

# 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. 12FE4M5

Hoyer's Majority Fund

ADDRESS (number and street) 700 13th Street NW Suite 600 Washington DC 20005

Check if different than previously reported. (ACC)

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

C C00513002

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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on 11/04/2014 in the State of DC

5. Covering Period 10/01/2014 through 11/24/2014

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 12/04/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Hoyer's 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="2014"/>	<input type="text" value="15500.00"/>	<input type="text" value="15500.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20500.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="65500.00"/>	<input type="text" value="356196.51"/>
(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="86000.00"/>	<input type="text" value="371696.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77588.90"/>	<input type="text" value="363285.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8411.10"/>	<input type="text" value="8411.10"/>
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's 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).....	48500.00	171001.51
(ii) Unitemized .....	0.00	695.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	48500.00	171696.51
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	17000.00	184500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	65500.00	356196.51
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))..... ▶	65500.00	356196.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	65500.00	356196.51

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	11175.38	81515.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11175.38	81515.07
22. Transfers to Affiliated/Other Party Committees.....	66413.52	281770.34
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)) ..	77588.90	363285.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77588.90	363285.41

**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) .....	65500.00	356196.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65500.00	356196.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11175.38	81515.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11175.38	81515.07

**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 28  
(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's Majority Fund**

Full Name (Last, First, Middle Initial)  
**A. Jay Jacobs**

Mailing Address 1362 Ridge Rd

City State Zip Code  
Syosset NY 11791-9632

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

Name of Employer Occupation  
TLC Kids Group, LLC CEO

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  
 10 / 20 / 2014  
**Transaction ID : VNVNKD64F10**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Robert Cogorno**

Mailing Address 1715 Riggs PI NW

City State Zip Code  
Washington DC 20009-6250

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

Name of Employer Occupation  
Elmendorf Ryan, LLC Consultant

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  
 10 / 01 / 2014  
**Transaction ID : VNVNKD3KFNO**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Michael Messmer**

Mailing Address 1852 Columbia Rd NW  
Apt 604

City State Zip Code  
Washington DC 20009-2023

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

Name of Employer Occupation  
The Gephardt Group Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2014  
**Transaction ID : VNVNKD9CCV0**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**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: PAGE 7 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Charles T. Lindsay III**

Mailing Address 28 Primrose St

City Chevy Chase      State MD      Zip Code 20815-4229

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

Name of Employer Lindsay Automotive Group      Occupation Automobile Dealer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2014  
**Transaction ID : VNVNKD7Z0S1**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Joseph F. Meadow**

Mailing Address 4804 College Ave

City College Park      State MD      Zip Code 20740-3509

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

Name of Employer Self Employed      Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2014  
**Transaction ID : VNVNKD7F1E2**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. David E. Mitchell**

Mailing Address 11505 Morning Ride Dr

City Potomac      State MD      Zip Code 20854-1178

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

Name of Employer GMMB, Inc.      Occupation Media Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014  
**Transaction ID : VNVNKD9HKJ2**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**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: PAGE 8 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Robert L. Bowles Jr.**

Mailing Address 10004 Lindley Ct

City Lanham State MD Zip Code 20706-2391

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

Name of Employer RB Company, LLC Occupation Chairman & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : VNVNKD7C7Q2**

Amount of Each Receipt this Period  
950.00

Full Name (Last, First, Middle Initial)  
**B. James W. Gosnell III**

Mailing Address 1608 Randallwood Ct

City Jarrettsville State MD Zip Code 21084-1542

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

Name of Employer N/A Occupation Retired

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  
 10 / 26 / 2014

**Transaction ID : VNVNKD7C7V2**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Thomas J. Downey**

Mailing Address 1225 I St NW Ste 600

City Washington State DC Zip Code 20005-5960

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

Name of Employer Downey McGrath Group, Inc. Occupation Chairman

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  
 10 / 15 / 2014

**Transaction ID : VNVNKD5NSY2**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2950.00

**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: PAGE 9 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Benjamin S. Abrams**

Mailing Address 4203 38th St NW

City Washington State DC Zip Code 20016-2219

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

Name of Employer Northrop Grumman Corporation Occupation Government Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014  
**Transaction ID : VNVNKD3KFA3**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Alex Zwerdling**

Mailing Address 3400 McKinley St NW

City Washington State DC Zip Code 20015-2512

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

Name of Employer Bergmann Zwerdling Direct Occupation Partner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : VNVNKD4WYB4**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Roger B. Tilles**

Mailing Address 98 Myrtle Dr

City Great Neck State NY Zip Code 11021-1825

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2014  
**Transaction ID : VNVNKD7F1P5**

Amount of Each Receipt this Period  
7600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8600.00

**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: PAGE 10 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Sharon J. Daniels**

Mailing Address 916 Saint Michael Dr

City State Zip Code  
 Gambrills MD 21054-1635

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

Name of Employer Occupation  
 The Gephardt Group Executive Vice President

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  
 10 / 01 / 2014

**Transaction ID : VNVNKD3KFW5**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. James W Gosnell Jr.**

Mailing Address 506 Rock Spring Church Rd

City State Zip Code  
 Forest Hill MD 21050-2400

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

Name of Employer Occupation  
 N/A Retired

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  
 10 / 26 / 2014

**Transaction ID : VNVNKD7C7Y5**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**c. Gregg L. Elias**

Mailing Address 1776 K St NW

City State Zip Code  
 Washington DC 20006-2326

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

Name of Employer Occupation  
 Wiley Rein LLP Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : VNVNKD3KG56**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

**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 11 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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's Majority Fund**

Full Name (Last, First, Middle Initial) <b>A. Kingdon Gould Jr.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Mailing Address 7861 Murray Hill Rd		<b>Transaction ID : VNVNKD67266</b>
City Laurel	State MD	Zip Code 20723-5716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Konterra LP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Cyrus M. Jollivette</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014
Mailing Address 11800 Old Georgetown Rd Apt 1221		<b>Transaction ID : VNVNKD7F1C6</b>
City Rockville	State MD	Zip Code 20852-2647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cyrus M. Jollivette Public Affairs LLC	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Herbert S. Miller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Mailing Address 9677 Myrtle Grove Ln		<b>Transaction ID : VNVNKD672M6</b>
City Easton	State MD	Zip Code 21601-5704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Western Development Corporation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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: PAGE 12 OF 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Joseph C. Abbey**

Mailing Address 4118 23rd St N

City State Zip Code  
Arlington VA 22207-3921

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

Name of Employer Occupation  
Purple Strategies Senior Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : VNVNKD3KEZ6**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Rebecca L. Halkias**

Mailing Address 317 C St NE

City State Zip Code  
Washington DC 20002-5709

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

Name of Employer Occupation  
C2 Group Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2014

**Transaction ID : VNVNKD7C827**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. Robert Liberatore**

Mailing Address 4054 52nd Ter NW

City State Zip Code  
Washington DC 20016-1932

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

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2014

**Transaction ID : VNVNKD5NTA7**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00

**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: PAGE 13 OF 28  
(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's Majority Fund**

Full Name (Last, First, Middle Initial)  
**A. Padma Mantena**  
 Mailing Address 12326 Park Ave  
 City Windermere State FL Zip Code 34786-7701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : VNVNKD7Z1W7**  
 Amount of Each Receipt this Period  
 7600.00

Full Name (Last, First, Middle Initial)  
**B. Douglas H. Legum**  
 Mailing Address 10516 Gainsborough Rd  
 City Potomac State MD Zip Code 20854-4044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2014  
**Transaction ID : VNVNKD7F1G8**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. William A. Castelli**  
 Mailing Address 6007 Inwood St  
 City Cheverly State MD Zip Code 20785-1214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maryland Association of Realtors Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014  
**Transaction ID : VNVNKD3KFH8**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8600.00  
**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:	PAGE 14 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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's Majority Fund**

Full Name (Last, First, Middle Initial)  
**A. Raju L. Mantena**

Mailing Address 12326 Park Ave

City Windermere State FL Zip Code 34786-7701

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

Name of Employer Self-Employed Occupation Businessman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **7600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : VNVNKD7Z1Q8**

Amount of Each Receipt this Period  
**7600.00**

Full Name (Last, First, Middle Initial)  
**B. Joseph Toscano**

Mailing Address 1347 Constitution Ave NE

City Washington State DC Zip Code 20002-6419

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

Name of Employer GMMB, Inc. Occupation Media Consultant

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  
**10 / 01 / 2014**

**Transaction ID : VNVNKD3KGW8**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**c. Annie S. Totah**

Mailing Address 11500 Highland Farm Rd

City Potomac State MD Zip Code 20854-1367

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

Name of Employer N/A Occupation Retired

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  
**10 / 17 / 2014**

**Transaction ID : VNVNKD5PPW8**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>9600.00</b>
<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: PAGE 15 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Richard A. Gephardt</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014 <b>Transaction ID : VNVNKD5NT49</b>		
Mailing Address PO Box 9945			Amount of Each Receipt this Period 2500.00		
City McLean	State VA	Zip Code 22102-0945			
FEC ID number of contributing federal political committee. C					
Name of Employer Gephardt Government Affairs		Occupation President & CEO			
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. Sven E. Holmes</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2014 <b>Transaction ID : VNVNKD7C869</b>		
Mailing Address 2429 Kalorama Rd NW			Amount of Each Receipt this Period 1000.00		
City Washington	State DC	Zip Code 20008-1626			
FEC ID number of contributing federal political committee. C					
Name of Employer KPMG, LLP		Occupation Executive Vice Chair of Compliance			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>C. Patrick J. Sheehan</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2014 <b>Transaction ID : VNVNKD6EXF9</b>		
Mailing Address 4720 Jasmine Dr			Amount of Each Receipt this Period 500.00		
City Rockville	State MD	Zip Code 20853-1741			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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: PAGE 16 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Jessica Lemos**

Mailing Address 2901 16th St NW  
Apt 101

City Washington State DC Zip Code 20009-4235

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

Name of Employer National Association of Manufacturers Occupation Director of Government Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014  
**Transaction ID : VNVNKD3KGJ9**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mariah S. Sixkiller**

Mailing Address Sixkiller Consulting  
707 6th St. SE #200

City Washington State DC Zip Code 20003-2735

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

Name of Employer Sixkiller Consulting Occupation Partner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014  
**Transaction ID : VNVNKD3KGQ9**

Amount of Each Receipt this Period  
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	48500.00



**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 17 OF 28
<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's Majority Fund**

Full Name (Last, First, Middle Initial)  
**A. Enterprise Holdings, Inc. PAC**

Mailing Address 600 Corporate Park Dr

City State Zip Code  
Saint Louis MO 63105-4211

FEC ID number of contributing federal political committee. **C C00219642**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2014  
**Transaction ID : VNVNKD7F1R1**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. Covington & Burling LLP PAC**

Mailing Address 1201 Pennsylvania Ave NW

City State Zip Code  
Washington DC 20004-2401

FEC ID number of contributing federal political committee. **C C00462630**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2014  
**Transaction ID : VNVNKD672V1**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. Maxim Healthcare Services Inc. PAC**

Mailing Address PO Box 66412

City State Zip Code  
Washington DC 20035-6412

FEC ID number of contributing federal political committee. **C C00558932**

Name of Employer Occupation

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  
10 / 27 / 2014  
**Transaction ID : VNVNKD7Z2C4**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<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 18 OF 28
<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's Majority Fund**

Full Name (Last, First, Middle Initial)  
**A. Twenty-First Century Fox, Inc. PAC**

Mailing Address 444 N Capitol St NW  
Ste 740

City Washington State DC Zip Code 20001-1512

FEC ID number of contributing federal political committee. **C** C00330019

Name of Employer Occupation

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  
10 / 16 / 2014

**Transaction ID : VNVNKD5NTG4**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Communications Workers of America COPE PCC**

Mailing Address 501 3rd St NW

City Washington State DC Zip Code 20001-2760

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2014

**Transaction ID : VNVNKDAFK55**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. Gentiva Health Services, Inc. PAC**

Mailing Address 3350 Riverwood Pkwy SE  
Ste 1400

City Atlanta State GA Zip Code 30339-3314

FEC ID number of contributing federal political committee. **C** C00407080

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : VNVNKD672Y5**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<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: PAGE 19 OF 28  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Southwest Airlines Company Freedom Fund**

Mailing Address PO Box 36611  
Hdq 4GA

City Dallas State TX Zip Code 75235-1611

FEC ID number of contributing federal political committee. **C** C00341602

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : VNVNKD3KH59**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17000.00

**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's Majority Fund**

Full Name (Last, First, Middle Initial)

**A. First Data Merchant Services**

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2014			

Transaction ID : VNTPB9QCT60

Amount of Each Disbursement this Period

33.98
-------

Full Name (Last, First, Middle Initial)

**B. First Data Merchant Services**

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2014			

Transaction ID : VNTPB9PNZW0

Amount of Each Disbursement this Period

0.20
------

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

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

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2014			

Transaction ID : VNTPB9QDH91

Amount of Each Disbursement this Period

119.50
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

153.68
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**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's Majority Fund**

Full Name (Last, First, Middle Initial)

**A. York Flowers, Inc.**

Mailing Address 5023 Wisconsin Ave NW

City Washington State DC Zip Code 20016-4113

Purpose of Disbursement  
Flowers

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2014			

Transaction ID : VNTPB9QDHA9

Amount of Each Disbursement this Period

119.50
--------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Citi Business Card**

Mailing Address PO Box 688915

City Des Moines State IA Zip Code 50368-8915

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

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2014			

Transaction ID : VNTPB9Q7NR1

Amount of Each Disbursement this Period

1876.44
---------

Full Name (Last, First, Middle Initial)

**C. Hotel George**

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001-1595

Purpose of Disbursement  
Catering & Room Rental

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2014			

Transaction ID : VNTPB9Q7NT7

Amount of Each Disbursement this Period

1876.44
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[MEMO ITEM]

\*

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

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

1876.44
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**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's Majority Fund**

Full Name (Last, First, Middle Initial)

**A. The Bear's Club**

Mailing Address 250 Bears Club Dr

City Jupiter State FL Zip Code 33477-4202

Purpose of Disbursement  
Fundraising Event Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2014

Transaction ID : VNTPB9QCT02

Amount of Each Disbursement this Period

539.54

Full Name (Last, First, Middle Initial)

**B. First Data Merchant Services**

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  
11 / 03 / 2014

Transaction ID : VNTPB9QCT52

Amount of Each Disbursement this Period

40.15

Full Name (Last, First, Middle Initial)

**C. Citi Business Card**

Mailing Address PO Box 688915

City Des Moines State IA Zip Code 50368-8915

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

MM / DD / YYYY  
10 / 14 / 2014

Transaction ID : VNTPB9Q5QJ2

Amount of Each Disbursement this Period

1272.42

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

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

1852.11

**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)	PAGE 23 OF 28
	<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's Majority Fund**

**A. Hotel George**

Full Name (Last, First, Middle Initial)

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001-1595

Purpose of Disbursement Catering & Room Rental

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 14 / 2014

**Transaction ID : VNTPB9Q5QK0**

Amount of Each Disbursement this Period: 1272.42

**[MEMO ITEM]**

**B. 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 16 / 2014

**Transaction ID : VNTPB9Q7NV4**

Amount of Each Disbursement this Period: 3253.14

**C. Tosca**

Full Name (Last, First, Middle Initial)

Mailing Address 1112 F Street, NW

City Washington State DC Zip Code 20002

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 16 / 2014

**Transaction ID : VNTPB9Q7NW2**

Amount of Each Disbursement this Period: 3253.14

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3253.14

**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's Majority Fund**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

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

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2014			

Transaction ID : VNTPB9QDH75

Amount of Each Disbursement this Period

120.95
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. York Flowers, Inc.**

Mailing Address 5023 Wisconsin Ave NW

City Washington State DC Zip Code 20016-4113

Purpose of Disbursement  
Flowers

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2014			

Transaction ID : VNTPB9QDH83

Amount of Each Disbursement this Period

120.95
--------

Category/  
Type

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)

**C. First Data Merchant Services**

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2014			

Transaction ID : VNTPB9QCT36

Amount of Each Disbursement this Period

71.46
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Category/  
Type

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

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

192.41
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**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's Majority Fund**

Full Name (Last, First, Middle Initial)

**A. Citi Business Card**

Mailing Address PO Box 688915

City Des Moines State IA Zip Code 50368-8915

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

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	1	4

Transaction ID : VNTPB9QDHB6

Amount of Each Disbursement this Period

1	3	2	7	.	3	7
---	---	---	---	---	---	---

Category/Type

Full Name (Last, First, Middle Initial)

**B. Union League of Philadelphia**

Mailing Address 140 S Broad St

City Philadelphia State PA Zip Code 19102-3083

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	1	4

Transaction ID : VNTPB9QDHC4

Amount of Each Disbursement this Period

1	3	2	7	.	3	7
---	---	---	---	---	---	---

Category/Type

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)

**C. Citi Business Card**

Mailing Address PO Box 688915

City Des Moines State IA Zip Code 50368-8915

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

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	4

Transaction ID : VNTPB9QA0Y6

Amount of Each Disbursement this Period

6	0	5	.	8	3
---	---	---	---	---	---

Category/Type

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

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

1	9	3	.	2	0
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1	9	3	.	2	0
---	---	---	---	---	---

**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's Majority Fund**

Full Name (Last, First, Middle Initial)

**A. Petrossian, Inc.**

Mailing Address 182 W 58th St

City New York State NY Zip Code 10019-2127

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	/	D	D	/	Y	Y	Y	Y
11			21			2014			

Transaction ID : VNTPB9QA102

Amount of Each Disbursement this Period

605.83
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[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. NGP VAN, Inc.**

Mailing Address 1101 15th St NW Ste 500

City Washington State DC Zip Code 20005-5006

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

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : VNTPB9QBFY6

Amount of Each Disbursement this Period

375.00
--------

Full Name (Last, First, Middle Initial)

**C. Citi Business Card**

Mailing Address PO Box 688915

City Des Moines State IA Zip Code 50368-8915

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	/	D	D	/	Y	Y	Y	Y
10			17			2014			

Transaction ID : VNTPB9Q7NN7

Amount of Each Disbursement this Period

700.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1075.00
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**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's Majority Fund**

Full Name (Last, First, Middle Initial)

**A. Union League of Philadelphia**

Mailing Address 140 S Broad St

City Philadelphia State PA Zip Code 19102-3083

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : VNTPB9Q7NP5

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. First Data Merchant Services**

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  
10 / 03 / 2014

Transaction ID : VNTPB9PNZX7

Amount of Each Disbursement this Period

87.00

Full Name (Last, First, Middle Initial)

**C. Perkins Coie, LLP**

Mailing Address 1201 3rd Ave  
FI 40

City Seattle State WA Zip Code 98101-3029

Purpose of Disbursement  
Legal & Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2014

Transaction ID : VNTPB9QBFX8

Amount of Each Disbursement this Period

752.40

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

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

839.40

11175.38

**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 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's 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 Y
11		03		2014

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement  
Transfer of Joint Fundraising Proceeds

**Transaction ID : VNTPB9QCSZ4**

Amount of Each Disbursement this Period

34485.40
----------

Candidate Name

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement  
Transfer of Joint Fundraising Proceeds

**Transaction ID : VNTPB9QCSY6**

Amount of Each Disbursement this Period

31928.12
----------

Candidate Name

**Steny Hoyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

66413.52
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66413.52
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