

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
Nancy Hoyt for Congress

ADDRESS (number and street) 113 Round Bay Road  
 Check if different than previously reported. (ACC) Severna Park MD 21146

2. **FEC IDENTIFICATION NUMBER** ▼ C C00555144 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
MD 04

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)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of MD  
11 / 04 / 2014  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of    
 

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
04 / 01 / 2014 through 06 / 04 / 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 Nicholas John Demyan  
Signature of Treasurer Nicholas John Demyan [Electronically Filed] Date M M / D D / Y Y Y Y  
06 / 11 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Nancy Hoyt for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7024.31	9409.28
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7024.31	9409.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	19248.97	24766.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	5000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19248.97	19766.94
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11642.34	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	22000.00	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**Nancy Hoyt for Congress**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	900.00	1900.00
(ii) Unitemized .....	355.00	1739.97
(iii) TOTAL of contributions from individuals .....	1255.00	3639.97
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	5769.31	5769.31
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7024.31	9409.28
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5000.00	22000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	22000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	5000.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	12024.31	36409.28

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19248.97	24766.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	19248.97	24766.94

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18867.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12024.31
25. SUBTOTAL (add Line 23 and Line 24).....	30891.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19248.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11642.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Nancy Hoyt for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Judith E. Dodge**

Mailing Address 3 Church Circle  
Unit 212

City Annapolis State MD Zip Code 21401

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

Name of Employer Owner Occupation JHP LLC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SA11AI.4242**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Good Life Organic Market**

Mailing Address 485 Ritchie Highway

City Severna Park State MD Zip Code 21146

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SA11AI.4233**

Amount of Each Receipt this Period  
400.00

SEE MEMO ITEM/Verified Non-Corporate

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

Mailing Address 1 Walton Lane

City Annapolis State MD Zip Code 21403

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SA11AI.4236**

Amount of Each Receipt this Period  
500.00

SEE MEMO ITEM/Verified Non-Corporate

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nancy Hoyt for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Issac Waheed**

Mailing Address 485 Ritchie Highway

City Severna Park State MD Zip Code 21146

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

Name of Employer Good Life Organic Market Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **770.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11Al.4238**

Amount of Each Receipt this Period  
 400.00

**[MEMO ITEM]**

**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)

Election Cycle-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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nancy Hoyt for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nancy Hoyt</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2014
Mailing Address 113 Round Bay Road		<b>Transaction ID : SA11D.4229</b>
City Severna Park	State MD	
FEC ID number of contributing federal political committee. <b>C H4MD04121</b>		Amount of Each Receipt this Period 69.31
Name of Employer	Occupation Candidate for US Congress	In-kind - Digital Promotion
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 17069.31	

Full Name (Last, First, Middle Initial) <b>B. Nancy Hoyt</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2014
Mailing Address 113 Round Bay Road		<b>Transaction ID : SA11D.4225</b>
City Severna Park	State MD	
FEC ID number of contributing federal political committee. <b>C H4MD04121</b>		Amount of Each Receipt this Period 3900.00
Name of Employer	Occupation Candidate for US Congress	In-kind - Database Management
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20969.31	

Full Name (Last, First, Middle Initial) <b>C. Nancy Hoyt</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2014
Mailing Address 113 Round Bay Road		<b>Transaction ID : SA11D.4231</b>
City Severna Park	State MD	
FEC ID number of contributing federal political committee. <b>C H4MD04121</b>		Amount of Each Receipt this Period 1800.00
Name of Employer	Occupation Candidate for US Congress	In-kind - Website Management
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 22769.31	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5769.31
<b>TOTAL</b> This Period (last page this line number only).....	5769.31

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 8 OF 20	
(check only one)			
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Nancy Hoyt for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy Hoyt**

Mailing Address 113 Round Bay Road

City Severna Park State MD Zip Code 21146

FEC ID number of contributing federal political committee. **C H4MD04121**

Name of Employer Occupation Candidate for US Congress

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **27769.31**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA13A.4241**

Amount of Each Receipt this Period  
 5000.00

Personal Loan

**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)

Election Cycle-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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5000.00

5000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nancy Hoyt for Congress**

Full Name (Last, First, Middle Initial) <b>A. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 1011.25 <b>Transaction ID : SB17.4194</b>
City Bethesda State MD Zip Code 20814	Purpose of Disbursement SEE MEMO ITEMS 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4196</b> <b>[MEMO ITEM]</b>
City Bethesda State MD Zip Code 20814	Purpose of Disbursement Compliance Consulting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 11.25 <b>Transaction ID : SB17.4197</b> <b>[MEMO ITEM]</b>
City Bethesda State MD Zip Code 20814	Purpose of Disbursement E-Merchant Fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1011.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nancy Hoyt for Congress**

Full Name (Last, First, Middle Initial) <b>A. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 1156.50
City Bethesda	State MD	
Zip Code 20814	Purpose of Disbursement SEE MEMO ITEMS	<b>Transaction ID : SB17.4198</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 1000.00
City Bethesda	State MD	
Zip Code 20814	Purpose of Disbursement Compliance Consulting	<b>Transaction ID : SB17.4199</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 125.00
City Bethesda	State MD	
Zip Code 20814	Purpose of Disbursement Website Maintenance	<b>Transaction ID : SB17.4200</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1156.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Nancy Hoyt for Congress**

Full Name (Last, First, Middle Initial) <b>A. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 31.50
City Bethesda	State MD Zip Code 20814	
Purpose of Disbursement E-Merchant Fees	Category/Type 001	Transaction ID : SB17.4201  [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 1000.00
City Bethesda	State MD Zip Code 20814	
Purpose of Disbursement Compliance Consulting	Category/Type 001	Transaction ID : SB17.4202
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. GOP Shoppe</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 883-C Airport Park Road		Amount of Each Disbursement this Period 458.98
City Glen Burnie	State MD Zip Code 21061	
Purpose of Disbursement Gifts & Mementos	Category/Type 006	Transaction ID : SB17.4186  [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Nancy Hoyt for Congress**

Full Name (Last, First, Middle Initial) <b>A. GOP Shoppe</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 883-C Airport Park Road		Amount of Each Disbursement this Period 4106.44 <b>Transaction ID : SB17.4204</b>
City Glen Burnie	State MD	
Zip Code 21061	Purpose of Disbursement Printing	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Nancy Hoyt</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 113 Round Bay Road		Amount of Each Disbursement this Period 1470.22 <b>Transaction ID : SB17.4184</b>
City Severna Park	State MD	
Zip Code 21146	Purpose of Disbursement SEE MEMO ITEMS	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 04	

Full Name (Last, First, Middle Initial) <b>c. Nancy Hoyt</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 113 Round Bay Road		Amount of Each Disbursement this Period 69.31 <b>Transaction ID : SB17.4230</b>
City Severna Park	State MD	
Zip Code 21146	Purpose of Disbursement In-kind - Digital Promotion	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5645.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Nancy Hoyt for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nancy Hoyt</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2014
Mailing Address 113 Round Bay Road		Amount of Each Disbursement this Period 3900.00 <b>Transaction ID : SB17.4226</b>
City Severna Park	State MD	
Purpose of Disbursement In-kind - Database Management	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Nancy Hoyt</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 113 Round Bay Road		Amount of Each Disbursement this Period 1800.00 <b>Transaction ID : SB17.4232</b>
City Severna Park	State MD	
Purpose of Disbursement In-kind - Website Management	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD	District: 04	

Full Name (Last, First, Middle Initial) <b>c. J. King's</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2014
Mailing Address 329 Gambrills Road		Amount of Each Disbursement this Period 743.24 <b>Transaction ID : SB17.4190</b> <b>[MEMO ITEM]</b>
City Gambrills	State MD	
Purpose of Disbursement Catering	Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Nancy Hoyt for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address 569 Ritchie Highway		Amount of Each Disbursement this Period 206.11 <b>Transaction ID : SB17.4209</b>
City Severna Park	State MD	
Zip Code 21146	Purpose of Disbursement General Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. RSCCAAC</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address PO Box 127		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4173</b>
City Riva	State MD	
Zip Code 21140	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Severna Park Voice</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address PO Box 608		Amount of Each Disbursement this Period 694.00 <b>Transaction ID : SB17.4217</b>
City Severna Park	State MD	
Zip Code 21146	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2150.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nancy Hoyt for Congress**

Full Name (Last, First, Middle Initial) <b>A. Severna Park Voice</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 608			Amount of Each Disbursement this Period 605.15 <b>Transaction ID : SB17.4220</b>
City Severna Park	State MD	Zip Code 21146	
Purpose of Disbursement Advertising	Candidate Name		Category/ Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Severna Park Voice</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO Box 608			Amount of Each Disbursement this Period 593.00 <b>Transaction ID : SB17.4221</b>
City Severna Park	State MD	Zip Code 21146	
Purpose of Disbursement Advertising	Candidate Name		Category/ Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Severna Park Voice</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address PO Box 608			Amount of Each Disbursement this Period 694.00 <b>Transaction ID : SB17.4222</b>
City Severna Park	State MD	Zip Code 21146	
Purpose of Disbursement Advertising	Candidate Name		Category/ Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1892.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Nancy Hoyt for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 21 Magothy Bridge Road		Amount of Each Disbursement this Period 268.00
City Severna Park State MD Zip Code 21146	Purpose of Disbursement Postage	Transaction ID : SB17.4188
Candidate Name	Category/Type 001	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Voter Gravity</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 121 East Main Street		Amount of Each Disbursement this Period 240.00
City Purcellville State VA Zip Code 20132	Purpose of Disbursement Software Service	Transaction ID : SB17.4215
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Voter Gravity</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 121 East Main Street		Amount of Each Disbursement this Period 240.00
City Purcellville State VA Zip Code 20132	Purpose of Disbursement Software Service	Transaction ID : SB17.4219
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	480.00
<b>TOTAL</b> This Period (last page this line number only).....	19035.98



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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Nancy Hoyt for Congress

Transaction ID : SC/10.4154

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

Nancy Hoyt

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
113 Round Bay Road

City State ZIP Code  
Severna Park MD 21146

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
5000.00 0.00 5000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 16 / Y 2013 M M / D D / ON DEMAND 0.00 % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... 5000.00

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

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Nancy Hoyt for Congress

Transaction ID : SC/10.4156

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

Nancy Hoyt

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
113 Round Bay Road

City State ZIP Code  
Severna Park MD 21146

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

### TERMS

Date Incurred: M 01 / D 09 / Y 2014  
 Date Due: M M / D D / ON DEMAND  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 5000.00

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4183**

**Nancy Hoyt for Congress**

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

**[PERSONAL FUNDS]**

Election: 2014

**Nancy Hoyt**

Primary

General

Other (specify) ▼

Mailing Address

113 Round Bay Road

City

State

ZIP Code

Severna Park

MD

21146

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7000.00

0.00

7000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 05 /

Y 2014 Y

M M /

D D /

ON DEMAND

0.00 % (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

7000.00

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

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4241  
**Nancy Hoyt for Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Nancy Hoyt</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 113 Round Bay Road		
City Severna Park	State MD	ZIP Code 21146

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 04 / Y 2014 Y	M M / D D / ONDEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	22000.00

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