

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

2. **FEC IDENTIFICATION NUMBER** ▼

C C00582296

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer Chris Marston

Signature of Treasurer Chris Marston

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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))....	288775.00	418812.80
(b) Total Contribution Refunds (from Line 20(d))	0.00	1350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	288775.00	417462.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	156409.70	558222.15
(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)).....	156409.70	558222.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	209610.65	
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).....	250000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

AMIE HOEBER FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 07 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

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).....	57125.00	166370.80
(ii) Unitemized.....	6150.00	26942.00
(iii) TOTAL of contributions from individuals ▶	63275.00	193312.80
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13500.00	13500.00
(d) The Candidate.....	212000.00	212000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	288775.00	418812.80
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	350000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	350000.00
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)..... ▶	288775.00	769182.80

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	156409.70	558222.15
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	1350.00
(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	1350.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	156409.70	559572.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	77245.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	288775.00
25. SUBTOTAL (add Line 23 and Line 24).....	366020.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	156409.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	209610.65

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

Form/Schedule: F3A
Transaction ID :

This amended report responds to an RFAI dated August 21. (1) The Committee acknowledges failing to file one 48-hour notice of a last minute contribution. The Committee has reviewed its procedures to ensure that 48-hour notices will be correctly filed after the close of books for the Pre-General Report. (2) The Committee has amended the reporting of loans to comply with the repayment rules for loans from the candidate by reducing the outstanding loan balance to \$250,000 and showing the \$100,000 balance reduction as a memo entry on Line 11(d).

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 66
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 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)
Douglas Armstrong

Mailing Address 7615 Rustle Ridge Ct

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer Occupation
EWA Inc COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5460

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 206 Valhalla Dr

City State Zip Code
Solvang CA 93463

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2016

Transaction ID : SA11AI.5341

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 206 Valhalla Dr

City State Zip Code
Solvang CA 93463

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
470.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5528

Amount of Each Receipt this Period
100.00

Memo Item

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

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

2900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

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

Mailing Address 3800 Leland St

City State Zip Code
Chevy Chase MD 20815

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
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.5517

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 10501 Bridle La

City State Zip Code
Potomac MD 20854

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

Name of Employer Sidney Austin Occupation lawyer

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
06 / 13 / 2016

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Tushara Canekeratne

Mailing Address 1 Wyndemere Dr

City State Zip Code
Southborough MA 01772

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

Name of Employer Nadastra Occupation CEO

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
05 / 04 / 2016

Transaction ID : SA11AI.5332

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2500.00

**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 8 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

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

Mailing Address 1210 Halls Chapel Rd`

City Alexandria	State AL	Zip Code 36250
--------------------	-------------	-------------------

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
 _____ 245.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2016

Transaction ID : SA11AI.5340

Amount of Each Receipt this Period
 _____ 20.00

Memo Item

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

Mailing Address 11213 Angus Way

City Woodsford	State MD	Zip Code 21798
-------------------	-------------	-------------------

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
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016

Transaction ID : SA11AI.5548

Amount of Each Receipt this Period
 _____ 75.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jennifer Charlton

Mailing Address 11213 Angus Way

City Woodsford	State MD	Zip Code 21798
-------------------	-------------	-------------------

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
 _____ 265.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016

Transaction ID : SA11AI.5549

Amount of Each Receipt this Period
 _____ 15.00

Memo Item

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

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

_____ 110.00

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

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

FOR LINE NUMBER: PAGE 9 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jennifer Charlton

Mailing Address 11213 Angus Way

City Woodsford State MD Zip Code 21798

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 **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5491

Amount of Each Receipt this Period
 _____ 15.00

Memo Item

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

Mailing Address 10510 Moxley Rd

City Damascus State MD Zip Code 20872

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

Name of Employer Self Occupation Real Estate

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
 06 / 20 / 2016

Transaction ID : SA11AI.5402

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Howard Cohen

Mailing Address 10405 Sandringham Ct

City Potomac State MD Zip Code 20854

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

Name of Employer HHS Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5450

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).....

_____ 2965.00

**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 10 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sharon Cohen

Mailing Address 10405 Sandringham Ct

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

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5448

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 8900 Anita Ct

City Manassas	State VA	Zip Code 20110
------------------	-------------	-------------------

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

Name of Employer EWA Inc	Occupation Exec VP
-----------------------------	-----------------------

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
 06 / 30 / 2016

Transaction ID : SA11AI.5458

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Alexander Dean

Mailing Address 610 Potomac River Dr

City McLean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer Self	Occupation Investor
--------------------------	------------------------

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
 06 / 20 / 2016

Transaction ID : SA11AI.5419

Amount of Each Receipt this Period
250.00

Memo Item

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

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

2250.00

**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 11 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Antoinette Delaney

Mailing Address 10809 Balantre Ln

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : SA11AI.5345

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 11732 Old Annapolis Rd

City Frederick State MD Zip Code 21701

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

Name of Employer Delaplaine foundation Occupation manager

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
 06 / 08 / 2016

Transaction ID : SA11AI.5347

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 9010 Congressional Py
q

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
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA11AI.5387

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).....

3950.00

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

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

FOR LINE NUMBER: PAGE 12 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Earnest

Mailing Address 6106 MacArthur Blvd

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
Phillips Dev Corp ExecVP

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
 06 / 20 / 2016

Transaction ID : SA11AI.5431

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5610 Wisconsin Ave

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
None 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
 06 / 20 / 2016

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Diana Epstein

Mailing Address 10501 Willowbrook Dr

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5493

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).....

3450.00

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

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

FOR LINE NUMBER: PAGE 13 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael Epstein

Mailing Address 5410 Edson Ln
Ste 300

City State Zip Code
Rockville MD 20852

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Willow Asset Management Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 5106 Brookside Ct W

City State Zip Code
Fredericksburg VA 22408

FEC ID number of contributing federal political committee.

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5502

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Vincent Falter

Mailing Address 7380 West Hoover Rd

City State Zip Code
Reva VA 22735

FEC ID number of contributing federal political committee.

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5501

Amount of Each Receipt this Period

Memo Item

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

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 14 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Scott Golden

Mailing Address 8709 Burdette Rd

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
Golden&Co Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : SA11AI.5440

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 9001 Fernwood Rd

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
Gordon Contractors Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.5512

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kingdon Gould III

Mailing Address 7861 Murray Hill Rdf

City State Zip Code
Laurel MD 20723

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

Name of Employer Occupation
Gould Property Co Executive

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
06 / 20 / 2016

Transaction ID : SA11AI.5404

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

6200.00

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

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

FOR LINE NUMBER: PAGE 15 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carl Guerrerri

Mailing Address 10102 Holland Ct

City Manassas State VA Zip Code 20110

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

Name of Employer EWA Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **6400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5461

Amount of Each Receipt this Period
5400.00

Memo Item

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

Mailing Address 10102 Holland Ct

City Manassas State VA Zip Code 20110

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

Name of Employer EWA Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5553

Amount of Each Receipt this Period
-2700.00

Memo Item
 Presumptive Reattribution to Spouse

C. Full Name (Last, First, Middle Initial)
Elizabeth Guerrerri

Mailing Address 10102 Holland Ct

City Manassas State VA Zip Code 20110

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 **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5554

Amount of Each Receipt this Period
2700.00

Memo Item
 Presumptive Reattribution from Spouse

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

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

5400.00

**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 16 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

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

Mailing Address 6508 Walters Woods Dr

City Falls Church State VA Zip Code 22044

FEC ID number of contributing federal political committee.

Name of Employer Raytheon Occupation Business Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5486

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 11720 Centurion Way

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Real Estate Dev

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5442

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Jerry Hough

Mailing Address 5921 N 5th St

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee.

Name of Employer Duke Univ Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5481

Amount of Each Receipt this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 17 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Shirley Jacobs

Mailing Address 7300 Lynnhurst St

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2016

Transaction ID : SA11AI.5405

Amount of Each Receipt this Period
400.00

Memo Item

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

Mailing Address 4545 N Glebe Rd

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
FAH Exec

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.5515

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Alex Kisin

Mailing Address 11606 Toulone Dr

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
NASA engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
625.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2016

Transaction ID : SA11AI.5434

Amount of Each Receipt this Period
125.00

Memo Item

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

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

775.00

**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 18 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edward Kutler

Mailing Address 6405 Tree Top Circle

City Columbia State MD Zip Code 21045

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

Name of Employer Kutler Group Occupation Consultant

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
 06 / 30 / 2016

Transaction ID : SA11AI.5485

Amount of Each Receipt this Period
250.00

Memo Item

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

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
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Patricia Lloyd

Mailing Address 6200 Wagner Ln

City Bethesda State MD Zip Code 20816

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

Name of Employer Self Occupation Architect

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
 06 / 20 / 2016

Transaction ID : SA11AI.5426

Amount of Each Receipt this Period
250.00

Memo Item

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

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

750.00

**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 19 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Magee

Mailing Address 1611 10th St S.

City State Zip Code
Arlington VA 22204

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

Name of Employer Occupation
None retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : SA11AI.5396

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address PO Box 8390

City State Zip Code
Alexandria VA 22306

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : SA11AI.5400

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mary McGrane

Mailing Address 5136 Scarsdale Rd

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
Genzyme Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : SA11AI.5444

Amount of Each Receipt this Period
225.00

Memo Item

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

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

3425.00

**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 20 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carl McNair

Mailing Address 7871 Rolling Woods Ct

City Springfield State VA Zip Code 22152

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

Name of Employer Air Methods Corp Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : SA11AI.5372

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 7871 Rolling Woods Ct

City Springfield State VA Zip Code 22152

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

Name of Employer Air Methods Corp Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5464

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Anne McNulty

Mailing Address PO Box 2097

City Naples State FL Zip Code 34106

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 **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5490

Amount of Each Receipt this Period
 2000.00

Memo Item

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Barbara Mecham

Mailing Address 11337 Willowbrook Dr

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

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : SA11AI.5343

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO Box 420

City Fairfax Station	State VA	Zip Code 22039
-------------------------	-------------	-------------------

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
1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.5422

Amount of Each Receipt this Period
600.00

Memo Item

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

Mailing Address 11537 Twining Lane

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5456

Amount of Each Receipt this Period
225.00

Memo Item

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

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

1075.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Virginia Morlock

Mailing Address 1401 S Edgewood St

City State Zip Code
Arlington VA 22204

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

Name of Employer Occupation
Northrop Grumman Government Relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.5550

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 4904 Sunflower Dr

City State Zip Code
Rockville MD 20853

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

Name of Employer Occupation
None Retired

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
06 / 30 / 2016

Transaction ID : SA11AI.5505

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
James Ohlson

Mailing Address 16116 Deer Lake Rd

City State Zip Code
Derwood MD 20855

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

Name of Employer Occupation
None 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
06 / 30 / 2016

Transaction ID : SA11AI.5499

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).....

850.00

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

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

FOR LINE NUMBER: PAGE 23 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Parker

Mailing Address 60 Merrimac St

City State Zip Code
Amesbury MA 01913

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

Name of Employer Occupation
None Retired

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
 06 / 30 / 2016

Transaction ID : SA11AI.5500

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 10805 Tara Rd

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Ridge Global Businessman

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
 06 / 01 / 2016

Transaction ID : SA11AI.5531

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jayne Plank

Mailing Address PO Box 327

City State Zip Code
Kensington MD 20895

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

Name of Employer Occupation
None Retired

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
 06 / 20 / 2016

Transaction ID : SA11AI.5409

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

600.00

**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 24 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Steve Reeves

Mailing Address 15847 Spyglass Hill Loop

City State Zip Code
Gainesville VA 20155

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

Name of Employer Occupation
Self 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
06 / 01 / 2016

Transaction ID : SA11AI.5545

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1500 W 3rd St

City State Zip Code
Cleveland OH 44113

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

Name of Employer Occupation
AECOM Program Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2016

Transaction ID : SA11AI.5546

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
H Paul Ritchie

Mailing Address 2411 Station Rd

City State Zip Code
Middletown MD 21769

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

Name of Employer Occupation
Hagerstown Honda Auto dealer

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
06 / 01 / 2016

Transaction ID : SA11AI.5533

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2500.00

**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 25 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Florence Rogers

Mailing Address 5750 Bou Avenue

City State Zip Code
Rockville MD 20852

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

Name of Employer Occupation
None Retired

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
06 / 20 / 2016

Transaction ID : SA11AI.5429

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 9455 Dunraven St

City State Zip Code
Frederick MD 21704

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
525.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : SA11AI.5354

Amount of Each Receipt this Period
400.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Stephen Simon

Mailing Address 11916 Latigo Ln

City State Zip Code
Oakton VA 22124

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

Name of Employer Occupation
None Retired

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
06 / 30 / 2016

Transaction ID : SA11AI.5482

Amount of Each Receipt this Period
50.00

Memo Item

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

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

1450.00

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

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

FOR LINE NUMBER: PAGE 26 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Anne Street

Mailing Address 3101 Waterside La

City State Zip Code
Alexandria VA 22309

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
2950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.5427

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 6400 Lyric La

City State Zip Code
Falls Church VA 22044

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
4700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016

Transaction ID : SA11AI.5547

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Gail Weiss

Mailing Address 7722 Greentree Rd

City State Zip Code
Bethesda MD 20817

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
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : SA11AI.5348

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

6400.00

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

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

FOR LINE NUMBER: PAGE 27 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Myra Wormald

Mailing Address 10121 Chapel Rd

City Potomac State MD Zip Code 20854

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

Name of Employer Self Occupation Homemaker

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
 06 / 20 / 2016

Transaction ID : SA11AI.5424

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Thomas G Zorc

Mailing Address 8608 Country Club Dr

City Bethesda State MD Zip Code 20817

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

Name of Employer Chevy Chase Surgical Associate Occupation Physician

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
 06 / 30 / 2016

Transaction ID : SA11AI.5466

Amount of Each Receipt this Period
 250.00

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).....

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

500.00

57125.00

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

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

FOR LINE NUMBER: PAGE 28 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MANTECH INTERNATIONAL CORPORATION POLITICAL ACTION COMMITTEE (A.K.A MANTech PAC)

Mailing Address 12015 LEE JACKSON HIGHWAY
SUITE 841

City State Zip Code
FAIRFAX VA 22033

FEC ID number of contributing federal political committee. **C** C00208983

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
06 / 30 / 2016

Transaction ID : SA11C.5472

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST

Mailing Address 1201 F ST. NW
SUITE 200

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11C.5470

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 701 8TH STREET, NW
SUITE 500

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA11C.5317

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

8500.00

**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 29 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.5529

Amount of Each Receipt this Period
5000.00

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).....

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

5000.00

13500.00

**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 30 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

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

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
352000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11D.5315

Amount of Each Receipt this Period
2000.00

Memo Item

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

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
352000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2016

Transaction ID : SA11D.5607

Amount of Each Receipt this Period
100000.00

Memo Item
Conversion of Loan Balance to Contribution, See Sch. C

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

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
362000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11D.5333

Amount of Each Receipt this Period
10000.00

Memo Item

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

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

12000.00

**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 31 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

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

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
462000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11D.5334

Amount of Each Receipt this Period
100000.00

Memo Item

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

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
562000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA11D.5373

Amount of Each Receipt this Period
100000.00

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).....

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

200000.00

212000.00

**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 32 OF 66	
	<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 04 / 30 / 2016
Mailing Address 10156 Perkins Rd Ste 217F		Amount of Each Disbursement this Period 61.44
City Baton Rouge	State LA Zip Code 70810	
Purpose of Disbursement CC Processing	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	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	Transaction ID : SB17.5296
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 10156 Perkins Rd Ste 217F		Amount of Each Disbursement this Period 227.09
City Baton Rouge	State LA Zip Code 70810	
Purpose of Disbursement CC Processing	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	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	Transaction ID : SB17.5297
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 10156 Perkins Rd Ste 217F		Amount of Each Disbursement this Period 780.14
City Baton Rouge	State LA Zip Code 70810	
Purpose of Disbursement CC Processing	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	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	Transaction ID : SB17.5298
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1068.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 66	
	<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. Arena Online		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 1487.50
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement email copywriting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5243
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Arena Online		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 9841.00
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement email copywriting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5246
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Arena Online		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 12329.00
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement email copywriting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5253
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	23657.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 66	
	<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. Arena Online		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 9805.16
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement E-mail List Rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5283
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Arena Online		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 5000.00
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement Online Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5287
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)	
State: District:		

Full Name (Last, First, Middle Initial) c. Arena Online		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 1837.50
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement Online Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5288
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9805.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 66	
	<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. Arena Online		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 9656.25 <input type="checkbox"/> Memo Item Transaction ID : SB17.5289
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement Data Management	Category/ Type
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) B. Bay Armoury LLC		Date of Disbursement MM / DD / YYYY 05 / 14 / 2016
Mailing Address 1829 Bay St SE		Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.5272
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement fundraising consulting	Category/ Type
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) c. Bay Armoury LLC		Date of Disbursement MM / DD / YYYY 06 / 09 / 2016
Mailing Address 1829 Bay St SE		Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.5284
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement fundraising consulting	Category/ Type
Candidate Name	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)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	9656.25
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 66	
	<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 MM / DD / YYYY 06 / 13 / 2016
Mailing Address 5301 Buckeystown Pike		Amount of Each Disbursement this Period 2945.83
City Frederick	State MD	
Zip Code 21704	Purpose of Disbursement Rent	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5286
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Election CFO		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address PO Box 26141		Amount of Each Disbursement this Period 600.00
City Alexandria	State VA	
Zip Code 22313	Purpose of Disbursement compliance consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5258
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)	
State: District:		

Full Name (Last, First, Middle Initial) c. Election CFO		Date of Disbursement MM / DD / YYYY 05 / 14 / 2016
Mailing Address PO Box 26141		Amount of Each Disbursement this Period 600.00
City Alexandria	State VA	
Zip Code 22313	Purpose of Disbursement compliance consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5269
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4145.83
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 37 OF 66	
	<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. Gridiron Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 3903 Portage Rd		Amount of Each Disbursement this Period 7807.96
City South Bend	State IN Zip Code 46628	
Purpose of Disbursement direct mailing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5240

Full Name (Last, First, Middle Initial) B. Gridiron Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 3903 Portage Rd		Amount of Each Disbursement this Period 15403.15
City South Bend	State IN Zip Code 46628	
Purpose of Disbursement direct mailing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5241

Full Name (Last, First, Middle Initial) C. Gridiron Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 3903 Portage Rd		Amount of Each Disbursement this Period 15403.15
City South Bend	State IN Zip Code 46628	
Purpose of Disbursement direct mailing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5242

SUBTOTAL of Disbursements This Page (optional).....	38614.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 66	
	<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. Gridiron Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 3903 Portage Rd		Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Memo Item
City South Bend	State IN Zip Code 46628	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : SB17.5251
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Elizabeth Groover		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016
Mailing Address 230 S Gregg Street		Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Memo Item
City Columbia	State SC Zip Code 29205	
Purpose of Disbursement Campaign Management Consulting	Candidate Name	Transaction ID : SB17.5255
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Elizabeth Groover		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016
Mailing Address 230 S Gregg Street		Amount of Each Disbursement this Period 277.03 <input type="checkbox"/> Memo Item
City Columbia	State SC Zip Code 29205	
Purpose of Disbursement Travel and Subsistence Reimbursement	Candidate Name	Transaction ID : SB17.5256
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	6027.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 66	
	<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. Elizabeth Groover		Date of Disbursement MM / DD / YYYY 05 / 14 / 2016
Mailing Address 230 S Gregg Street		Amount of Each Disbursement this Period 132.50
City Columbia	State SC	
Zip Code 29205	Purpose of Disbursement Reimbursement (Late Fee)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.5268
State: District:		

Full Name (Last, First, Middle Initial) B. Elizabeth Groover		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 230 S Gregg Street		Amount of Each Disbursement this Period 4500.00
City Columbia	State SC	
Zip Code 29205	Purpose of Disbursement Campaign Management Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.5274
State: District:		

Full Name (Last, First, Middle Initial) C. Jim Hall		Date of Disbursement MM / DD / YYYY 05 / 14 / 2016
Mailing Address 191 Sand Springs Rd		Amount of Each Disbursement this Period 2500.00
City Morgantown	State WV	
Zip Code 26508	Purpose of Disbursement Outdoor Advertising - Rent	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.5300
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7132.50
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 40 OF 66	
	<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. AMIE HOEBER		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016
Mailing Address 9209 FOX MEADOW LN		Amount of Each Disbursement this Period 294.00
City POTOMAC	State MD	
Zip Code 20854	Purpose of Disbursement Reimbursement (Safeway, Postage)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5245
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: MD	District: 06	

Full Name (Last, First, Middle Initial) B. Safeway		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 5918 Stoneridge Mall Rd		Amount of Each Disbursement this Period 294.00
City Pleasanton	State MD	
Zip Code 94588	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5245.0
Office Sought: <input type="checkbox"/> House	Disbursement For:	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. Mark Hoeber		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016
Mailing Address 17 Permberton St#5		Amount of Each Disbursement this Period 1929.96
City Cambridge	State MA	
Zip Code 02140	Purpose of Disbursement Reimbursemen (Facebook,Google, Twitter charges)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5249
Office Sought: <input type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	2223.96
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 41 OF 66	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 750.11
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Digital Advertising	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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 : SB17.5249.0
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 606.73
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Digital Advertising	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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 : SB17.5249.1
State: District:		

Full Name (Last, First, Middle Initial) C. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 306.59
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Digital Advertising	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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 : SB17.5249.2
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 42 OF 66	
	<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. Twitter, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 30.00
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Digital Advertising	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5249.4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Twitter, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 56.84
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Digital Advertising	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5249.5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Twitter, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 45.00
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Digital Advertising	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5249.6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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 43 OF 66			
	<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. Twitter, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 64.69
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Digital Advertising	Category/Type	<input checked="" type="checkbox"/> 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)	Transaction ID : SB17.5249.7
State: District:		

Full Name (Last, First, Middle Initial) B. Twitter, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 30.00
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Digital Advertising	Category/Type	<input checked="" type="checkbox"/> 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)	Transaction ID : SB17.5249.8
State: District:		

Full Name (Last, First, Middle Initial) c. Mark Hoerber		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2016
Mailing Address 17 Permberton St#5		Amount of Each Disbursement this Period 6340.13
City Cambridge	State MA Zip Code 02140	
Purpose of Disbursement Reimbursement (Facebook,twitter, actualize,google expenses)	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		
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)	Transaction ID : SB17.5273
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6340.13
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 44 OF 66	
	<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. Actualize Studio		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 3909 Spruell Dr		Amount of Each Disbursement this Period 387.00
City Kensington	State MD Zip Code 20895	
Purpose of Disbursement Website Expense	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5273.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Actualize Studio		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2016
Mailing Address 3909 Spruell Dr		Amount of Each Disbursement this Period 387.00
City Kensington	State MD Zip Code 20895	
Purpose of Disbursement Website Expense	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5273.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 750.00
City Menlo Park	State CA Zip Code 94025	
Purpose of Disbursement Digital Advertising	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5273.2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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 45 OF 66
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 751.08
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Digital Advertising	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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 : SB17.5273.3
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 8.64
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Digital Advertising	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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 : SB17.5273.4
State: District:		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 742.08
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Digital Advertising	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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 : SB17.5273.5
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 46 OF 66			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 612.46
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Digital Advertising	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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 : SB17.5273.6
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 2.94
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Digital Advertising	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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 : SB17.5273.7
State: District:		

Full Name (Last, First, Middle Initial) c. Google		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 40.00
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Online Application	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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 : SB17.5273.8
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 47 OF 66	
	<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. Twitter, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 301.00
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Digital Advertising	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5273.9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Twitter, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 632.88
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Digital Advertising	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5273.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Twitter, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 585.61
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Digital Advertising	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5273.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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 48 OF 66	
	<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. Twitter, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 60.00
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Digital Advertising	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5273.12

Full Name (Last, First, Middle Initial) B. Twitter, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 511.06
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Digital Advertising	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5273.13

Full Name (Last, First, Middle Initial) C. Twitter, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 70.00
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Digital Advertising	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5273.14

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 49 OF 66			
	<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. Twitter, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016		
Mailing Address 1355 Market St Ste 900			Amount of Each Disbursement this Period 49.05		
City San Francisco	State CA	Zip Code 94103	<input type="checkbox"/> Memo Item Transaction ID : SB17.5273.15		
Purpose of Disbursement Digital Advertising		Category/ Type			
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:					

Full Name (Last, First, Middle Initial) B. Twitter, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016		
Mailing Address 1355 Market St Ste 900			Amount of Each Disbursement this Period 378.93		
City San Francisco	State CA	Zip Code 94103	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5273.16		
Purpose of Disbursement Digital Advertising		Category/ Type			
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:					

Full Name (Last, First, Middle Initial) C. Twitter, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2016		
Mailing Address 1355 Market St Ste 900			Amount of Each Disbursement this Period 70.00		
City San Francisco	State CA	Zip Code 94103	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5273.17		
Purpose of Disbursement Digital Advertising		Category/ Type			
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).....	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 50 OF 66	
	<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. Mark Hoeber			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 17 Permberton St#5			Amount of Each Disbursement this Period 470.27	
City Cambridge	State MA	Zip Code 02140	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Reimbursement (Vistaprint-stationery,Tshirts;Google)		Category/ Type	Transaction ID : SB17.5291	
Candidate Name	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)	
State:	District:			

Full Name (Last, First, Middle Initial) B. VistaPrint			Date of Disbursement MM / DD / YYYY 06 / 08 / 2016	
Mailing Address 275 Wyman St			Amount of Each Disbursement this Period 193.70	
City Waltham	State MA	Zip Code 02451	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : SB17.5291.0	
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:			

Full Name (Last, First, Middle Initial) C. VistaPrint			Date of Disbursement MM / DD / YYYY 05 / 31 / 2016	
Mailing Address 275 Wyman St			Amount of Each Disbursement this Period 234.00	
City Waltham	State MA	Zip Code 02451	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : SB17.5291.1	
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).....	470.27
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 51 OF 66	
	<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. Google		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 42.57
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Digital Advertising	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5291.2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. i360 LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address PO BOX 37046		Amount of Each Disbursement this Period 777.58
City Baltimore	State MD Zip Code 21297	
Purpose of Disbursement Dialer phone portal	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.5252
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. i360 LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address PO BOX 37046		Amount of Each Disbursement this Period 804.25
City Baltimore	State MD Zip Code 21297	
Purpose of Disbursement Dialer phone portal	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.5277
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1581.83
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 52 OF 66	
	<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. Mario Portillo		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address 8502 Fingerboard Rd		Amount of Each Disbursement this Period 600.00
City Frederick	State MD	
Zip Code 21704	Purpose of Disbursement Outdoor Advertising - Rent	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.5254
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Prevail Strategies		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016
Mailing Address 415 New Jersey Ave		Amount of Each Disbursement this Period 8681.80
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Strategic Consulting; Consultant Expenses	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.5248
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Prevail Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2016
Mailing Address 415 New Jersey Ave		Amount of Each Disbursement this Period 8300.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.5270
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17581.80
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 53 OF 66	
	<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 MM / DD / YYYY 06 / 01 / 2016
Mailing Address 415 New Jersey Ave		Amount of Each Disbursement this Period 437.61
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5278
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Prevail Strategies		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016
Mailing Address 415 New Jersey Ave		Amount of Each Disbursement this Period 6436.53
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Strategic Consulting; Consultant Expenses	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5281
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. Prevail Strategies		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 415 New Jersey Ave		Amount of Each Disbursement this Period 2508.16
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5292
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9382.30
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 54 OF 66	
	<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. Brian Scarlett		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016
Mailing Address 2519 Lawnside Rd		Amount of Each Disbursement this Period 2383.21
City Timonium	State MD	
Zip Code 21093	Purpose of Disbursement Reimbursement (mileage, truck rental, flyers, meals for volunteers)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5250
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Brian Scarlett		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2016
Mailing Address 2519 Lawnside Rd		Amount of Each Disbursement this Period 1654.23
City Timonium	State MD	
Zip Code 21093	Purpose of Disbursement Mileage Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5250.0
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)	
State: District:		

Full Name (Last, First, Middle Initial) c. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 2455 Paces Ferry Rd NW		Amount of Each Disbursement this Period 50.00
City Atlanta	State GA	
Zip Code 30339	Purpose of Disbursement Truck Rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5250.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2383.21
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 55 OF 66			
	<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. Staples		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 110.24
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement Printing	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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 : SB17.5250.2
State: District:		

Full Name (Last, First, Middle Initial) B. Home Depot		Date of Disbursement MM / DD / YYYY 03 / 05 / 2016
Mailing Address 2455 Paces Ferry Rd NW		Amount of Each Disbursement this Period 90.62
City Atlanta	State GA	
Zip Code 30339	Purpose of Disbursement Sign Hardware	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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 : SB17.5250.4
State: District:		

Full Name (Last, First, Middle Initial) c. Home Depot		Date of Disbursement MM / DD / YYYY 03 / 09 / 2016
Mailing Address 2455 Paces Ferry Rd NW		Amount of Each Disbursement this Period 42.06
City Atlanta	State GA	
Zip Code 30339	Purpose of Disbursement Sign Hardware	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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 : SB17.5250.6
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 56 OF 66	
	<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 03 / 09 / 2016
Mailing Address 2455 Paces Ferry Rd NW		Amount of Each Disbursement this Period 7.30
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Sign Hardware	
Candidate Name	Category/Type	<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)	Transaction ID : SB17.5250.7
State: District:		

Full Name (Last, First, Middle Initial) B. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 2455 Paces Ferry Rd NW		Amount of Each Disbursement this Period 50.00
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Truck Rental	
Candidate Name	Category/Type	<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)	Transaction ID : SB17.5250.8
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 49.00
City Framingham State MA Zip Code 01702	Purpose of Disbursement Postage	
Candidate Name	Category/Type	<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)	Transaction ID : SB17.5250.9
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 57 OF 66	
	<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

A. Home Depot

Full Name (Last, First, Middle Initial)

Mailing Address 2455 Paces Ferry Rd NW

City Atlanta State GA Zip Code 30339

Purpose of Disbursement Truck Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 09 / 2016

Amount of Each Disbursement this Period: 56.92

Memo Item

Transaction ID : SB17.5250.10

B. Staples

Full Name (Last, First, Middle Initial)

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 22 / 2016

Amount of Each Disbursement this Period: 93.00

Memo Item

Transaction ID : SB17.5250.12

c. Brian Scarlett

Full Name (Last, First, Middle Initial)

Mailing Address 2519 Lawnside Rd

City Timonium State MD Zip Code 21093

Purpose of Disbursement Campaign Management Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 04 / 2016

Amount of Each Disbursement this Period: 2500.00

Memo Item

Transaction ID : SB17.5263

SUBTOTAL of Disbursements This Page (optional) 2500.00

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 58 OF 66	
	<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. Brian Scarlett		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2519 Lawnside Rd		Amount of Each Disbursement this Period 3000.00
City Timonium	State MD	
Zip Code 21093	Purpose of Disbursement Campaign Management Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5275
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. ScottE		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016
Mailing Address 8630 -M Guilford Rd		Amount of Each Disbursement this Period 450.00
City Columbia	State MD	
Zip Code 21046	Purpose of Disbursement Online Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5260
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)	
State: District:		

Full Name (Last, First, Middle Initial) c. ScottE		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 8630 -M Guilford Rd		Amount of Each Disbursement this Period 650.00
City Columbia	State MD	
Zip Code 21046	Purpose of Disbursement Online Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5276
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4100.00
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 59 OF 66			
	<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. ScottE			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016		
Mailing Address 8630 -M Guilford Rd			Amount of Each Disbursement this Period 650.00		
City Columbia	State MD	Zip Code 21046	<input type="checkbox"/> Memo Item Transaction ID : SB17.5282		
Purpose of Disbursement Online Consulting		Category/ Type			
Candidate Name					
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)				
State: District:					

Full Name (Last, First, Middle Initial) B. ScottE Software Dev			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2016		
Mailing Address 8630-M Guilford Rd			Amount of Each Disbursement this Period 650.00		
City Columbia	State MD	Zip Code 21046	<input type="checkbox"/> Memo Item Transaction ID : SB17.5267		
Purpose of Disbursement Online Consulting		Category/ Type			
Candidate Name					
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)				
State: District:					

Full Name (Last, First, Middle Initial) C. ScottE Software Development			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016		
Mailing Address 8630-M Guilford Rd#119			Amount of Each Disbursement this Period 450.00		
City Columbia	State MD	Zip Code 21046	<input type="checkbox"/> Memo Item Transaction ID : SB17.5247		
Purpose of Disbursement Online Consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1750.00
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 60 OF 66	
	<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. Maria Sofia		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 21728 Brink Meadow La		Amount of Each Disbursement this Period 355.00
City Germantown	State MD	
Zip Code 20876	Purpose of Disbursement Operations Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5280
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Strategy Group		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 3500.00
City Delaware	State OH	
Zip Code 43015	Purpose of Disbursement Communications Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5262
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. Wilson Grand Communicatoins		Date of Disbursement MM / DD / YYYY 05 / 14 / 2016
Mailing Address 429 St Asaph St		Amount of Each Disbursement this Period 2000.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Communications Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5265
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5855.00
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 61 OF 66	
	<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. Wilson Grand Communicatoins		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 429 St Asaph St		Amount of Each Disbursement this Period 2000.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Communications Consulting	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5290

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	156275.70

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4104**

AMIE HOEBER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
AMIE HOEBER

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
9209 FOX MEADOW LN

City State ZIP Code
POTOMAC MD 20854

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

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 29 / 2015 M M / D D / On Demand 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00
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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.4104

Balance of \$100,000 converted to contribution as amount in excess of \$250,000 in accord with 11 CFR 116.11.

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4720

AMIE HOEBER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
AMIE HOEBER

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
9209 FOX MEADOW LN

City State ZIP Code
POTOMAC MD 20854

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 Secured:
M 12 / D 31 / Y 2015 M M / D D / On Demand 0.00 % (apr) Yes No

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

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

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5154

AMIE HOEBER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
AMIE HOEBER

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
9209 FOX MEADOW LN

City State ZIP Code
POTOMAC MD 20854

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 Secured:
M 03 / D 12 / Y 2016 M M / D D / Y 3/12/2016 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional).....
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) PERSONAL FUNDS <input type="checkbox"/> Memo Item AMIE HOEBER	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9209 FOX MEADOW LN	

City	State	ZIP Code
POTOMAC	MD	20854

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	Secured:
M 03 / D 31 / Y 2016	M / 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).....	250000.00

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