

# 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 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
MD 06

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 04 / 26 / 2016 in the State of MD  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on   /   /   in the State of  

5. Covering Period 01 / 01 / 2016 through 04 / 06 / 2016

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 04 / 14 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	21134.00	130037.80
(b) Total Contribution Refunds (from Line 20(d)) .....	1250.00	1350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19884.00	128687.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	293178.73	401812.45
(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)).....	293178.73	401812.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	77245.35	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	350000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**AMIE HOEBER FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14885.00	109245.80
(ii) Unitemized.....	6249.00	20792.00
(iii) TOTAL of contributions from individuals ▶	21134.00	130037.80
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21134.00	130037.80
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	150000.00	350000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	150000.00	350000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	370.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	171134.00	480407.80

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	293178.73	401812.45
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 .....	1250.00	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)).....	1250.00	1350.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	294428.73	403162.45

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	200540.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	171134.00
25. SUBTOTAL (add Line 23 and Line 24).....	371674.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	294428.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	77245.35

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**AMIE HOEBER FOR CONGRESS**

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

Mailing Address 206 Valhalla Dr

City Solvang State CA Zip Code 93463

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  
 02 / 14 / 2016

**Transaction ID : SA11AI.4928**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 206 Valhalla Dr

City Solvang State CA Zip Code 93463

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  
270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11AI.5043**

Amount of Each Receipt this Period  
20.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Priscilla Baker**

Mailing Address 9316 Mercy Hollow Ln

City Potomac State MD Zip Code 20854

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

Name of Employer None Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2016

**Transaction ID : SA11AI.4917**

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).....

570.00

**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 58  
(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 Baugh**

Mailing Address 1064 Rustling Oaks Dr

City Millersville State MD Zip Code 21108

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

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1599.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2016

**Transaction ID : SA11AI.4911**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** 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  
215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4975**

Amount of Each Receipt this Period  
15.00

Memo Item

**C.** 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  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.5065**

Amount of Each Receipt this Period  
10.00

Memo Item

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

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

125.00

**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 58
	<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 Close**

Mailing Address 911 Rail Court

City McLean State VA Zip Code 22102

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  
 03 / 18 / 2016

**Transaction ID : SA11AI.5016**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Holly Coghill**

Mailing Address 1356 Hemlock Dr

City Irwin State PA Zip Code 15642

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 **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.5023**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 1214 Key Dr

City Alexandria State VA Zip Code 22302

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

Name of Employer Dawson Assoc Occupation Founder

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  
 02 / 29 / 2016

**Transaction ID : SA11AI.4956**

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).....

**1000.00**

**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 58
	<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)  
**Gilbert Decker**

Mailing Address 45 Glen Ridge Ave

City Los Gatos State CA Zip Code 95030

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  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.5063**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Larry 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  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4961**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dennis Duplantier**

Mailing Address PO Box 605

City New Castle State VA Zip Code 24127

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  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.5066**

Amount of Each Receipt this Period  
 10.00

Memo Item

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

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

410.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 58
	<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)  
**Vincent Falter**

Mailing Address 7380 West Hoover Rd

City State Zip Code  
Reva VA 22735

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  
 03 / 30 / 2016

**Transaction ID : SA11AI.5052**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Akhil Gupta**

Mailing Address 975 Memorial Dr

City State Zip Code  
Cambridge MA 02138

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  
 02 / 29 / 2016

**Transaction ID : SA11AI.4979**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 6508 Walters Woods Dr

City State Zip Code  
Falls Church VA 22044

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

Name of Employer Occupation  
Raytheon Bus MGR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : SA11AI.5046**

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).....

2850.00

**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 58
	<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)  
**Arlene Hillerson**

Mailing Address 11720 Centurion Way

City Potomac State MD Zip Code 20854

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  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2016

**Transaction ID : SA11AI.4887**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Joshua Izenberg**

Mailing Address 2113 Huidekiper PI NW

City Washington State DC Zip Code 20007

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

Name of Employer IzenbergLaw PLLC Occupation Attorney

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  
 03 / 12 / 2016

**Transaction ID : SA11AI.4988**

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 Potomac State MD Zip Code 20854

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

Name of Employer NASA Occupation Engineer

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  
 02 / 14 / 2016

**Transaction ID : SA11AI.4926**

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).....

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 11 OF 58
	<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)  
**Richard Ladd**

Mailing Address 1537 Shopsview Rd

City State Zip Code  
Annapolis MD 21409

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  
01 / 25 / 2016

**Transaction ID : SA11AI.4883**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Edmund Libby**

Mailing Address 1125 Westbriar Ct NE

City State Zip Code  
Vienna VA 22180

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

Name of Employer Occupation  
Northrop Grumman Defense

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

**Transaction ID : SA11AI.4960**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1930 Lakeport Way

City State Zip Code  
Reston VA 20191

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

Name of Employer Occupation  
URS consultant

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  
03 / 08 / 2016

**Transaction ID : SA11AI.5014**

Amount of Each Receipt this Period  
300.00

Memo Item

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

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

900.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 58

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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  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11AI.4900**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Linda McKnight**

Mailing Address 6610-M Netties Lane

City State Zip Code  
 Alexandria VA 22315

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

Name of Employer Occupation  
 Versar manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2016

**Transaction ID : SA11AI.4912**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Marilyn Meadows**

Mailing Address 1383 Forest Rock Ln NE

City State Zip Code  
 Poulsbo WA 98370

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  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.5053**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

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

625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 58
	<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)  
**John Mercier**

Mailing Address PO Box 420

City State Zip Code  
Fairfax Station VA 22039

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  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4957**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Middleton**

Mailing Address 667 Esplanade

City State Zip Code  
Pelham Manor NY 10803

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

Name of Employer Occupation  
Harvard student

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.5067**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C.** 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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : SA11AI.5054**

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).....

500.00

**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 14 OF 58
	<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)  
**Richard Nathan**

Mailing Address 13721 Balmoral Greens Ave

City Clifton State VA Zip Code 20124

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

Name of Employer AOC Key Solns Occupation consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2016

**Transaction ID : SA11AI.4915**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lindsey Peake**

Mailing Address 6842 ElmSt

City McLean State VA Zip Code 22101

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  
 03 / 29 / 2016

**Transaction ID : SA11AI.5045**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Anthony Pica**

Mailing Address 3869 Billberry Dr

City Fairfax State VA Zip Code 22033

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

Name of Employer Capital One Bank Occupation Executive

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  
 01 / 30 / 2016

**Transaction ID : SA11AI.5068**

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: PAGE 15 OF 58  
(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)  
**Robert Reiter**

Mailing Address 1500 W 3rd St

City Cleveland State OH Zip Code 44113

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

Name of Employer AECOM Occupation manager

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  
 01 / 05 / 2016

**Transaction ID : SA11AI.4867**

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 Cleveland State OH Zip Code 44113

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

Name of Employer AECOM Occupation manager

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  
 03 / 28 / 2016

**Transaction ID : SA11AI.5041**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Marie Ricciardi**

Mailing Address 42929 Cedar Ridge Blvd

City Chantilly State VA Zip Code 20152

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2016

**Transaction ID : SA11AI.4876**

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).....

2000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 58  
(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)  
**Joseph Simon**

Mailing Address 9 Garrett Court

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.5001**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Simon**

Mailing Address 9 Garrett Court

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  
 03 / 09 / 2016

**Transaction ID : SA11AI.5005**

Amount of Each Receipt this Period  
 250.00

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4968**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

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

525.00



**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 17 OF 58
	<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)  
**Larry Stack**

Mailing Address 3062 Howard Ave

City Myrtle Beach State SC Zip Code 29577

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  
**04 / 06 / 2016**

**Transaction ID : SA11AI.5155**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Anne Stone**

Mailing Address 1320 Old Chain Bridge Rd

City McLean State VA Zip Code 22101

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

Name of Employer Anne Stone LLC Occupation Tax

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11AI.5004**

Amount of Each Receipt this Period  
**200.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Roger Stone**

Mailing Address 2613 Penny Royal Lane

City Reston State VA Zip Code 20191

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 **1130.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11AI.5057**

Amount of Each Receipt this Period  
**30.00**

Memo Item

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

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

**330.00**

**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 58
	<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)  
**Tony Tether**

Mailing Address 6400 Lyric La

City Falls Church State VA Zip Code 22044

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

Name of Employer 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  
 03 / 28 / 2016

**Transaction ID : SA11AI.5038**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mark Tomassoni**

Mailing Address 8765 Oxxwell Lane

City Laurel State MD Zip Code 20708

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

Name of Employer Vectrus Occupation marketing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4935**

Amount of Each Receipt this Period  
200.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jasper Welch**

Mailing Address 2121 Kirby Box 4

City Houston State TX Zip Code 77019

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.5061**

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).....

1700.00

14885.00

**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 58
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**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 300000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2016

**Transaction ID : SA13A.5154**

Amount of Each Receipt this Period  
 100000.00

Memo Item  
 Loan

**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 350000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA13A.5153**

Amount of Each Receipt this Period  
 50000.00

Memo Item  
 Loan

**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).....

150000.00

150000.00

**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 20 OF 58	
	<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) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 31 / 2016</b>
Mailing Address 10156 Perkins Rd Ste 217F		Amount of Each Disbursement this Period <b>133.82</b>
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	<b>Transaction ID : SB17.5157</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 29 / 2016</b>
Mailing Address 10156 Perkins Rd Ste 217F		Amount of Each Disbursement this Period <b>207.20</b>
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	<b>Transaction ID : SB17.5158</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2016</b>
Mailing Address 10156 Perkins Rd Ste 217F		Amount of Each Disbursement this Period <b>178.55</b>
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	<b>Transaction ID : SB17.5159</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>519.57</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 58	
	<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) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address 10156 Perkins Rd Ste 217F		Amount of Each Disbursement this Period 23.15
City Baton Rouge	State LA	
Zip Code 70810	Purpose of Disbursement CC Processing	<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5160</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Arena Online</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 1225.00
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement email copywriting	<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5074</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Arena Online</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 4100.00
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement emal copywriting	<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5075</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5348.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 58	
	<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) <b>A. Arena Online</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 1949.00
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement Digital Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5076</b>
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>B. Arena Online</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 11547.54
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement emal copywriting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5077</b>
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>c. Arena Online</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 227.50
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement email copywriting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5078</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13724.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 58	
	<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) <b>A. Arena Online</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 350.00
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement email copywriting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5079</b>
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>B. Arena Online</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 525.00
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement email copywriting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5080</b>
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>c. Arena Online</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 3550.94
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement email copywriting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5081</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4425.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 58			
	<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) <b>A. Arena Online</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 183.75
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement email copywriting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5082</b>
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>B. Election CFO LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 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	<b>Transaction ID : SB17.5086</b>
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>c. Election CFO LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address PO Box 26141		Amount of Each Disbursement this Period 610.47
City Alexandria	State VA	
Zip Code 22313	Purpose of Disbursement compliance consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5087</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1394.22
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 58	
	<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) <b>A. Election CFO LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 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	<b>Transaction ID : SB17.5088</b>
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>B. Gridiron Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 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 Printing and Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5090</b>
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>C. Gridiron Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 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 Printing and Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5091</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	31406.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 58			
	<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) <b>A. Gridiron Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 3903 Portage Rd		Amount of Each Disbursement this Period 815.00
City South Bend	State IN	
Zip Code 46628	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5092</b>
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>B. Gridiron Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 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 Printing and Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5093</b>
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>C. Gridiron Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 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 Printing and Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5094</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24026.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 58			
	<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) <b>A. Gridiron Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016
Mailing Address 3903 Portage Rd		Amount of Each Disbursement this Period 10452.66
City South Bend	State IN Zip Code 46628	
Purpose of Disbursement Printing and Postage	Candidate Name	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5095</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Gridiron Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 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 Printing and Postage	Candidate Name	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5096</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Gridiron Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 3903 Portage Rd		Amount of Each Disbursement this Period 8923.47
City South Bend	State IN Zip Code 46628	
Purpose of Disbursement Printing and Postage	Candidate Name	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5097</b>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34779.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 58	
	<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) <b>A. Elizabeth Groover</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 230 S Gregg Street		Amount of Each Disbursement this Period 54.54
City Columbia	State SC	
Zip Code 29205	Purpose of Disbursement Reimbursement - Below Itemization Threshold	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5130</b>
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>B. Elizabeth Groover</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 230 S Gregg Street		Amount of Each Disbursement this Period 5000.00
City Columbia	State SC	
Zip Code 29205	Purpose of Disbursement Campaign Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5131</b>
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>c. Elizabeth Groover</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016
Mailing Address 230 S Gregg Street		Amount of Each Disbursement this Period 1598.50
City Columbia	State SC	
Zip Code 29205	Purpose of Disbursement Reimbursement (See itemization below)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5132</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6653.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 58			
	<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) <b>A. Residence Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 9721 Washingtonian Blvd		Amount of Each Disbursement this Period 1598.50
City Gaithersburg	State MD	
Zip Code 20878	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5132.0</b>
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>B. Elizabeth Groover</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 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 Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5133</b>
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>c. Elizabeth Groover</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 230 S Gregg Street		Amount of Each Disbursement this Period 146.48
City Columbia	State SC	
Zip Code 29205	Purpose of Disbursement Reimbursement - Below Itemization Threshold	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5134</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4646.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 58	
	<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) <b>A. Elizabeth Groover</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 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 Consulting	Transaction ID : <b>SB17.5135</b>
Candidate Name	Category/Type	
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>B. Elizabeth Groover</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 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 Consulting	Transaction ID : <b>SB17.5136</b>
Candidate Name	Category/Type	
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>c. Hinckley Corp</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016
Mailing Address 4505A Grace St		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item
City Richmond	State VA	
Zip Code 23230	Purpose of Disbursement Fundraising Consulting	Transaction ID : <b>SB17.5098</b>
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 58	
	<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) <b>A. Hinckley Corp</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2016
Mailing Address 4505A Grace St		Amount of Each Disbursement this Period 4741.00
City Richmond	State VA Zip Code 23230	
Purpose of Disbursement Fundraising Consulting	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.5099</b>
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>B. AMIE HOEBER</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2016
Mailing Address 9209 FOX MEADOW LN		Amount of Each Disbursement this Period 127.16
City POTOMAC	State MD Zip Code 20854	
Purpose of Disbursement Reimbursement - Below Itemization Threshold	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.5137</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 06	

Full Name (Last, First, Middle Initial) <b>C. AMIE HOEBER</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016
Mailing Address 9209 FOX MEADOW LN		Amount of Each Disbursement this Period 850.00
City POTOMAC	State MD Zip Code 20854	
Purpose of Disbursement Reimbursement - See Itemization Below	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.5138</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5718.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 58	
	<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) <b>A. Montgomery County GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2016
Mailing Address 15833 Crabbs Branch Way		Amount of Each Disbursement this Period 900.00
City Rockville	State MD	
Zip Code 20855	Purpose of Disbursement 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)	<b>Transaction ID : SB17.5138.0</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMIE HOEBER</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2016
Mailing Address 9209 FOX MEADOW LN		Amount of Each Disbursement this Period 900.00
City POTOMAC	State MD	
Zip Code 20854	Purpose of Disbursement Reimbursement - See Itemization Below	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input checked="" 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)	<b>Transaction ID : SB17.5139</b>
State: MD District: 06		

Full Name (Last, First, Middle Initial) <b>c. All Ad Media</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016
Mailing Address 191 Sand Springs Rd		Amount of Each Disbursement this Period 900.00
City Morgantown	State WV	
Zip Code 26508	Purpose of Disbursement 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)	<b>Transaction ID : SB17.5139.0</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 58			
	<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) <b>A. AMIE HOEBER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 9209 FOX MEADOW LN		Amount of Each Disbursement this Period 75.00
City POTOMAC State MD Zip Code 20854	Purpose of Disbursement Reimbursement - Below Itemization Threshold	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 06	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5140</b>

Full Name (Last, First, Middle Initial) <b>B. AMIE HOEBER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 9209 FOX MEADOW LN		Amount of Each Disbursement this Period 100.00
City POTOMAC State MD Zip Code 20854	Purpose of Disbursement Reimbursement - Below Itemization Threshold	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 06	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5141</b>

Full Name (Last, First, Middle Initial) <b>c. Mark Hoeber</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016
Mailing Address 17 Permberton St#5		Amount of Each Disbursement this Period 814.71
City Cambridge State MA Zip Code 02140	Purpose of Disbursement Reimbursement - See Itemization Below	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5142</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	989.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 58			
	<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) <b>A. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015		
Mailing Address 1 Hacker Way			Amount of Each Disbursement this Period 250.07		
City Menlo Park	State CA	Zip Code 94025	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5142.0</b>		
Purpose of Disbursement Advertising - Digital		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>B. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015		
Mailing Address 1 Hacker Way			Amount of Each Disbursement this Period 106.81		
City Menlo Park	State CA	Zip Code 94025	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.5142.1</b>		
Purpose of Disbursement Advertising - Digital		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>C. Actualize Studio</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016		
Mailing Address 3909 Spruell Dr			Amount of Each Disbursement this Period 387.00		
City Kensington	State MD	Zip Code 20895	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.5142.4</b>		
Purpose of Disbursement Website Expense		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 58	
	<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) <b>A. Mark Hoerber</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 17 Permberton St#5		Amount of Each Disbursement this Period 2681.23
City Cambridge	State MA Zip Code 02140	
Purpose of Disbursement Reimbursement - See Itemization Below		Memo Item <input type="checkbox"/>
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)	<b>Transaction ID : SB17.5143</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Actualize Studio</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 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		Memo Item <input checked="" type="checkbox"/>
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)	<b>Transaction ID : SB17.5143.0</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 500.09
City Menlo Park	State CA Zip Code 94025	
Purpose of Disbursement Advertising - Digital		Memo Item <input checked="" type="checkbox"/>
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)	<b>Transaction ID : SB17.5143.1</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2681.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 58	
	<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) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 220.54
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Digital	<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)	<b>Transaction ID : SB17.5143.2</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Twitter, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 257.11
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Advertising - Digital	<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)	<b>Transaction ID : SB17.5143.4</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Twitter, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 288.35
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Advertising - Digital	<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)	<b>Transaction ID : SB17.5143.5</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 58	
	<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) <b>A. Twitter, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 441.41
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Advertising - Digital	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 : <b>SB17.5143.6</b>

Full Name (Last, First, Middle Initial) <b>B. Twitter, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 511.73
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Advertising - Digital	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 : <b>SB17.5143.7</b>

Full Name (Last, First, Middle Initial) <b>c. Mark Hoerber</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 17 Permberton St#5		Amount of Each Disbursement this Period 333.27
City Cambridge	State MA Zip Code 02140	
Purpose of Disbursement Reimbursement - See Itemization Below	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 : <b>SB17.5144</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	333.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 58			
	<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) <b>A. Twitter, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016		
Mailing Address 1355 Market St Ste 900			Amount of Each Disbursement this Period 165.90		
City San Francisco	State CA	Zip Code 94103	Category/ Type		
Purpose of Disbursement Advertising - Digital					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17.5144.0</b>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Twitter, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2016		
Mailing Address 1355 Market St Ste 900			Amount of Each Disbursement this Period 70.00		
City San Francisco	State CA	Zip Code 94103	Category/ Type		
Purpose of Disbursement Advertising - Digital					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17.5144.1</b>		
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Twitter, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2016		
Mailing Address 1355 Market St Ste 900			Amount of Each Disbursement this Period 70.00		
City San Francisco	State CA	Zip Code 94103	Category/ Type		
Purpose of Disbursement Advertising - Digital					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17.5144.2</b>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 58			
	<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) <b>A. Twitter, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 1355 Market St Ste 900		Amount of Each Disbursement this Period 27.37
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Advertising - Digital	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.5144.3</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Mark Hoerber</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 17 Permberton St#5		Amount of Each Disbursement this Period 462.45
City Cambridge	State MA Zip Code 02140	
Purpose of Disbursement Reimbursement - See Itemization Below	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.5145</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Actualize Studio</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 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	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.5145.0</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	462.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 58			
	<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) <b>A. Facebook</b>		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 44.08
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Digital	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5145.1</b>
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>B. i360 LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address PO BOX 37046		Amount of Each Disbursement this Period 1284.72
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Voter Telephone Contact	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5101</b>
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>C. i360 LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address PO BOX 37046		Amount of Each Disbursement this Period 859.87
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Voter Telephone Contact	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5102</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2144.59
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 58			
	<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) <b>A. Prevail Strategies</b>		Date of Disbursement
Mailing Address 400 First St SW		M M / D D / Y Y Y Y 01 / 09 / 2016
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Strategic Consulting	Candidate Name	Amount of Each Disbursement this Period 6078.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<input type="checkbox"/> Memo Item
		<b>Transaction ID : SB17.5103</b>

Full Name (Last, First, Middle Initial) <b>B. Prevail Strategies</b>		Date of Disbursement
Mailing Address 400 First St SW		M M / D D / Y Y Y Y 01 / 09 / 2016
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Printing	Candidate Name	Amount of Each Disbursement this Period 1453.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<input type="checkbox"/> Memo Item
		<b>Transaction ID : SB17.5104</b>

Full Name (Last, First, Middle Initial) <b>c. Prevail Strategies</b>		Date of Disbursement
Mailing Address 400 First St SW		M M / D D / Y Y Y Y 02 / 08 / 2016
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Strategic Consulting	Candidate Name	Amount of Each Disbursement this Period 6000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<input type="checkbox"/> Memo Item
		<b>Transaction ID : SB17.5105</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13531.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 58			
	<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) <b>A. Prevail Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016		
Mailing Address 400 First St SW			Amount of Each Disbursement this Period 696.44		
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Printing		Candidate Name	Transaction ID : <b>SB17.5106</b>		
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:	Category/Type			

Full Name (Last, First, Middle Initial) <b>B. Prevail Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016		
Mailing Address 400 First St SW			Amount of Each Disbursement this Period 6000.00		
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Strategic Consulting		Candidate Name	Transaction ID : <b>SB17.5107</b>		
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:	Category/Type			

Full Name (Last, First, Middle Initial) <b>c. Prevail Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016		
Mailing Address 400 First St SW			Amount of Each Disbursement this Period 662.76		
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Printing		Candidate Name	Transaction ID : <b>SB17.5108</b>		
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:	Category/Type			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7359.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 58			
	<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) <b>A. Prevail Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 400 First St SW		Amount of Each Disbursement this Period 696.10
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5109</b>
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>B. Brian Scarlett</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016
Mailing Address 2519 Lawnside Rd		Amount of Each Disbursement this Period 2500.00
City Timonium	State MD	
Zip Code 21093	Purpose of Disbursement Campaign Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5151</b>
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>c. Brian Scarlett</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 2519 Lawnside Rd		Amount of Each Disbursement this Period 2500.00
City Timonium	State MD	
Zip Code 21093	Purpose of Disbursement Campaign Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5147</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5696.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 58	
	<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) <b>A. Brian Scarlett</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 2519 Lawnside Rd		Amount of Each Disbursement this Period 910.63
City Timonium	State MD	
Zip Code 21093	Purpose of Disbursement Reimbursement - See Itemization Below	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5148</b>
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>B. U-Haul</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 330 N Stonestreet Ave Ste U		Amount of Each Disbursement this Period 47.52
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement Rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5148.0</b>
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>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 7.73
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5148.2</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	910.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 58	
	<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) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 111.82
City Framingham	State MA Zip Code 01702	
Purpose of Disbursement Copies	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.5148.3</b>
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>B. Staples</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2016
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 50.04
City Framingham	State MA Zip Code 01702	
Purpose of Disbursement Copies	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.5148.4</b>
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>C. U-Haul</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 330 N Stonestreet Ave Ste U		Amount of Each Disbursement this Period 36.67
City Rockville	State MD Zip Code 20850	
Purpose of Disbursement Rental	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.5148.8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 58	
	<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) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 6.35
City Framingham	State MA Zip Code 01702	
Purpose of Disbursement Shipping	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	<b>Transaction ID : SB17.5148.10</b>

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 85.64
City Framingham	State MA Zip Code 01702	
Purpose of Disbursement Office Supplies	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	<b>Transaction ID : SB17.5148.17</b>

Full Name (Last, First, Middle Initial) <b>c. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2016
Mailing Address 2455 Paces Ferry Rd NW		Amount of Each Disbursement this Period 89.32
City Atlanta	State GA Zip Code 30339	
Purpose of Disbursement Sign Hardware	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	<b>Transaction ID : SB17.5148.22</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 58	
	<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) <b>A. Brian Scarlett</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2016
Mailing Address 2519 Lawnside Rd		Amount of Each Disbursement this Period 849.31
City Timonium	State MD	
Zip Code 21093	Purpose of Disbursement Mileage Reimbursement	<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5149</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brian Scarlett</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 2519 Lawnside Rd		Amount of Each Disbursement this Period 2500.00
City Timonium	State MD	
Zip Code 21093	Purpose of Disbursement Campaign 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5152</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ScottE Software Development</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016
Mailing Address 8630-M Guilford Rd#119		Amount of Each Disbursement this Period 625.00
City Columbia	State MD	
Zip Code 21046	Purpose of Disbursement Digital 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5110</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3974.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 58	
	<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) <b>A. ScottE Software Development</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 8630-M Guilford Rd#119		Amount of Each Disbursement this Period 450.00
City Columbia	State MD	
Zip Code 21046	Purpose of Disbursement Digital Advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5111</b>
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>B. ScottE Software Development</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2016
Mailing Address 8630-M Guilford Rd#119		Amount of Each Disbursement this Period 450.00
City Columbia	State MD	
Zip Code 21046	Purpose of Disbursement Digital Advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5112</b>
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>C. ScottE Software Development</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 8630-M Guilford Rd#119		Amount of Each Disbursement this Period 450.00
City Columbia	State MD	
Zip Code 21046	Purpose of Disbursement Digital Advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5113</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 58	
	<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) <b>A. ScottE Software Development</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 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	
Purpose of Disbursement Digital Advertising		Category/ Type	<b>Transaction ID : SB17.5114</b>	
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:				

Full Name (Last, First, Middle Initial) <b>B. ScottE Software Development</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 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	
Purpose of Disbursement Digital Advertising		Category/ Type	<b>Transaction ID : SB17.5115</b>	
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:				

Full Name (Last, First, Middle Initial) <b>c. Strategy Group Co</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016	
Mailing Address 7669 Stagers Loop			Amount of Each Disbursement this Period 2400.00	
City Delaware	State OH	Zip Code 04301	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Teletownhall		Category/ Type	<b>Transaction ID : SB17.5117</b>	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 58	
	<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) <b>A. Strategy Group Co</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 2900.00
City Delaware	State OH	
Zip Code 04301	Purpose of Disbursement Teletownhall	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5118</b>
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>B. Wilson Grand Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016
Mailing Address 429 N Saint 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	<b>Transaction ID : SB17.5119</b>
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>C. Wilson Grand Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016
Mailing Address 429 N Saint Asaph St		Amount of Each Disbursement this Period 1710.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement photo shoot	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5120</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6610.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 58	
	<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) <b>A. Wilson Grand Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016
Mailing Address 429 N Saint Asaph St		Amount of Each Disbursement this Period 1955.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement photo shoot	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	<b>Transaction ID : SB17.5121</b>

Full Name (Last, First, Middle Initial) <b>B. Wilson Grand Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 429 N Saint Asaph St		Amount of Each Disbursement this Period 500.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement photo shoot	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	<b>Transaction ID : SB17.5122</b>

Full Name (Last, First, Middle Initial) <b>C. Wilson Grand Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 429 N Saint Asaph St		Amount of Each Disbursement this Period 3000.00
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	<b>Transaction ID : SB17.5123</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5455.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 58	
	<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) <b>A. Wilson Grand Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2016</b>
Mailing Address <b>429 N Saint Asaph St</b>		Amount of Each Disbursement this Period <b>1500.00</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>Advertising - Production</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5124</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Wilson Grand Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2016</b>
Mailing Address <b>429 N Saint Asaph St</b>		Amount of Each Disbursement this Period <b>60030.00</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>Advertising</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5125</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Wilson Grand Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2016</b>
Mailing Address <b>429 N Saint Asaph St</b>		Amount of Each Disbursement this Period <b>3000.00</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>Communications Consulting</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5126</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>64530.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 58	
	<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) <b>A. Wilson Grand Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 429 N Saint Asaph St		Amount of Each Disbursement this Period 720.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5127</b>
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>B. Wilson Perkins Allen</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2016
Mailing Address 1319 Classen Dr		Amount of Each Disbursement this Period 25200.00
City Oklahoma City	State OK	
Zip Code 73103	Purpose of Disbursement Public Opinion Research	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5129</b>
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>C.</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	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25920.00
<b>TOTAL</b> This Period (last page this line number only).....	292789.73

**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 58			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

NAME OF COMMITTEE (In Full)  
**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Domenix Corp</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016		
Mailing Address 4229 Lafayette Ctr Dr			Amount of Each Disbursement this Period 1000.00		
City Chantilly	State VA	Zip Code 20151	<input type="checkbox"/> Memo Item <b>Transaction ID : SB20A.5071</b>		
Purpose of Disbursement Refund of Impermissible Corporate Contribution		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"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Joseph Simon</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 9 Garrett Court			Amount of Each Disbursement this Period 250.00		
City Derwood	State MD	Zip Code 20855	<input type="checkbox"/> Memo Item <b>Transaction ID : SB20A.5070</b>		
Purpose of Disbursement Chargeback		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"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		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"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	1250.00

# 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 100000.00

### TERMS

Date Incurred Date Due Interest Rate Secured:  
M 08 / D 29 / 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**

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>PERSONAL FUNDS</b> <input type="checkbox"/> Memo Item <b>AMIE HOEBER</b>	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
100000.00	0.00	100000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M 12 / D 31 / Y 2015	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: <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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="100000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	



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

NAME OF COMMITTEE (In Full) **AMIE HOEBER FOR CONGRESS** Transaction ID : **SC/10.5154**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>AMIE HOEBER</b> <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9209 FOX MEADOW LN	

City	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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	03 / 12 / 2016	3/12/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

NAME OF COMMITTEE (In Full) **AMIE HOEBER FOR CONGRESS** Transaction ID : **SC/10.5153**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>AMIE HOEBER</b> <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9209 FOX MEADOW LN	

City	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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	03 / 31 / 2016	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:

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	350000.00

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