

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

AMIE HOEBER FOR CONGRESS

ADDRESS (number and street)

PO BOX 61438

Check if different than previously reported. (ACC)

POTOMAC

MD

20859

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00582296

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MD

06

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

(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
10 / 01 / 2017

through

M M / D D / Y Y Y Y
12 / 31 / 2017

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

Marston, Chris, , ,

Signature of Treasurer

Marston, Chris, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 30 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
AMIE HOEBER 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))....	117545.00	128972.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	1225.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	117545.00	127747.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	67906.41	137361.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	397.32
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	67906.41	136963.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	50143.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	450000.00	

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 05/2016)

Write or Type Committee Name

AMIE HOEBER 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).....	42400.00	45400.00
(ii) Unitemized.....	6145.00	8572.00
(iii) TOTAL of contributions from individuals ▶	48545.00	53972.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	16000.00
(d) The Candidate.....	54000.00	59000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	117545.00	128972.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	397.32
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	117545.00	129369.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	67906.41	137361.22
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	1225.00
(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	1225.00
21. OTHER DISBURSEMENTS	0.00	1000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	67906.41	139586.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	505.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	117545.00
25. SUBTOTAL (add Line 23 and Line 24).....	118050.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67906.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	50143.69

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

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

FOR LINE NUMBER: PAGE 5 OF 44
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Anhalt, David, , ,

Mailing Address 5809 Ridings Manor Pl

City: Centreville State: VA Zip Code: 20120

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

Name of Employer: Iridium Satellite LLC Occupation: Executive

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : SA11AI.7433

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ashkinazi, Lori, , ,

Mailing Address 12504 Palatine

City: Potomac State: MD Zip Code: 20854

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

Name of Employer: Self Occupation: Artist

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : SA11AI.7479

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Azbell, Shelley, , ,

Mailing Address 1774 E Woodstone Dr

City: Hayden State: ID Zip Code: 83835

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : SA11AI.7481

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Baker, Priscilla, , ,
 Mailing Address 9316 Mercy Hollow Ln
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Homemaker
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2017
Transaction ID : SA11AI.7426
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Bauer, Sharon, , ,
 Mailing Address PO Box 453
 City Barnesville State MD Zip Code 20838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2017
Transaction ID : SA11AI.7419
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Baugh, William, , ,
 Mailing Address 1064 Rustling Oaks Dr
 City Millersville State MD Zip Code 21108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Consultant
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2017
Transaction ID : SA11AI.7398
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 44
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Beha, Mark, , ,

Mailing Address 127 Anderson Rd

City Davisville State WV Zip Code 26142

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

Name of Employer Occupation
Hinz Consulting Account Lead

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2017

Transaction ID : SA11AI.7493

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Berliner, David, , ,

Mailing Address 185 Woodlands Ave

City White Plains State NY Zip Code 10607

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

Name of Employer Occupation
None Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 28 2017

Transaction ID : SA11AI.7388

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bloesel, Dieter, , ,

Mailing Address 56 Potomac St

City Hagerstown State MD Zip Code 21740

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

Name of Employer Occupation
Self Restaurant Owner

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 08 2017

Transaction ID : SA11AI.7443

Amount of Each Receipt this Period
500.00

Memo Item

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

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

**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 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Camp, John, , ,
Mailing Address 11728 Devilwood Dr

City Potomac State MD Zip Code 20854

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

Name of Employer Oxford Chase Development Occupation Real estate exec

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2017

Transaction ID : SA11AI.7444

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cohen, Sharon, , ,
Mailing Address 10405 Sandringham Ct

City Potomac State MD Zip Code 20854

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : SA11AI.7483

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Delaney, Lawrence, , ,
Mailing Address 10809 Balantre La

City Potomac State MD Zip Code 20854

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

Name of Employer None Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2017

Transaction ID : SA11AI.7445

Amount of Each Receipt this Period
500.00

Memo Item

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

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

**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 9 OF 44	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Delaplaine, George, , , Jr

Mailing Address 11732 Old Annapolis Rd

City Frederick	State MD	Zip Code 21701
-------------------	-------------	-------------------

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

Name of Employer Delaplaine foundation	Occupation Finance
---	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2017

Transaction ID : SA11AI.7466

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Doore, Stanley, , ,

Mailing Address 12437 Pretoria Dr

City Silver Spring	State MD	Zip Code 20904
-----------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2017

Transaction ID : SA11AI.7454

Amount of Each Receipt this Period
 _____ 300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Downey, Loretta, , ,

Mailing Address 9010 Congressional Py

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2017

Transaction ID : SA11AI.7453

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 3500.00
TOTAL This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 10 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dubin, Elizabeth, , ,
 Mailing Address 5309 Audubon Rd
 City Bethesda State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : SA11AI.7461
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Earnest, James, , ,
 Mailing Address 6106 MacArthur Blvd
 City Bethesda State MD Zip Code 20816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phillips Dev Corp Occupation ExecVP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2017
Transaction ID : SA11AI.7422
 Amount of Each Receipt this Period
 750.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Epstein, Diana, , ,
 Mailing Address 5410 Edson Lane
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2017
Transaction ID : SA11AI.7415
 Amount of Each Receipt this Period
 2700.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5450.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Epstein, Mark, , ,
 Mailing Address 9209 Fox Meadow La
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mark Epstein Associates Occupation Engineer
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.7386
 Amount of Each Receipt this Period
 2700.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Epstein, Michael, , ,
 Mailing Address 5410 Edson Ln
 Ste 300
 City Rockville State MD Zip Code 20852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Willow Asset Management Occupation Executive
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2017
Transaction ID : SA11AI.7414
 Amount of Each Receipt this Period
 2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Feith, Douglas, , ,
 Mailing Address 6216 Clearwood
 City Bethesda State MD Zip Code 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hudson Inst Occupation Executive
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2017
Transaction ID : SA11AI.7406
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6400.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 44
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Freeman, John, , ,

Mailing Address 1066 30th St NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. C

Name of Employer Chesapeake Mgmt Grp Occupation Real Estate

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2017

Transaction ID : SA11AI.7471

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Gordon, Paul, , ,

Mailing Address 9001 Fernwood Rd

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. C

Name of Employer Gordon Contractors Occupation engineer

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 11 / 2017

Transaction ID : SA11AI.7413

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Griffith, Sam, , ,

Mailing Address 321 Fisher Dr

City Cumberland State MD Zip Code 21502

FEC ID number of contributing federal political committee. C

Name of Employer National Jet Company Inc Occupation CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : SA11AI.7500

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3450.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Herman, Mitchell, , ,
Mailing Address 1536 Live Oak Dr

City: Silver Spring State: MD Zip Code: 20910

FEC ID number of contributing federal political committee: C

Name of Employer: DanaCreative Corp Occupation: Consultant

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : SA11AI.7504

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Hopmeier, Michael, , ,
Mailing Address 17 Racetrack Rd NW STEE

City: Fort Walton Beach State: FL Zip Code: 32547

FEC ID number of contributing federal political committee: C

Name of Employer: UCI Occupation: Engineer

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : SA11AI.7455

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jacobs, Shirley, , ,
Mailing Address 7300 Lynnhurst St

City: Chevy Chase State: MD Zip Code: 20815

FEC ID number of contributing federal political committee: C

Name of Employer: None Occupation: Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : SA11AI.7432

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kambrod, Matthew, , ,
 Mailing Address 915 Oyster Cove Dr
 City State Zip Code
 Great Falls MD 21638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 22 2017
Transaction ID : SA11AI.7424
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Kaspar, Steven, , ,
 Mailing Address 939 Ocean Blvd
 City State Zip Code
 Hampton NH 03842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Raytheon engineer
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 22 2017
Transaction ID : SA11AI.7417
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Keller, Dale, , ,
 Mailing Address 8948 Woodcreek Circle
 City State Zip Code
 Wilmington NC 24811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2017
Transaction ID : SA11AI.7490
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

1250.00

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

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

FOR LINE NUMBER: PAGE 15 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kisin, Alex, , ,
Mailing Address 11606 Toulone Dr

City Potomac State MD Zip Code 20854

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

Name of Employer ASRC/NASA Occupation Engineer

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2017

Transaction ID : SA11AI.7446

Amount of Each Receipt this Period
 _____ 300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Little, Charles, , ,
Mailing Address 2749 Liberation Dr

City Henderson State NV Zip Code 89044

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

Name of Employer None Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2017

Transaction ID : SA11AI.7408

Amount of Each Receipt this Period
 _____ 300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Magee, James, , ,
Mailing Address 1611 10th St S.

City Arlington State VA Zip Code 22204

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

Name of Employer None Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2017

Transaction ID : SA11AI.7484

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 850.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mathews, Barbara, , ,
Mailing Address 2235 De La Vina St
City Santa Barbara State CA Zip Code 93105
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2017
Transaction ID : SA11AI.7457
Amount of Each Receipt this Period
2700.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
McCoy, Emily, , ,
Mailing Address PO Box 8390
City Alexandria State VA Zip Code 22306
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2017
Transaction ID : SA11AI.7450
Amount of Each Receipt this Period
2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
McCoy, Fred, , ,
Mailing Address PO Box 8390
City Alexandria State VA Zip Code 22306
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2017
Transaction ID : SA11AI.7451
Amount of Each Receipt this Period
2700.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 8100.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
McKnight, Linda, , ,
 Mailing Address 6610-M Netties Lane
 City Alexandria State VA Zip Code 22315
 FEC ID number of contributing federal political committee. C
 Name of Employer Versar Occupation Business Manager
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2017
Transaction ID : SA11AI.7487
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
McNair, Carl, , ,
 Mailing Address 7871 Rolling Woods Ct
 City Springfield State VA Zip Code 22152
 FEC ID number of contributing federal political committee. C
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 11 2017
Transaction ID : SA11AI.7410
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Mercier, John, , ,
 Mailing Address 5524 Beech Ridge Dr
 City Fairfax State VA Zip Code 22030
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2017
Transaction ID : SA11AI.7492
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Northman, Eric, , ,
 Mailing Address 11479 Round House Ct
 City Rancho Cordova State CA Zip Code 95670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2017
Transaction ID : SA11AI.7425
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Peter, Phillips, , ,
 Mailing Address 10805 Tara Rd
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ridge Global Occupation Businessman
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2017
Transaction ID : SA11AI.7442
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Regan, Timothy, , ,
 Mailing Address 10 Twinleaf Ct
 City Cockeysville State MD Zip Code 21030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Whiting-Turner Contracting Occupation Building
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.7449
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

1750.00

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

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

FOR LINE NUMBER: PAGE 19 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RichardsIII, Jimmy, , ,
 Mailing Address 12200 Billingsley Rd
 City Waldorf State MD Zip Code 20602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jimmy Richards & Sons Occupation Executive
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 27 2017
Transaction ID : SA11AI.7463
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Spies, Charles, , ,
 Mailing Address 7406 Park Terrace Dr
 City Alexandria State VA Zip Code 22307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ClarkHill PLC Occupation Attorney
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2017
Transaction ID : SA11AI.7477
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Sung, Tak, , ,
 Mailing Address 10036 Avenel Farm Rd
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Attorney
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2017
Transaction ID : SA11AI.7480
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**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 20 OF 44	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Tether, Tony, , ,

Mailing Address 6400 Lyric La

City Falls Church	State VA	Zip Code 22044
----------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____, _____, _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2017

Transaction ID : SA11AI.7482

Amount of Each Receipt this Period
 _____, _____, _____ 1000.00

Memo Item

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

Mailing Address 2621 Hoffman Dr NW

City Huntsville	State AL	Zip Code 35810
--------------------	-------------	-------------------

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

Name of Employer Davidson Tech	Occupation CBRN Def specialist
-----------------------------------	-----------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____, _____, _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2017

Transaction ID : SA11AI.7429

Amount of Each Receipt this Period
 _____, _____, _____ 300.00

Memo Item

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

Mailing Address 1100 E Mountain Rd

City Santa Barbara	State CA	Zip Code 93108
-----------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____, _____, _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2017

Transaction ID : SA11AI.7458

Amount of Each Receipt this Period
 _____, _____, _____ 2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ , _____ , _____ 4000.00
TOTAL This Period (last page this line number only)..... ▶	_____ , _____ , _____ 42400.00

**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 21 OF 44	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN BOLTON PAC

Mailing Address 1730 M STREET NW
SUITE 611

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00542431

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : SA11C.7435

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JOHN BOLTON PAC

Mailing Address 1730 M STREET NW
SUITE 611

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00542431

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : SA11C.7436

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00327189

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2017

Transaction ID : SA11C.7399

Amount of Each Receipt this Period
5000.00

Memo Item

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

**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 22 OF 44	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HOEBER, AMIE, , ,

Mailing Address 9209 FOX MEADOW LN

City POTOMAC	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6MD06212

Name of Employer AMH Consulting	Occupation Consultant
------------------------------------	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 45000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2017

Transaction ID : SA11D.7384

Amount of Each Receipt this Period
 _____ 40000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HOEBER, AMIE, , ,

Mailing Address 9209 FOX MEADOW LN

City POTOMAC	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6MD06212

Name of Employer AMH Consulting	Occupation Consultant
------------------------------------	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 59000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2017

Transaction ID : SA11D.7385

Amount of Each Receipt this Period
 _____ 14000.00

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 54000.00
TOTAL This Period (last page this line number only)..... ▶	_____ 54000.00

**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 23 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2017
Mailing Address 10156 Perkins Rd Ste 217F		FEC Identification Number C
City Baton Rouge	State LA	Zip Code 70810
Purpose of Disbursement Online Contribution Processing		Amount of Each Disbursement this Period 707.25
Candidate Name		Transaction ID : SB17.7505
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2017
Mailing Address 100 N Tyron St		FEC Identification Number C
City Charlotte	State NC	Zip Code 28255
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period 29.95
Candidate Name		Transaction ID : SB17.7097
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2017
Mailing Address 100 N Tyron St		FEC Identification Number C
City Charlotte	State NC	Zip Code 28255
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 35.00
Candidate Name		Transaction ID : SB17.7069
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	772.20
TOTAL 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 24 OF 44			
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bay Armoury			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2017		
Mailing Address 1829 Bay St NE			FEC Identification Number C		
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement Fundraising Consulting		Category/ Type	Transaction ID : SB17.7094		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Blenkle, Art, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2017		
Mailing Address 1627 Montrose Ave			FEC Identification Number C		
City Laurel	State MD	Zip Code 20707	Amount of Each Disbursement this Period 62.06		
Purpose of Disbursement Mileage Reimbursement		Category/ Type	Transaction ID : SB17.7075		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Ellington, Paul, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2017		
Mailing Address 14616 Crossing Rd			FEC Identification Number C		
City Rockville	State MD	Zip Code 20853	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.7072		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8062.06
TOTAL 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 25 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ellington, Paul, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2017	
Mailing Address 14616 Crossing Rd			FEC Identification Number C	
City Rockville	State MD	Zip Code 20853	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.7076	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Ellington, Paul, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2017	
Mailing Address 14616 Crossing Rd			FEC Identification Number C	
City Rockville	State MD	Zip Code 20853	Amount of Each Disbursement this Period 2704.02	
Purpose of Disbursement Reimbursement (Itemized Below)		Category/ Type	Transaction ID : SB17.7078	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2017	
Mailing Address PO BOX 631			FEC Identification Number C C00120055	
City ANNAPOLIS	State MD	Zip Code 21404	Amount of Each Disbursement this Period 120.00	
Purpose of Disbursement Data Subscriptions		Category/ Type	Transaction ID : SB17.7078.1	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	7704.02
TOTAL 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 26 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Neighborhood Signs LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2017
Mailing Address 6655 Amberton Dr		FEC Identification Number C
City Elkridge	State MD	Zip Code 21075
Purpose of Disbursement Yard Sign Stakes		Amount of Each Disbursement this Period 106.00
Candidate Name	Category/ Type	Transaction ID : SB17.7078.6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Neighborhood Signs LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2017
Mailing Address 6655 Amberton Dr		FEC Identification Number C
City Elkridge	State MD	Zip Code 21075
Purpose of Disbursement Banners and Stickers		Amount of Each Disbursement this Period 768.50
Candidate Name	Category/ Type	Transaction ID : SB17.7078.7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Printon		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2017
Mailing Address 8906 Clement Ave		FEC Identification Number C
City Parkville	State MD	Zip Code 21234
Purpose of Disbursement Shirt Printing		Amount of Each Disbursement this Period 365.70
Candidate Name	Category/ Type	Transaction ID : SB17.7078.8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL 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 27 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hampton Inn			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2017	
Mailing Address 7930 Jones Branch Dr			FEC Identification Number C	
City McLean	State VA	Zip Code 22102	Amount of Each Disbursement this Period 196.30	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : SB17.7078.9	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Ellington, Paul, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2017	
Mailing Address 14616 Crossing Rd			FEC Identification Number C	
City Rockville	State MD	Zip Code 20853	Amount of Each Disbursement this Period 3433.10	
Purpose of Disbursement Reimbursement (Itemized Below)		Category/ Type	Transaction ID : SB17.7082	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Blakely Media			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2017	
Mailing Address 652 Turn Leaf Trl			FEC Identification Number C	
City Hobe Sound	State FL	Zip Code 33455	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Video Production		Category/ Type	Transaction ID : SB17.7082.2	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3433.10
TOTAL 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 28 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Printing Images, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2017
Mailing Address 12266 Wilkins Ave Ste A		FEC Identification Number C
City Rockville	State MD	Zip Code 20852
Purpose of Disbursement Printing		Amount of Each Disbursement this Period 1733.10
Candidate Name	Category/ Type	Transaction ID : SB17.7082.3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Ellington, Paul, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2017
Mailing Address 14616 Crossing Rd		FEC Identification Number C
City Rockville	State MD	Zip Code 20853
Purpose of Disbursement Reimbursement (Itemized Below)		Amount of Each Disbursement this Period 336.26
Candidate Name	Category/ Type	Transaction ID : SB17.7083
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Barley and Hops Grill		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2017
Mailing Address 5473 Urbana Pike		FEC Identification Number C
City Frederick	State MD	Zip Code 21704
Purpose of Disbursement Food/Beverages		Amount of Each Disbursement this Period 16.42
Candidate Name	Category/ Type	Transaction ID : SB17.7083.2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	336.26
TOTAL 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 29 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lowe's		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2017
Mailing Address 1000 Lowes Blvd		FEC Identification Number C
City Mooresville	State NC	Zip Code 28117
Purpose of Disbursement Sign Posting Hardware		Amount of Each Disbursement this Period 27.54
Candidate Name		Transaction ID : SB17.7083.7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Ellington, Paul, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2017
Mailing Address 14616 Crossing Rd		FEC Identification Number C
City Rockville	State MD	Zip Code 20853
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : SB17.7087
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Ellington, Paul, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2017
Mailing Address 14616 Crossing Rd		FEC Identification Number C
City Rockville	State MD	Zip Code 20853
Purpose of Disbursement Reimbursement (Itemized Below)		Amount of Each Disbursement this Period 865.00
Candidate Name		Transaction ID : SB17.7088
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5865.00
TOTAL 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 30 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Blakely Media		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2017
Mailing Address 652 Turn Leaf Trl		FEC Identification Number C
City Hobe Sound	State FL	Zip Code 33455
Purpose of Disbursement Videography	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 390.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7088.0
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Blakely Media		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2017
Mailing Address 652 Turn Leaf Trl		FEC Identification Number C
City Hobe Sound	State FL	Zip Code 33455
Purpose of Disbursement Videography	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 195.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7088.1
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Blakely Media		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017
Mailing Address 652 Turn Leaf Trl		FEC Identification Number C
City Hobe Sound	State FL	Zip Code 33455
Purpose of Disbursement Videography	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 280.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7088.2
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL 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 31 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ellington, Paul, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2017
Mailing Address 14616 Crossing Rd		FEC Identification Number C
City Rockville	State MD	Zip Code 20853
Purpose of Disbursement Reimbursement (Itemized Below)		Amount of Each Disbursement this Period 225.89
Candidate Name		Transaction ID : SB17.7095
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Herald-Mail Media		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2017
Mailing Address 100 Summit Ave		FEC Identification Number C
City Hagerstown	State MD	Zip Code 21740
Purpose of Disbursement Newspaper		Amount of Each Disbursement this Period 9.99
Candidate Name		Transaction ID : SB17.7095.4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. HOEBER, AMIE, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2017
Mailing Address 9209 FOX MEADOW LN		FEC Identification Number C H6MD06212
City POTOMAC	State MD	Zip Code 20854
Purpose of Disbursement Reimbursement (Itemized Below)		Amount of Each Disbursement this Period 1208.98
Candidate Name		Transaction ID : SB17.7089
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MD District: 06		

SUBTOTAL of Disbursements This Page (optional).....▶	1434.87
TOTAL 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 32 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2017
Mailing Address 1 Hacker Way		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Digital Advertising	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2.67	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7089.0
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2017
Mailing Address 275 Wyman St		FEC Identification Number C
City Waltham	State MA	Zip Code 02451
Purpose of Disbursement Printing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 188.99	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7089.2
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Normandie Farms		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2017
Mailing Address 10710 Falls Rd		FEC Identification Number C
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement Event & Catering	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 817.32	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7089.4
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL 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 33 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hoeber, Mark, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2017
Mailing Address 17 Permberton St#5		FEC Identification Number C
City Cambridge	State MA	Zip Code 02140
Purpose of Disbursement Reimbursement (Itemized Below)		Amount of Each Disbursement this Period 273.22
Candidate Name		Transaction ID : SB17.7096
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Online Service		Amount of Each Disbursement this Period 30.00
Candidate Name		Transaction ID : SB17.7096.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Google		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Online Service		Amount of Each Disbursement this Period 30.00
Candidate Name		Transaction ID : SB17.7096.2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	273.22
TOTAL 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 34 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Google			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2017	
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number C	
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement Online Service		Category/ Type	Transaction ID : SB17.7096.3	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Google			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2017	
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number C	
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement Online Service		Category/ Type	Transaction ID : SB17.7096.4	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Google			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2017	
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number C	
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement Online Service		Category/ Type	Transaction ID : SB17.7096.5	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL 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 35 OF 44			
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Google			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2017		
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number C		
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 30.00		
Purpose of Disbursement Online Service		Category/ Type	Transaction ID : SB17.7096.6		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Google			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2017		
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number C		
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 30.00		
Purpose of Disbursement Online Service		Category/ Type	Transaction ID : SB17.7096.7		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Google			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2017		
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number C		
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 30.00		
Purpose of Disbursement Online Service		Category/ Type	Transaction ID : SB17.7096.8		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL 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 36 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. IMGE LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2017
Mailing Address 108 S Washington St		FEC Identification Number C
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Survey Research		Amount of Each Disbursement this Period 30000.00
Candidate Name	Category/Type	Transaction ID : SB17.7071
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Knupp, David, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2017
Mailing Address 5821 Carol St		FEC Identification Number C
City Huntingtown	State MD	Zip Code 20639
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/Type	Transaction ID : SB17.7074
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Knupp, David, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2017
Mailing Address 5821 Carol St		FEC Identification Number C
City Huntingtown	State MD	Zip Code 20639
Purpose of Disbursement Mileage Reimbursement		Amount of Each Disbursement this Period 206.51
Candidate Name	Category/Type	Transaction ID : SB17.7077
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	31456.51
TOTAL 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 37 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Knupp, David, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2017	
Mailing Address 5821 Carol St			FEC Identification Number C	
City Huntingtown	State MD	Zip Code 20639	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.7079	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Knupp, David, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2017	
Mailing Address 5821 Carol St			FEC Identification Number C	
City Huntingtown	State MD	Zip Code 20639	Amount of Each Disbursement this Period 87.10	
Purpose of Disbursement Mileage Reimbursement		Category/ Type	Transaction ID : SB17.7084	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Knupp, David, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2017	
Mailing Address 5821 Carol St			FEC Identification Number C	
City Huntingtown	State MD	Zip Code 20639	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.7090	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5087.10
TOTAL 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 38 OF 44	
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Knupp, David, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2017	
Mailing Address 5821 Carol St			FEC Identification Number C	
City Huntingtown	State MD	Zip Code 20639	Amount of Each Disbursement this Period 82.07	
Purpose of Disbursement Mileage Reimbursement		Category/ Type	Transaction ID : SB17.7091	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. McHugh, Dan, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2017	
Mailing Address 2006 Henry Rd			FEC Identification Number C	
City Rockville	State MD	Zip Code 20850	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.7081	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. McHugh, Dan, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2017	
Mailing Address 2006 Henry Rd			FEC Identification Number C	
City Rockville	State MD	Zip Code 20850	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.7092	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3082.07
TOTAL 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 39 OF 44			
	<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)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WCBC AM & FM		Date of Disbursement
Mailing Address PO Box 1290		M M / D D / Y Y Y Y 12 / 03 / 2017
City Cumberland	State MD	Zip Code 21501
Purpose of Disbursement Advertising - Radio		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 400.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.7086
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	67906.41

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **AMIE HOEBER FOR CONGRESS** Transaction ID : **SC/10.4720**

LOAN SOURCE Full Name (Last, First, Middle Initial) HOEBER, AMIE, , , <input type="checkbox"/> Memo Item		Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9209 FOX MEADOW LN		
City POTOMAC	State MD	ZIP Code 20854
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 12 ^M / D 31 ^D / Y 2015 Y	M M / D D / On Demand ^Y	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	100000.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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) **AMIE HOEBER FOR CONGRESS** Transaction ID : **SC/10.5154**

LOAN SOURCE Full Name (Last, First, Middle Initial) HOEBER, AMIE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9209 FOX MEADOW LN			
City POTOMAC	State MD	ZIP Code 20854	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred M 03 / D 12 / Y 2016	Date Due M M / D D / Y 3/12/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	100000.00
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) **AMIE HOEBER FOR CONGRESS** Transaction ID : **SC/10.5153**

LOAN SOURCE Full Name (Last, First, Middle Initial) HOEBER, AMIE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9209 FOX MEADOW LN			
City POTOMAC	State MD	ZIP Code 20854	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred M 03 / D 31 / Y 2016	Date Due M M / D D / On Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	50000.00
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) **AMIE HOEBER FOR CONGRESS** Transaction ID : **SC/10.6460**

LOAN SOURCE Full Name (Last, First, Middle Initial) HOEBER, AMIE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9209 FOX MEADOW LN			
City POTOMAC	State MD	ZIP Code 20854	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred M 10 / D 10 / Y 2016	Date Due M M / D D / Y 12/31/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	100000.00
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) **AMIE HOEBER FOR CONGRESS** Transaction ID : **SC/10.6629**

LOAN SOURCE Full Name (Last, First, Middle Initial) HOEBER, AMIE, , , <input type="checkbox"/> Memo Item		Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9209 FOX MEADOW LN		
City POTOMAC	State MD	ZIP Code 20854 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 11 / D 02 / Y 2016	M M / D D / Y 12/31/2016	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:
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).....▶	100000.00
TOTALS This Period (last page in this line only).....▶	450000.00

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