

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
Hoyer Majority Fund

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  04 / 01 / 2012 through  06 / 30 / 2012

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 Amy Pritchard

Signature of Treasurer Amy Pritchard [Electronically Filed] Date  07 / 13 / 2012

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Hoyer Majority Fund**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="69560.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="52450.00"/>	<input type="text" value="246650.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="122010.50"/>	<input type="text" value="246650.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="117073.30"/>	<input type="text" value="241712.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4937.20"/>	<input type="text" value="4937.20"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Write or Type Committee Name  
**Hoyer Majority Fund**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13250.00	203950.00
(ii) Unitemized .....	200.00	1200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13450.00	205150.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	39000.00	41500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	52450.00	246650.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	52450.00	246650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52450.00	246650.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	13999.40	14892.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13999.40	14892.87
22. Transfers to Affiliated/Other Party Committees.....	103073.90	226819.93
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	117073.30	241712.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	117073.30	241712.80

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	52450.00	246650.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52450.00	246650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	13999.40	14892.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13999.40	14892.87

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial)  
**A. Neil D Cohen**

Mailing Address 9001 Durham Dr

City Potomac State MD Zip Code 20854-4615

FEC ID number of contributing federal political committee. **C**

Name of Employer District Photo, Inc. Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : C19447260**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. James Polin**

Mailing Address 4701 Willard Ave  
Apt 536

City Chevy Chase State MD Zip Code 20815-4615

FEC ID number of contributing federal political committee. **C**

Name of Employer The Pollin Group Occupation President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2012  
**Transaction ID : C19389291**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**C. J. R. Abinader**

Mailing Address 5603 Chesterbrook Road

City Bethesda State MD Zip Code 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Moroccan American Center Occupation Managing Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : C19447184**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial) <b>A. Robert M. Holley</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : C19447194</b>
Mailing Address 4515 Willard Avenue Apt. 1909S		Amount of Each Receipt this Period 2500.00
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee.	C	
Name of Employer Moroccan American Center	Occupation Senior Policy Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Janet Rogozinski</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2012 <b>Transaction ID : C19375144</b>
Mailing Address 10205 Riverwood Drive		Amount of Each Receipt this Period 250.00
City Potomac	State MD	Zip Code 20859
FEC ID number of contributing federal political committee.	C	
Name of Employer Smiling Winter Productions, LLC.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Michael D. Beckerman</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : C19447187</b>
Mailing Address 23 Tiger Hill Drive		Amount of Each Receipt this Period 2500.00
City Gladstone	State NJ	Zip Code 07934
FEC ID number of contributing federal political committee.	C	
Name of Employer Beckerman Public Relations	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<b>TOTAL</b> This Period (last page this line number only).....	13250.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial) <b>A. Society of Thoracic Surgeons PAC</b>		Date of Receipt
Mailing Address 20 F Street, NW Suite 310C		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee.		Transaction ID : <b>C19447201</b>
<input type="text" value="C"/> <input type="text" value="C00325936"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="2000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Gridiron PAC</b>		Date of Receipt
Mailing Address 280 Park Avenue		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10017
FEC ID number of contributing federal political committee.		Transaction ID : <b>C19446331</b>
<input type="text" value="C"/> <input type="text" value="C00451153"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GenOn Energy PAC</b>		Date of Receipt
Mailing Address 1000 Main Street		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77002
FEC ID number of contributing federal political committee.		Transaction ID : <b>C19434772</b>
<input type="text" value="C"/> <input type="text" value="C00491696"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="12000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial)  
**A. Office of the Commis. of Major League Baseball PAC**

Mailing Address 1050 Connecticut Avenue  
Suite 1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00368142

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 12 / 2012  
**Transaction ID : C19436182**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. McDermott, Will & Emery PAC**

Mailing Address 600 - 13th Street, N.W.  
#1200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00299701

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 08 / 2012  
**Transaction ID : C19434773**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**c. Travelers Companies, Inc. PAC**

Mailing Address One Tower Square

City Hartford State CT Zip Code 06183

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 04 / 2012  
**Transaction ID : C19428634**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial) <b>A. Norfolk Southern Corporation Good Gov't Fund</b>		Date of Receipt
Mailing Address One Constitution Avenue, NE		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.	<input type="text" value="C00009282"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	
		Transaction ID : <b>C19434774</b>
		Amount of Each Receipt this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Society For Vascular Surgery PAC</b>		Date of Receipt
Mailing Address 633 N. St. Clair Street 24th Floor		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60611
FEC ID number of contributing federal political committee.	<input type="text" value="C00381459"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	
		Transaction ID : <b>C19447195</b>
		Amount of Each Receipt this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>C. H &amp; R Block PAC</b>		Date of Receipt
Mailing Address One H & R Block Way		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Kansas City	MO	64105
FEC ID number of contributing federal political committee.	<input type="text" value="C00188177"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	
		Transaction ID : <b>C19434027</b>
		Amount of Each Receipt this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="12000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="39000.00"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address 6200 S Quebec St

City Greenwood Village State CO Zip Code 80111-4729

Purpose of Disbursement  
Merchant Service Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2012

**Transaction ID : D513980**

Amount of Each Disbursement this Period

420.56

Full Name (Last, First, Middle Initial)

**B. First Data**

Mailing Address 6200 S Quebec St

City Greenwood Village State CO Zip Code 80111-4729

Purpose of Disbursement  
Merchant Services Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2012

**Transaction ID : D513981**

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

**C. First Data**

Mailing Address 6200 S Quebec St

City Greenwood Village State CO Zip Code 80111-4729

Purpose of Disbursement  
Merchant Services Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2012

**Transaction ID : D513982**

Amount of Each Disbursement this Period

0.30

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

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

460.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial)

**A. Perkins Coie, LLP**

Mailing Address 1201 Third Avenue, 40th Floor

City State Zip Code  
Seattle WA 98101

Purpose of Disbursement  
Legal & Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2012

**Transaction ID : D511903**

Amount of Each Disbursement this Period

3677.91

Full Name (Last, First, Middle Initial)

**B. Perkins Coie, LLP**

Mailing Address 1201 Third Avenue, 40th Floor

City State Zip Code  
Seattle WA 98101

Purpose of Disbursement  
Legal & Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2012

**Transaction ID : D513983**

Amount of Each Disbursement this Period

2911.90

Full Name (Last, First, Middle Initial)

**C. Perkins Coie, LLP**

Mailing Address 1201 Third Avenue, 40th Floor

City State Zip Code  
Seattle WA 98101

Purpose of Disbursement  
Legal & Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2012

**Transaction ID : D503615**

Amount of Each Disbursement this Period

107.50

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

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

6697.31

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address 6200 S Quebec St

City Greenwood Village State CO Zip Code 80111-4729

Purpose of Disbursement  
Merchant Service Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2012

**Transaction ID : D513977**

Amount of Each Disbursement this Period

306.00

Full Name (Last, First, Middle Initial)

**B. First Data**

Mailing Address 6200 S Quebec St

City Greenwood Village State CO Zip Code 80111-4729

Purpose of Disbursement  
Merchant Service Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

**Transaction ID : D515358**

Amount of Each Disbursement this Period

62.80

Full Name (Last, First, Middle Initial)

**C. NGP VAN, Inc.**

Mailing Address 1101 15th Street, NW  
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Database & Website Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2012

**Transaction ID : D512208**

Amount of Each Disbursement this Period

375.00

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

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

743.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address 6200 S Quebec St

City Greenwood Village State CO Zip Code 80111-4729

Purpose of Disbursement  
Merchant Service Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2012

**Transaction ID : D513978**

Amount of Each Disbursement this Period

200.62

Full Name (Last, First, Middle Initial)

**B. H&W Printing**

Mailing Address 36616 Oak Lane

City Mt. Ranier State MD Zip Code 20712

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

**Transaction ID : D505679**

Amount of Each Disbursement this Period

527.88

Full Name (Last, First, Middle Initial)

**C. First Data**

Mailing Address 6200 S Quebec St

City Greenwood Village State CO Zip Code 80111-4729

Purpose of Disbursement  
Merchant Service Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2012

**Transaction ID : D513979**

Amount of Each Disbursement this Period

3.60

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

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

732.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

**A. Card Member Services**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15710

City Wilmington State DE Zip Code 19886-5710

Purpose of Disbursement  
Credit Card Payment, See Below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 12 / 2012

**Transaction ID : D511904**

Amount of Each Disbursement this Period: 1010.40

Category/Type

**B. Hotel George**

Full Name (Last, First, Middle Initial)  
Mailing Address 15 E Street, NW

City Washington State DC Zip Code 20001-1501

Purpose of Disbursement  
Catering & Room Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 12 / 2012

**Transaction ID : D511905**

Amount of Each Disbursement this Period: 1010.40

Category/Type

**[MEMO ITEM]**

**C. Card Member Services**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15710

City Wilmington State DE Zip Code 19886-5710

Purpose of Disbursement  
Credit Card Payment, See Below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 26 / 2012

**Transaction ID : D513752**

Amount of Each Disbursement this Period: 2096.90

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3107.30

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial)

**A. Tosca**

Mailing Address 1112 F Street, NW

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2012

Transaction ID : D513753

Amount of Each Disbursement this Period

2096.90
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Card Member Services**

Mailing Address PO Box 15710

City Wilmington State DE Zip Code 19886-5710

Purpose of Disbursement  
Credit Card Payment, See Below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : D513761

Amount of Each Disbursement this Period

2247.03
---------

Full Name (Last, First, Middle Initial)

**C. Ruth's Chris Steak House**

Mailing Address 724 9th St NW

City Washington State DC Zip Code 20001-4505

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : D513762

Amount of Each Disbursement this Period

2247.03
---------

[MEMO ITEM]

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

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

2247.03
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13988.40
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial)

**A. AMERIPAC: The Fund for A Greater America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2012

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Transfer of Joint Fundraising Proceeds

Candidate Name

Category/  
Type

**Transaction ID : D513750**

Amount of Each Disbursement this Period

11115.49
----------

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2012

Mailing Address 4201 Northview Drive  
Suite 307

City Bowie State MD Zip Code 20716

Purpose of Disbursement  
Transfer of Joint Fundraising Proceeds

Candidate Name

**Steny Hoyer**

Category/  
Type

**Transaction ID : D506833**

Amount of Each Disbursement this Period

32049.22
----------

Office Sought:  House  
 Senate  
 President  
State: MD District: 05

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. AMERIPAC: The Fund for A Greater America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2012

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Transfer of Joint Fundraising Proceeds

Candidate Name

Category/  
Type

**Transaction ID : D506834**

Amount of Each Disbursement this Period

34414.01
----------

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

77578.72
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Hoyer Majority Fund**

Full Name (Last, First, Middle Initial)

**A. Hoyer for Congress**

Mailing Address 4201 Northview Drive  
Suite 307

City Bowie State MD Zip Code 20716

Purpose of Disbursement  
Transfer of Joint Fundraising Proceeds

Candidate Name

**Steny Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

**Transaction ID : D513727**

Amount of Each Disbursement this Period

25495.18

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

25495.18

103073.90