS**  
Date Incurred  
10-M-2013  
Date Due  
11/04/2014  
Interest Rate  
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  

City  
State  
ZIP Code

2. Full Name (Last, First, Middle Initial)  
Name of Employer

Mailing Address  

City  
State  
ZIP Code

3. Full Name (Last, First, Middle Initial)  
Name of Employer

Mailing Address  

City  
State  
ZIP Code

4. Full Name (Last, First, Middle Initial)  
Name of Employer

Mailing Address  

City  
State  
ZIP Code

**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.
**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

**TRANSACTION ID : SC/10.4488**

**LOAN SOURCE**

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
<th>Election:</th>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
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</thead>
<tbody>
<tr>
<td>PAUL henry COYNE Jr.</td>
<td></td>
<td>2014</td>
<td>10/15/2013</td>
<td>11/04/14</td>
<td>0.00</td>
<td>No</td>
</tr>
</tbody>
</table>

**Mailing Address**
1298 ROXY AVE

**City**
SANTA MARIA

**State**
CA

**ZIP Code**
93455

**Original Amount of Loan**
4800.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
4800.00

**LIST ALL ENDORSERS OR GUARANTORS (if any) TO LOAN SOURCE**

1. Full Name (Last, First, Middle Initial)
   - **Name of Employer**
   - **Occupation**
   - **Mailing Address**
   - **City**
   - **State**
   - **ZIP Code**
   - **Amount Guaranteed Outstanding**

2. Full Name (Last, First, Middle Initial)
   - **Name of Employer**
   - **Occupation**
   - **Mailing Address**
   - **City**
   - **State**
   - **ZIP Code**
   - **Amount Guaranteed Outstanding**

3. Full Name (Last, First, Middle Initial)
   - **Name of Employer**
   - **Occupation**
   - **Mailing Address**
   - **City**
   - **State**
   - **ZIP Code**
   - **Amount Guaranteed Outstanding**

4. Full Name (Last, First, Middle Initial)
   - **Name of Employer**
   - **Occupation**
   - **Mailing Address**
   - **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.
**NAME OF COMMITTEE** (In Full)  
Coyne for congress 2014

**LOAN SOURCE**  
PAUL henry COYNE Jr.

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1298 ROXY AVE</td>
<td></td>
</tr>
</tbody>
</table>

**City**  
SANTA MARIA

**State**  
CA

**ZIP Code**  
93455

**Original Amount of Loan**  
2500.00

**Cumulative Payment To Date**  
0.00

**Balance Outstanding at Close of This Period**  
2500.00

**Date Incurred**  
11/13/2013

**Date Due**  
11/04/14

**Interest Rate**  
0.00%

**Secured:**  
X No

List All Endorsers or Guarantors (if any) to Loan Source

1. **Full Name (Last, First, Middle Initial):**  
   PAUL henry COYNE Jr.

   **Mailing Address:**  
   1298 ROXY AVE

   **City:**  
   SANTA MARIA

   **State:**  
   CA

   **ZIP Code:**  
   93455

   **Occupation:**  
   [PERSONAL FUNDS]

   **Amount Guaranteed Outstanding:**

2. **Full Name (Last, First, Middle Initial):**  
   PAUL henry COYNE Jr.

   **Mailing Address:**  
   1298 ROXY AVE

   **City:**  
   SANTA MARIA

   **State:**  
   CA

   **ZIP Code:**  
   93455

   **Occupation:**  
   [PERSONAL FUNDS]

   **Amount Guaranteed Outstanding:**

3. **Full Name (Last, First, Middle Initial):**  
   PAUL henry COYNE Jr.

   **Mailing Address:**  
   1298 ROXY AVE

   **City:**  
   SANTA MARIA

   **State:**  
   CA

   **ZIP Code:**  
   93455

   **Occupation:**  
   [PERSONAL FUNDS]

   **Amount Guaranteed Outstanding:**

4. **Full Name (Last, First, Middle Initial):**  
   PAUL henry COYNE Jr.

   **Mailing Address:**  
   1298 ROXY AVE

   **City:**  
   SANTA MARIA

   **State:**  
   CA

   **ZIP Code:**  
   93455

   **Occupation:**  
   [PERSONAL FUNDS]

   **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.
NAME OF COMMITTEE (In Full)
Coyne for congress 2014

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS] Election: 2014
PAUL henry COYNE Jr. Primary
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

TERMS
Date Incurred Date Due Interest Rate Secured: 

List All Endorsers or Guarantors (if any) to Loan Source
1. Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address

City State ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address

City State ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address

City State ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address

City State ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ............................................................... 250.00

TOTALS This Period (last page in this line only) ............................................................... 250.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**SCHEDULE C  (FEC Form 3)**

**LOANS**

**NAME OF COMMITTEE (In Full)**
Coyne for congress 2014

<table>
<thead>
<tr>
<th>LOAN SOURCE</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Loan Source</th>
<th>[PERSONAL FUNDS]</th>
<th>Election:</th>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
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<tbody>
<tr>
<td>PAUL henry COYNE Jr.</td>
<td></td>
<td></td>
<td></td>
<td>2014</td>
<td>02/10/2014</td>
<td>07/10/2014</td>
<td>0.00%</td>
<td>No</td>
</tr>
</tbody>
</table>

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   - Name of Employer:
   - Mailing Address:
   - City:
   - State:
   - ZIP Code:

2. Full Name (Last, First, Middle Initial)
   - Name of Employer:
   - Mailing Address:
   - City:
   - State:
   - ZIP Code:

3. Full Name (Last, First, Middle Initial)
   - Name of Employer:
   - Mailing Address:
   - City:
   - State:
   - ZIP Code:

4. Full Name (Last, First, Middle Initial)
   - Name of Employer:
   - Mailing Address:
   - City:
   - State:
   - ZIP Code:

**SUBTOTALS** This Period This Page (optional) ................................................................. 1750.00

**TOTALS** This Period (last page in this line only) .......................................................... 53830.00

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