

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

11 /

06 /

2018

in the State of

MD

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

/

/

/

in the State of

/

5. Covering Period

10 /

01 /

2018

through

10 /

17 /

2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Marston, Chris, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Marston, Chris, , ,

[Electronically Filed]

Date

12 /

06 /

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

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))....	120960.00	843952.12
(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)).....	120960.00	842727.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	119492.74	768256.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	650.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	119492.74	767605.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	134482.06	
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).....	18500.00	257725.12
(ii) Unitemized.....	2460.00	27477.00
(iii) TOTAL of contributions from individuals ▶	20960.00	285202.12
(b) Political Party Committees.....	0.00	2600.00
(c) Other Political Committees (such as PACs).....	0.00	37150.00
(d) The Candidate.....	100000.00	519000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	120960.00	843952.12
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	650.41
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)..... ▶	120960.00	844602.53

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.....	119492.74	768256.06
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) ►	119492.74	770481.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	133014.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	120960.00
25. SUBTOTAL (add Line 23 and Line 24).....	253974.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	119492.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	134482.06

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A

Transaction ID :

With the benefit of full-month bank statements, the Committee discovered several small errors in its Pre-General Report while preparing its Post-General Report. This amendment corrects those errors.

Form/Schedule:

Transaction ID:

**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 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Abramowitz, Daniel, , ,

Mailing Address 10213 Holly Hill Place

City Potomac State MD Zip Code 20854

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

Name of Employer Hillson Financial Occupation investments

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
 10 / 17 / 2018

Transaction ID : SA11AI.8985

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Altschuler, Randolph, , ,

Mailing Address 9755 Avenal Farm Dr

City Rockville State MD Zip Code 20854

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

Name of Employer Xometry Inc Occupation Exec

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
 10 / 17 / 2018

Transaction ID : SA11AI.8983

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Blanchard, Bruce, , ,

Mailing Address 80 Observatory Circle

City Washington State DC Zip Code 20008

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 ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2018

Transaction ID : SA11AI.8976

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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 7 OF 33
(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)
Carpin, Alan, , ,

Mailing Address 3825 Beeher Street NW

City Washington State DC Zip Code 20007

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
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11AI.8989

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Coats, Warren, , ,

Mailing Address 9128 Vendome Dr

City Bethesda State MD Zip Code 20817

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
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11AI.9009

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Epner, Maury, , ,

Mailing Address 10601 Vantage Ct

City Potomac State MD Zip Code 20854

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

Name of Employer Selzer Gurvitch Occupation Attorney

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 / 17 / 2018

Transaction ID : SA11AI.8982

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00

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 33
(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)
Farah, J Ramsay, , ,
 Mailing Address 1003 The Terrace
 City Hagerstown State MD Zip Code 21742
 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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2018
Transaction ID : SA11AI.9017
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Frazier, Donald, , ,
 Mailing Address 142 Bentley St
 City Taneytown State MD Zip Code 21787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Agora Evangelism Ministries Occupation Executive Director
 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
 10 / 16 / 2018
Transaction ID : SA11AI.8969
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Fulton, A.B., , ,
 Mailing Address 9004 Old National Pike
 City Boonsboro State MD Zip Code 21713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AC&T Co Occupation Owner
 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
 10 / 16 / 2018
Transaction ID : SA11AI.8978
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1400.00**
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 9 OF 33
(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)
Gaines, Lee, , ,
Mailing Address 6 Bowen Mills Rd

City Baltimore State MD Zip Code 21212

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

Name of Employer Gaines & Co Occupation contractor

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
 10 / 07 / 2018

Transaction ID : SA11AI.8963

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Hiller, Arnie, , ,
Mailing Address 9502 Lindale Dr

City Bethesda State MD Zip Code 20817

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

Name of Employer US Search Occupation headhunter

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
 10 / 17 / 2018

Transaction ID : SA11AI.8995

Amount of Each Receipt this Period
 1000.00

Memo Item

C. 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 ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2018

Transaction ID : SA11AI.8996

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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 10 OF 33
(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)
King, Thomas, , ,

Mailing Address 9020 Bush Creek Circle

City Frederick State MD Zip Code 21704

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 ▼
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2018

Transaction ID : SA11AI.8958

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Menkart, John, , ,

Mailing Address 11812 Centurion Way

City Potomac State MD Zip Code 20854

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

Name of Employer Infinera Occupation sales mgr

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
 10 / 17 / 2018

Transaction ID : SA11AI.9035

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 820 Cromwell Park Dr

City Glen Burnie State MD Zip Code 21061

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

Name of Employer Murtech Inc Occupation principal

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
 10 / 17 / 2018

Transaction ID : SA11AI.8981

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00

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 33
(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)
Panitch, Irwin, , ,

Mailing Address 11753 Gainsborough Rfd

City State Zip Code
Rockville MD 20854

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

Name of Employer Occupation
Deloitte Tax LLP 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 17 2018

Transaction ID : SA11AI.9004

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Pleasants, William, , ,

Mailing Address 24012 Frederick Rd

City State Zip Code
Clarksburg MD 20871

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

Name of Employer Occupation
Pleasants Construction Co Construction

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
10 07 2018

Transaction ID : SA11AI.8967

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Siff, Scott, , ,

Mailing Address 3425 Rodman St NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
Quadrant Strategies LLC 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 17 2018

Transaction ID : SA11AI.8993

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 33
(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)
Skilton, Thomas, , ,
Mailing Address 9306 Elmhurst Dr

City: Bethesda State: MD Zip Code: 20814

FEC ID number of contributing federal political committee: C

Name of Employer: Cameron LLP Occupation: Attorney

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 / 07 / 2018

Transaction ID : SA11AI.8965

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Smoack, Elmore, , ,
Mailing Address 809 Fairwind Dr

City: Bel Air State: MD Zip Code: 21014

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
10 / 17 / 2018

Transaction ID : SA11AI.8998

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Snyder, Jeffrey, , ,
Mailing Address 5813 Mossrock Dr

City: Rockville State: MD Zip Code: 20852

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
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11AI.9002

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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 13 OF 33	
	<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

Full Name (Last, First, Middle Initial) A. Snyder, Lynn, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2018	
Mailing Address 5813 Mossrock Dr			Transaction ID : SA11AI.9000	
City Rockville	State MD	Zip Code 20852	Amount of Each Receipt this Period 1550.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Epstein Becker and Green		Occupation attorney		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 1550.00		

Full Name (Last, First, Middle Initial) B. Starr, Ethan, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2018	
Mailing Address 4545 Connecticut Ave NW			Transaction ID : SA11AI.8987	
City Washington	State DC	Zip Code 20008	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer BizMaven		Occupation research		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Sterl, Scott, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2018	
Mailing Address PO Box 7984			Transaction ID : SA11AI.8979	
City McLean	State VA	Zip Code 22106	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer self		Occupation architect		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 350.00		

SUBTOTAL of Receipts This Page (optional)..... ▶	2050.00
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 14 OF 33
(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)
Williams, Perry, , ,

Mailing Address 1200 Crystal Dr

City: Arlington State: VA Zip Code: 22202

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

Name of Employer: Engility Occupation: manager

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 / 17 / 2018

Transaction ID : SA11AI.9039

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Zitelman, Richard, , ,

Mailing Address 11527 Cushman Rd

City: Rockville State: MD Zip Code: 20852

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

Name of Employer: Zitelman Group Occupation: Merchant banker

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 / 17 / 2018

Transaction ID : SA11AI.8991

Amount of Each Receipt this Period
500.00

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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	18500.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 15 OF 33

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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 ▼
519253.09

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2018

Transaction ID : SA11D.8952

Amount of Each Receipt this Period
 100000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

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).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	100000.00

**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 16 OF 33	
	<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 10 / 17 / 2018
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 642.08
Candidate Name		Transaction ID : SB17.9327
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 / 16 / 2018
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 30.00
Candidate Name		Transaction ID : SB17.9328
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. Bay Armoury		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2018
Mailing Address 1829 Bay St NE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Fundraising Consulting		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : SB17.9042
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).....▶	3672.08
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 17 OF 33			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Blenkle, Art, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018		
Mailing Address 1627 Montrose Ave			FEC Identification Number C		
City Laurel	State MD	Zip Code 20707	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.9048		
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. Comcast Business			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018		
Mailing Address PO Box 3001			FEC Identification Number C		
City Southeastern	State PA	Zip Code 19398	Amount of Each Disbursement this Period 264.61		
Purpose of Disbursement Utilities		Category/ Type	Transaction ID : SB17.9043		
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. Country Roads			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2018		
Mailing Address PO Box 944			FEC Identification Number C		
City Lewisburg	State WV	Zip Code 24901	Amount of Each Disbursement this Period 400.00		
Purpose of Disbursement Outdoor Advertising		Category/ Type	Transaction ID : SB17.9044		
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).....▶	1664.61
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 18 OF 33	
	<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. Currie, Neil, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018
Mailing Address 10401 Lloyd Rd		FEC Identification Number C
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement Campaign Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1100.00	
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) ▼	
State: District:	Transaction ID : SB17.9061 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. East, Hill, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2018
Mailing Address 1412 C St SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Campaign Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5000.00	
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) ▼	
State: District:	Transaction ID : SB17.9059 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Ellington, Paul, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018
Mailing Address 14616 Crossing Rd		FEC Identification Number C
City Rockville	State MD	Zip Code 20853
Purpose of Disbursement Campaign Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5000.00	
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) ▼	
State: District:	Transaction ID : SB17.9062 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	11100.00
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 19 OF 33	
	<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 / 07 / 2018	
Mailing Address 14616 Crossing Rd			FEC Identification Number C	
City Rockville	State MD	Zip Code 20853	Amount of Each Disbursement this Period 4258.99	
Purpose of Disbursement Reimbursement		Category/ Type	Transaction ID : SB17.9063	
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. ShirtChamp.com			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2018	
Mailing Address 9225 Dowdy Dr #107			FEC Identification Number C	
City San Diego	State CA	Zip Code 92126	Amount of Each Disbursement this Period 478.40	
Purpose of Disbursement Campaign Logo Apparel		Category/ Type	Transaction ID : SB17.9063.6	
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) C. Ribbon Works			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2018	
Mailing Address 17308 Monitor Dr			FEC Identification Number C	
City Olney	State MD	Zip Code 20832	Amount of Each Disbursement this Period 390.08	
Purpose of Disbursement Campaign Logo Apparel		Category/ Type	Transaction ID : SB17.9063.7	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	4258.99
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 20 OF 33	
	<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. Jonathan's Publick House			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2018	
Mailing Address 820 Baltimore Rd			FEC Identification Number C	
City Rockville	State MD	Zip Code 20851	Amount of Each Disbursement this Period 19.30	
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : SB17.9063.9	
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. Ruby Tuesday			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2018	
Mailing Address 150 W Church Ave			FEC Identification Number C	
City Maryville	State TN	Zip Code 37801	Amount of Each Disbursement this Period 230.29	
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : SB17.9063.10	
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. Lowe's			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2018	
Mailing Address 1000 Lowes Blvd			FEC Identification Number C	
City Mooresville	State NC	Zip Code 28117	Amount of Each Disbursement this Period 63.29	
Purpose of Disbursement Sign Posting Hardware		Category/ Type	Transaction ID : SB17.9063.13	
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 21 OF 33	
	<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 09 / 21 / 2018	
Mailing Address 12266 Wilkins Ave Ste A			FEC Identification Number C	
City Rockville	State MD	Zip Code 20852	Amount of Each Disbursement this Period 1627.10	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : SB17.9063.18	
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 09 / 30 / 2018	
Mailing Address 14616 Crossing Rd			FEC Identification Number C	
City Rockville	State MD	Zip Code 20853	Amount of Each Disbursement this Period 959.00	
Purpose of Disbursement Mileage Reimbursement		Category/ Type	Transaction ID : SB17.9063.19	
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. Epstein, Mark, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2018	
Mailing Address 9209 Fox Meadow La			FEC Identification Number C	
City Potomac	State MD	Zip Code 20854	Amount of Each Disbursement this Period 350.00	
Purpose of Disbursement Reimbursement		Category/ Type	Transaction ID : SB17.9060	
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).....▶	350.00
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 22 OF 33	
	<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. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018
Mailing Address 10221 River Rd		FEC Identification Number C
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 350.00
Candidate Name	Category/ Type	Transaction ID : SB17.9060.0
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. HOEBER, AMIE, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018
Mailing Address 9209 FOX MEADOW LN		FEC Identification Number C H6MD06212
City POTOMAC	State MD	Zip Code 20854
Purpose of Disbursement Reimbursement		Amount of Each Disbursement this Period 259.98
Candidate Name	Category/ Type	Transaction ID : SB17.9047
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		

Full Name (Last, First, Middle Initial) c. Balducci's		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2018
Mailing Address 10323 Old Georgetown Rd		FEC Identification Number C
City Bethesda	State MD	Zip Code 20814
Purpose of Disbursement Food/beverage		Amount of Each Disbursement this Period 259.98
Candidate Name	Category/ Type	Transaction ID : SB17.9047.0
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).....▶	259.98
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 23 OF 33			
	<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. Honold Communications Inc			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2018		
Mailing Address 252 9th St NE			FEC Identification Number C		
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 84824.30		
Purpose of Disbursement TV Advertising		Category/ Type	Transaction ID : SB17.9046		
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 10 / 01 / 2018		
Mailing Address 5821 Carol St			FEC Identification Number C		
City Huntingtown	State MD	Zip Code 20639	Amount of Each Disbursement this Period 900.00		
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.9055		
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. Lundregan, Ryan, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018		
Mailing Address 7500 Woodmont Ave			FEC Identification Number C		
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period 1600.44		
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.9065		
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).....▶	87324.74
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 33	
	<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. McHugh, Dan, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018	
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 : SB17.9054	
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. Onspaugh, Connie, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018	
Mailing Address 4909 Ijamsville Rd			FEC Identification Number C	
City Ijamsville	State MD	Zip Code 21754	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.9050	
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. Onspaugh, Connie, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2018	
Mailing Address 4909 Ijamsville Rd			FEC Identification Number C	
City Ijamsville	State MD	Zip Code 21754	Amount of Each Disbursement this Period 28.12	
Purpose of Disbursement Reimbursement (Below Threshold)		Category/ Type	Transaction ID : SB17.9051	
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).....▶	2528.12
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 33	
	<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. Schaff, Cyndi, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018	
Mailing Address 9455 Dunraven St			FEC Identification Number C	
City Frederick	State MD	Zip Code 21704	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.9052	
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. Schaff, Cyndi, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2018	
Mailing Address 9455 Dunraven St			FEC Identification Number C	
City Frederick	State MD	Zip Code 21704	Amount of Each Disbursement this Period 4334.22	
Purpose of Disbursement Reimbursement		Category/ Type	Transaction ID : SB17.9053	
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. Staples			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2018	
Mailing Address 500 Staples Dr			FEC Identification Number C	
City Framingham	State MA	Zip Code 01702	Amount of Each Disbursement this Period 60.41	
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : SB17.9053.0	
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).....▶	7334.22
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 26 OF 33	
	<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. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018
Mailing Address 26722 Plaza		FEC Identification Number C
City Mission Viejo	State CA	Zip Code 92691
Purpose of Disbursement Printing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 410.40	
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 : SB17.9053.1
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2018
Mailing Address 26722 Plaza		FEC Identification Number C
City Mission Viejo	State CA	Zip Code 92691
Purpose of Disbursement Printing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 138.33	
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 : SB17.9053.2
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Lowe's		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2018
Mailing Address 1000 Lowes Blvd		FEC Identification Number C
City Mooresville	State NC	Zip Code 28117
Purpose of Disbursement Sign Posting Hardware	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 59.36	
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 : SB17.9053.3
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 27 OF 33	
	<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. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2018
Mailing Address 2455 Paces Ferry Rd NW		FEC Identification Number C
City Atlanta	State GA	Zip Code 30339
Purpose of Disbursement Sign Posting Hardware		Amount of Each Disbursement this Period 24.44
Candidate Name		Transaction ID : SB17.9053.4
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) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2018
Mailing Address 10221 River Rd		FEC Identification Number C
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB17.9053.6
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) c. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2018
Mailing Address 26722 Plaza		FEC Identification Number C
City Mission Viejo	State CA	Zip Code 92691
Purpose of Disbursement Printing		Amount of Each Disbursement this Period 126.67
Candidate Name		Transaction ID : SB17.9053.7
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:		

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 28 OF 33	
	<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. Valentine, Bill, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018	
Mailing Address 13613 Orleans Rd NE			FEC Identification Number C	
City Little Orleans	State MD	Zip Code 21766	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.9049	
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. Young, Evant, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2018	
Mailing Address 13553 Wisteria Dr			FEC Identification Number C	
City Germantown	State MD	Zip Code 20874	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.9057	
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
Candidate Name				
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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	119492.74

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 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 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: []
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/10.5154**

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	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 03 / D 12 / Y 2016	M M / D D / Y 3/12/2016	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).....▶	

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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 03 / D 31 / Y 2016	M M / D D / On Demand	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).....▶	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 M 11 / D 02 / 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).....▶	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.