

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 /

08 /

2016

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 /

2016

through

10 /

19 /

2016

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

10 /

27 /

2016

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))....	17040.00	571689.32
(b) Total Contribution Refunds (from Line 20(d))	0.00	2850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17040.00	568839.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	79289.87	945139.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	79289.87	945139.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	74527.91	
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).....	350000.00	

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).....	11300.00	230105.80
(ii) Unitemized	1240.00	41483.52
(iii) TOTAL of contributions from individuals	12540.00	271589.32
(b) Political Party Committees.....	0.00	5100.00
(c) Other Political Committees (such as PACs).....	4500.00	83000.00
(d) The Candidate	0.00	212000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17040.00	571689.32
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	457.95	457.95
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	100000.00	450000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	100000.00	450000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	370.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	117497.95	1022517.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 30

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	79289.87	945139.36
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	2850.00
(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	2850.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	79289.87	947989.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36319.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	117497.95
25. SUBTOTAL (add Line 23 and Line 24).....	153817.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79289.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	74527.91

**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 30
(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)
Bravin, Nancy, , ,
Mailing Address 11804 Privet Place

City Bakersfield	State CA	Zip Code 93311
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11AI.6489

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Decker, Gilbert, , ,
Mailing Address 45 Glen Ridge Ave

City Los Gatos	State CA	Zip Code 95030
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2016

Transaction ID : SA11AI.6469

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ehrlich, Clifford, , ,
Mailing Address 9710 Beman Woods Way

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11AI.6474

Amount of Each Receipt this Period
 _____ 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 500.00
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 6 OF 30	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Flynn, Gerard, , ,

Mailing Address 1 Peregrine Dr

City Washington	State NJ	Zip Code 07882
--------------------	-------------	-------------------

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

Name of Employer Verizon	Occupation Director
-----------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6510

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 9714 Beman Woods Way

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

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

Name of Employer Strelmark	Occupation Consultant
-------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6517

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7601 Exeter Rd

City Bethesda	State MD	Zip Code 20814
------------------	-------------	-------------------

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

Name of Employer Chesapeake Mgmt Grp	Occupation Consultant
---	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6493

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)..... ▶

2250.00

**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 30
(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: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6501

Amount of Each Receipt this Period
1700.00

Memo Item

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

Mailing Address 6508 Walters Woods Dr

City Falls Church State VA Zip Code 22044

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

Name of Employer Raytheon Occupation Business Manager

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6490

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Hirsch, Roland, , ,

Mailing Address 20458 Waters Point La

City Germantown State MD Zip Code 20874

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

Name of Employer DOE Occupation manager

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
340.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6521

Amount of Each Receipt this Period
150.00

Memo Item

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 30
(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)
Kuntamukkala, Ajay, , ,
Mailing Address 6200 Crathie Lane

City: Bethesda State: MD Zip Code: 20816

FEC ID number of contributing federal political committee: C

Name of Employer: Hogan Lovells Occupation: Attorney

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 19 / 2016
Transaction ID : SA11AI.6495

Amount of Each Receipt this Period: 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ladd, Richard, , ,
Mailing Address 1537 Shopsview Rd

City: Annapolis State: MD Zip Code: 21409

FEC ID number of contributing federal political committee: C

Name of Employer: None Occupation: Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 850.00

Date of Receipt: 10 / 19 / 2016
Transaction ID : SA11AI.6504

Amount of Each Receipt this Period: 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mangum, Sonia, , ,
Mailing Address 200 Bridgeview Ln

City: Stevvensville State: MD Zip Code: 21666

FEC ID number of contributing federal political committee: C

Name of Employer: None Occupation: Homemaker

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2700.00

Date of Receipt: 10 / 19 / 2016
Transaction ID : SA11AI.6499

Amount of Each Receipt this Period: 2700.00

Memo Item

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

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

3300.00

**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 9 OF 30	
	<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)
Marshall, Roger, , ,

Mailing Address 4501 Quail Crk

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

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

Name of Employer Great Bend Regional Hospital	Occupation Physician
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6473

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Maryland Recreational Vehicle Dealer's Association, Inc.

Mailing Address 729 Rt 3 North

City Gambrills	State MD	Zip Code 21054
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6527

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mercier, John, , ,

Mailing Address PO Box 420

City Fairfax Station	State VA	Zip Code 22039
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6507

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	2400.00
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 10 OF 30
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Miller, Susan, , ,

Mailing Address 11537 Twining Lane

City Potomac	State MD	Zip Code 20854
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11Al.6475

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 14004 Gray Birch Way

City Rockville	State MD	Zip Code 20850
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FEC ID number of contributing federal political committee. **C**

Name of Employer Bronfman Rothchild	Occupation CPA
--	-------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11Al.6486

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Willard, D.J., , ,

Mailing Address PO Drawer 180

City Frederick	State MD	Zip Code 21705
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FEC ID number of contributing federal political committee. **C**

Name of Employer Willard Agri-Service	Occupation CEO
--	-------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11Al.6479

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 600.00
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 11 OF 30
(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)
Yearick, John, , ,
Mailing Address 17862 Cherryfield Rd
City Drayden State MD Zip Code 20630
FEC ID number of contributing federal political committee. C
Name of Employer Self Occupation Consultant
Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016
Transaction ID : SA11AI.6491
Amount of Each Receipt this Period
200.00
 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).....▶	200.00
TOTAL This Period (last page this line number only).....▶	11300.00

**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 12 OF 30	
	<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)
RIGHTNOW WOMEN PAC

Mailing Address PO BOX 30844

City: BETHESDA State: MD Zip Code: 20824

FEC ID number of contributing federal political committee: **C** C00551366

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 4500.00

Date of Receipt: 10 / 19 / 2016

Transaction ID : SA11C.6464

Amount of Each Receipt this Period: 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE WENDYS COMPANY POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 15441

City: WASHINGTON State: DC Zip Code: 20003

FEC ID number of contributing federal political committee: **C** C00369090

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2500.00

Date of Receipt: 10 / 19 / 2016

Transaction ID : SA11C.6468

Amount of Each Receipt this Period: 2500.00

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:

Amount of Each Receipt this Period:

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	4500.00

**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 13 OF 30
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)

Mailing Address PO BOX 2485

City SPRINGFIELD	State VA	Zip Code 22152
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00567677

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 457.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA12.6466

Amount of Each Receipt this Period
 _____ 457.95

Memo Item

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

Mailing Address 45 Carriage House Cir

City Alexandria	State VA	Zip Code 22304
--------------------	-------------	-------------------

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

Name of Employer The Livingston Group LLC	Occupation Consultant
--	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA12.6466.0

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Marventano, David, , ,

Mailing Address 2419 N Lincoln St

City Arlington	State VA	Zip Code 22207
-------------------	-------------	-------------------

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

Name of Employer Flour	Occupation Government Relations
---------------------------	------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA12.6466.1

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	_____ 457.95
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 30
(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)
Derderian, James, , ,

Mailing Address 4720 32nd St N

City: Arlington State: VA Zip Code: 22207

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

Name of Employer: Stanton Park Group Occupation: Government Relations

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA12.6466.2

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Chappell, Michael, F, ,

Mailing Address 2818 University Ter NW

City: Washington State: DC Zip Code: 20016

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

Name of Employer: Fierce Government Relations Occupation: Government Relations

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA12.6466.3

Amount of Each Receipt this Period
 _____ 300.00

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).....▶	_____ 0.00
TOTAL This Period (last page this line number only).....▶	_____ 457.95

**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 30
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
662000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2016

Transaction ID : SA13A.6460

Amount of Each Receipt this Period
100000.00

Memo Item
Laon

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 30			
	<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 / 19 / 2016
Mailing Address 10156 Perkins Rd Ste 217F		FEC Identification Number C
City Baton Rouge	State LA	Zip Code 70810
Purpose of Disbursement Online Donation Processing		Amount of Each Disbursement this Period 353.14
Candidate Name		Transaction ID : SB17.6572
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. Arena Online		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 1780 W Sequoia Vista Circle		FEC Identification Number C
City Salt Lake City	State UT	Zip Code 84104
Purpose of Disbursement		Amount of Each Disbursement this Period 1662.50
Candidate Name		Transaction ID : SB17.6553
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. Arena Online		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 1780 W Sequoia Vista Circle		FEC Identification Number C
City Salt Lake City	State UT	Zip Code 84104
Purpose of Disbursement		Amount of Each Disbursement this Period 2012.50
Candidate Name		Transaction ID : SB17.6556
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).....▶	4028.14
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 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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. Bay Armoury LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 1829 Bay St SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 723.96	
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 : SB17.6557
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Bay Armoury LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 1829 Bay St SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 4500.00	
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 : SB17.6558
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Bruggen, Cornelius, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 9714 Beman Woods Way		FEC Identification Number C
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
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 : SB17.6562
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	6223.96
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 30	
	<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. Carroll Properties		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 5301 Buckeystown Pike		FEC Identification Number C
City Frederick	State MD	Zip Code 21704
Purpose of Disbursement		Amount of Each Disbursement this Period 2945.83
Candidate Name	Category/Type	Transaction ID : SB17.6549
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. Chesek, Craig, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 2 Strawberry Rd		FEC Identification Number C
City New Freedom	State PA	Zip Code 17349
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/Type	Transaction ID : SB17.6543
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. Election CFO		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address PO Box 26141		FEC Identification Number C
City Alexandria	State VA	Zip Code 22313
Purpose of Disbursement		Amount of Each Disbursement this Period 1200.00
Candidate Name	Category/Type	Transaction ID : SB17.6564
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).....▶	6145.83
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 30	
	<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 / 11 / 2016	
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			Transaction ID : SB17.6548	
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. Epstein, Mark, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2016	
Mailing Address 9209 Fox Meadow La			FEC Identification Number C	
City Potomac	State MD	Zip Code 20854	Amount of Each Disbursement this Period 415.86	
Purpose of Disbursement			Transaction ID : SB17.6547	
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. Comus Inn			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016	
Mailing Address 23900 Old Hundred Rd			FEC Identification Number C	
City Dickerson	State MD	Zip Code 20842	Amount of Each Disbursement this Period 415.86	
Purpose of Disbursement Food & Beverages			Transaction ID : SB17.6547.0	
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).....▶	5415.86
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 30			
	<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. Epstein, Mark, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016		
Mailing Address 9209 Fox Meadow La			FEC Identification Number C		
City Potomac	State MD	Zip Code 20854	Amount of Each Disbursement this Period 52.10		
Purpose of Disbursement			Transaction ID : SB17.6568		
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. FedEx			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2016		
Mailing Address 942 S Shady Grove Rd			FEC Identification Number C		
City Memphis	State TN	Zip Code 38120	Amount of Each Disbursement this Period 52.10		
Purpose of Disbursement Shipping			Transaction ID : SB17.6568.0		
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:					

Full Name (Last, First, Middle Initial) C. Executive Press Inc			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016		
Mailing Address 10412 Main St			FEC Identification Number C		
City Fairfax	State VA	Zip Code 22030	Amount of Each Disbursement this Period 4273.18		
Purpose of Disbursement			Transaction ID : SB17.6554		
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).....▶	4325.28
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 30	
	<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. Executive Press Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 10412 Main St		FEC Identification Number C
City Fairfax	State VA	Zip Code 22030
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3320.89	
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 : SB17.6555
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Givens, Ray, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 7404 Millstone Rd		FEC Identification Number C
City Hancock	State MD	Zip Code 21750
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2000.00	
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 : SB17.6545
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Gridiron Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 3903 Portage Rd		FEC Identification Number C
City South Bend	State IN	Zip Code 46628
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 17449.39	
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 : SB17.6550
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	22770.28
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 30	
	<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. Groover, Elizabeth, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 230 S Gregg Street		FEC Identification Number C
City Columbia	State SC	Zip Code 29205
Purpose of Disbursement		Amount of Each Disbursement this Period 3500.00
Candidate Name	Category/ Type	Transaction ID : SB17.6540
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. Harrison, John, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 2519 Lawnside Rd		FEC Identification Number C
City Timonium	State MD	Zip Code 21093
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	Transaction ID : SB17.6544
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. Onspaugh, Connie, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 4909 Ijamsville Rd		FEC Identification Number C
City Ijamsville	State MD	Zip Code 21754
Purpose of Disbursement		Amount of Each Disbursement this Period 1300.00
Candidate Name	Category/ Type	Transaction ID : SB17.6546
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).....▶	6800.00
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 23 OF 30	
	<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. Prevail Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 415 New Jersey Ave		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period 6240.52
Candidate Name		Transaction ID : SB17.6559
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. Scarlett, Brian, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 2519 Lawnside Rd		FEC Identification Number C
City Timonium	State MD	Zip Code 21093
Purpose of Disbursement		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : SB17.6539
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. Schaff, Cyndi, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 9455 Dunraven St		FEC Identification Number C
City Frederick	State MD	Zip Code 21704
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : SB17.6542
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).....▶	11240.52
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 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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. ScottE		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016
Mailing Address 8630 -M Guilford Rd		FEC Identification Number C
City Columbia	State MD	Zip Code 21046
Purpose of Disbursement		Amount of Each Disbursement this Period 650.00
Candidate Name	Category/ Type	Transaction ID : SB17.6560
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. Sofia, Maria, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 21728 Brink Meadow La		FEC Identification Number C
City Germantown	State MD	Zip Code 20876
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	Transaction ID : SB17.6541
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. Targeted Victory		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2016
Mailing Address 66 Canal Center Plz Ste 501		FEC Identification Number C
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Repayment of Refunded Contribution		Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/ Type	Transaction ID : SB17.6536
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4150.00
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 25 OF 30	
	<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 / 17 / 2016
Mailing Address 10221 River Rd		FEC Identification Number C
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : SB17.6565
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. Wilson Grand Communicatoins		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2016
Mailing Address 429 N. St.Asaph St		FEC Identification Number C
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : SB17.6538
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 M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	79099.87

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 M 12 / D 31 / Y 2015	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).....▶	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 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	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	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 10 / D 10 / 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).....▶	350000.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Targeted Victory			Nature of Debt (Purpose): Contribution Refund Processed
Mailing Address 66 Canal Center Plz Ste 501			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 1500.00		Transaction ID : SD10.6457	
Amount Incurred This Period 0.00	Payment This Period 1500.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	