



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="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="4937.20"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="41500.00"/>	<input type="text" value="288150.00"/>
(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="46437.20"/>	<input type="text" value="288150.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39466.35"/>	<input type="text" value="281179.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6970.85"/>	<input type="text" value="6970.85"/>
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

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).....	8500.00	212450.00
(ii) Unitemized .....	0.00	1200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8500.00	213650.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	33000.00	74500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	41500.00	288150.00
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))..... ▶	41500.00	288150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41500.00	288150.00

**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 .....	11198.00	26090.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11198.00	26090.87
22. Transfers to Affiliated/Other Party Committees.....	28268.35	255088.28
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)) ..	39466.35	281179.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39466.35	281179.15

**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) .....	41500.00	288150.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41500.00	288150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11198.00	26090.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11198.00	26090.87

**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 6 OF 24
	<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	

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. Jose Fuentes**

Mailing Address 308 Riverview Avenue

City Annapolis State MD Zip Code 21403-3328

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

Name of Employer Eastport Strategies, LLC Occupation 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  
 08 / 03 / 2012  
**Transaction ID : C19488161**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 402 I-49 North Service Road

City Sunset State LA Zip Code 70584

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

Name of Employer LHC Group Occupation Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012  
**Transaction ID : C19558633**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 1425 33rd Street, NW

City Washington State DC Zip Code 20007

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

Name of Employer Ryan, MacKinnon, Vasapoli & Berzok, LL Occupation Attorney

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  
 09 / 21 / 2012  
**Transaction ID : C19566243**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 7 OF 24  
(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**

**A. Don Bonker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10535 Sunrise Bluff  
 City Bainbridge Island State WA Zip Code 98110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APCO Worldwide Occupation Executive 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  
 07 / 24 / 2012  
**Transaction ID : C19478856**  
 Amount of Each Receipt this Period  
 500.00

**B. Nick Kolovos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1634 I Street NW Ste 1200  
 City Washington State DC Zip Code 20006-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ryan, MacKinnon, Vasapoli & Berzok, LL Occupation Attorney  
 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  
 09 / 21 / 2012  
**Transaction ID : C19566326**  
 Amount of Each Receipt this Period  
 500.00

**c. Christopher J. Goode**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1223 Portner Road  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Roosevelt Group Occupation Managing Partner  
 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  
 08 / 03 / 2012  
**Transaction ID : C19488168**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 24  
(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. Matthew L. Berzok**

Mailing Address 4824 Earlston Drive

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
Ryan, MacKinnon, Vasapoli & Berzok, LL Attorney

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  
 09 / 21 / 2012  
**Transaction ID : C19572908**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Lawrence F. O'Brien**

Mailing Address 3410 Q Street, NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
OBC Group, LLC Principal

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012  
**Transaction ID : C1958638**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 301 Columbia Rd

City State Zip Code  
Alexandria VA 22302-3303

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

Name of Employer Occupation  
Capitol Hill Strategies 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  
 08 / 06 / 2012  
**Transaction ID : C19488179**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8500.00



**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 9 OF 24
<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) <b>A. Computer Sciences Corporation PAC</b>		Date of Receipt
Mailing Address 3170 Fairview Park Drive		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City Falls Church State VA Zip Code 22042		<b>Transaction ID : C19516442</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00101410"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="5000.00"/>
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"/>	

Full Name (Last, First, Middle Initial) <b>B. American Psychiatric Association PAC</b>		Date of Receipt
Mailing Address 1000 Wilson Boulevard Suite 1825		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Arlington State VA Zip Code 22209		<b>Transaction ID : C19468312</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00373696"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="2500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Depository Trust &amp; Clearing Corporation PAC</b>		Date of Receipt
Mailing Address 601 13th Street, NW Suite 580 South		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Washington State DC Zip Code 20005		<b>Transaction ID : C19478893</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00497917"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="8500.00"/>
<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 10 OF 24
<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) <b>A. Delta Air Lines PAC</b>		Date of Receipt
Mailing Address 1212 New York Avenue, NW Suite 200		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00104802"/>	<b>Transaction ID : C19590823</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
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"/>	<input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Louisiana Health Care Group Employee PAC</b>		Date of Receipt
Mailing Address 420 West Pinhook Rd Ste A		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Lafayette	State LA	Zip Code 70503-2131
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00382796"/>	<b>Transaction ID : C19558644</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Cardinal Health, Inc. PAC</b>		Date of Receipt
Mailing Address 7000 Cardinal Place		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00332833"/>	<b>Transaction ID : C19572915</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="6000.00"/>
<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: PAGE 11 OF 24  
(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. Sierra Nevada Corporation PAC**

Mailing Address PO Box 50193

City Sparks State NV Zip Code 89434

FEC ID number of contributing federal political committee. **C C00367995**

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  
 07 / 20 / 2012

**Transaction ID : C19478895**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 3350 Riverwood Parkway Suite 1400

City Atlanta State GA Zip Code 30339

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2012

**Transaction ID : C19511255**

Amount of Each Receipt this Period  
4000.00

Full Name (Last, First, Middle Initial)  
**C. College of American Pathologists PAC**

Mailing Address 1350 I Street, NW Suite 590

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00274944**

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  
 08 / 15 / 2012

**Transaction ID : C19505895**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9000.00

**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 12 OF 24
<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**

**A. US Oncology, Inc. Network PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10101 Woodloch Forest Drive  
 City The Woodlands State TX Zip Code 77380  
 FEC ID number of contributing federal political committee. **C** C00339655  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 14 / 2012  
**Transaction ID : C19560237**  
 Amount of Each Receipt this Period 650.00  
 \* In-Kind: Fundraising Expenses

**B. Depository Trust & Clearing Corporation PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 13th Street, NW Suite 580 South  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00497917  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : C19563838**  
 Amount of Each Receipt this Period 2500.00

**c. US Oncology, Inc. Network PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10101 Woodloch Forest Drive  
 City The Woodlands State TX Zip Code 77380  
 FEC ID number of contributing federal political committee. **C** C00339655  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 14 / 2012  
**Transaction ID : C19558648**  
 Amount of Each Receipt this Period 4350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<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 13 OF 24  
(check only one)

<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**

**A. Suncrest Healthcare Inc, PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 510 Hospital Drive  
Suite 100  
City Madison State TN Zip Code 37115  
FEC ID number of contributing federal political committee. **C** C00521112  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 20 / 2012  
**Transaction ID : C19563839**  
Amount of Each Receipt this Period  
2000.00

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

**C.**  
Full Name (Last, First, Middle Initial)  
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).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33000.00

**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. 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  
08 / 10 / 2012

Transaction ID : D520380

Amount of Each Disbursement this Period

354.60

Full Name (Last, First, Middle Initial)

**B. First Data Merchant Services**

Mailing Address 6200 S Quebec St

City State Zip Code  
Greenwood Village CO 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  
07 / 03 / 2012

Transaction ID : D528730

Amount of Each Disbursement this Period

0.03

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  
07 / 10 / 2012

Transaction ID : D518450

Amount of Each Disbursement this Period

384.00

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

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

738.63

**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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : D528731**

Amount of Each Disbursement this Period

179.50

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  
08 / 03 / 2012

**Transaction ID : D528732**

Amount of Each Disbursement this Period

9.00

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  
08 / 28 / 2012

**Transaction ID : D521963**

Amount of Each Disbursement this Period

375.00

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

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

563.50

**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

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : D528733**

Amount of Each Disbursement this Period

29.05

Category/  
Type

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

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : D528734**

Amount of Each Disbursement this Period

0.10

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. US Oncology, Inc. Network PAC**

Mailing Address 10101 Woodloch Forest Drive

City The Woodlands State TX Zip Code 77380

Purpose of Disbursement  
Fundraising Expenses

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : D527075**

Amount of Each Disbursement this Period

650.00

Category/  
Type

\* In-Kind Received

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

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

679.15



**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. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

**Transaction ID : D523406**

Amount of Each Disbursement this Period

611.70
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Full Name (Last, First, Middle Initial)

**B. First Data Merchant Services**

Mailing Address 6200 S Quebec St

City State Zip Code  
Greenwood Village CO 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 M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2012

**Transaction ID : D528728**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**C. First Data Merchant Services**

Mailing Address 6200 S Quebec St

City State Zip Code  
Greenwood Village CO 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 M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2012

**Transaction ID : D528729**

Amount of Each Disbursement this Period

0.30
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

712.00
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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. 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

MM / DD / YYYY  
07 / 05 / 2012

**Transaction ID : D518448**

Amount of Each Disbursement this Period

1167.48

Full Name (Last, First, Middle Initial)

**B. Hotel George**

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2012

**Transaction ID : D518449**

Amount of Each Disbursement this Period

1167.48

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
07 / 26 / 2012

**Transaction ID : D518451**

Amount of Each Disbursement this Period

671.05

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

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

1838.53

**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. Hotel George**

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2012

**Transaction ID : D518452**

Amount of Each Disbursement this Period

671.05

[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

MM / DD / YYYY  
07 / 26 / 2012

**Transaction ID : D518453**

Amount of Each Disbursement this Period

986.86

Full Name (Last, First, Middle Initial)

**C. Hotel George**

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2012

**Transaction ID : D518454**

Amount of Each Disbursement this Period

986.86

[MEMO ITEM]

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

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

986.86

**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's Majority Fund**

Full Name (Last, First, Middle Initial)

**A. 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

MM / DD / YYYY  
07 / 26 / 2012

**Transaction ID : D518455**

Amount of Each Disbursement this Period

3,358.20

Full Name (Last, First, Middle Initial)

**B. Tosca**

Mailing Address 1112 F Street, NW

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Catering & Room Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2012

**Transaction ID : D518456**

Amount of Each Disbursement this Period

2,358.20

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : D519911**

Amount of Each Disbursement this Period

1,026.13

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

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

3,384.33

**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. Hotel George**

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

Transaction ID : D519916

Amount of Each Disbursement this Period

1026.13

[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

MM / DD / YYYY  
08 / 08 / 2012

Transaction ID : D519912

Amount of Each Disbursement this Period

671.05

Full Name (Last, First, Middle Initial)

**C. Hotel George**

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

Transaction ID : D519914

Amount of Each Disbursement this Period

671.05

[MEMO ITEM]

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

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

671.05

**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. 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

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : D527035**

Amount of Each Disbursement this Period

1145.10

Full Name (Last, First, Middle Initial)

**B. Hotel George**

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : D527036**

Amount of Each Disbursement this Period

1145.10

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
09 / 25 / 2012

**Transaction ID : D527889**

Amount of Each Disbursement this Period

478.85

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

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

1623.95

**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. Hotel George**

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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	2

**Transaction ID : D527890**

Amount of Each Disbursement this Period

4	7	8	.	8	5
---	---	---	---	---	---

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

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

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--

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

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

0	.	0	0
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1	1	9	8	.	0	0
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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 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

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. 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  
State: MD District: 05

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : D528195**

Amount of Each Disbursement this Period

13904.50

Full Name (Last, First, Middle Initial)

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

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : D528196**

Amount of Each Disbursement this Period

14363.85

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

28268.35

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

28268.35