

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

AMIE HOEBER FOR CONGRESS

ADDRESS (number and street)

PO BOX 61438

Check if different than previously reported. (ACC)

POTOMAC

MD

20859

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00582296

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MD

06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

5. Covering Period

M M / D D / Y Y Y Y

06 / 07 / 2018

through

M M / D D / Y Y Y Y

06 / 30 / 2018

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

Marston, Chris, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Marston, Chris, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07 / 15 / 2018

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

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**AMIE HOEBER FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	20226.00	303727.12
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1225.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20226.00	302502.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	39557.69	282031.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	253.09	650.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	39304.60	281380.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	80482.08	
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).....	450000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**AMIE HOEBER FOR CONGRESS**

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

<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).....	16621.00	144215.12
(ii) Unitemized.....	1605.00	22062.00
(iii) TOTAL of contributions from individuals ▶	18226.00	166277.12
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	18450.00
(d) The Candidate.....	0.00	119000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20226.00	303727.12
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	253.09	650.41
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	20479.09	304377.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39557.69	282031.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1225.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1225.00
21. OTHER DISBURSEMENTS .....	0.00	1000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	39557.69	284256.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	99560.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20479.09
25. SUBTOTAL (add Line 23 and Line 24).....	120039.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39557.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	80482.08

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

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

FOR LINE NUMBER: PAGE 5 OF 20  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

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

Mailing Address 65 Enterprise Drive

City: Oakland State: CA Zip Code: 21550

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

Name of Employer: GCC Technologies Occupation: CEO

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 2700.00

Date of Receipt: 06 / 27 / 2018

Transaction ID : SA11AI.8468

Amount of Each Receipt this Period: 2700.00

Memo Item

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

Mailing Address 1356 Hemlock Dr

City: Irwin State: PA Zip Code: 15642

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

Name of Employer: CCI Occupation: CEO

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 1350.00

Date of Receipt: 06 / 30 / 2018

Transaction ID : SA11AI.8482

Amount of Each Receipt this Period: 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Doore, Stan, , ,**

Mailing Address 12437 Pretoria Drive

City: Silver Spring State: MD Zip Code: 20904

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

Name of Employer: None Occupation: Retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 1250.00

Date of Receipt: 06 / 16 / 2018

Transaction ID : SA11AI.8456

Amount of Each Receipt this Period: 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3300.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 20  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Doore, Stan, , ,**

Mailing Address 12437 Pretoria Drive

City Silver Spring State MD Zip Code 20904

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

Name of Employer None Occupation Retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2018

Transaction ID : SA11AI.8479

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 6106 MacArthur Blvd

City Bethesda State MD Zip Code 20816

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

Name of Employer Phillips Dev Corp Occupation ExecVP

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2018

Transaction ID : SA11AI.8452

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 1881 North Nash St

City Arlington State VA Zip Code 22209

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

Name of Employer None Occupation Retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2018

Transaction ID : SA11AI.8484

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 7 OF 20
	<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**

Full Name (Last, First, Middle Initial) <b>Flynn, Gerard, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2018		
Mailing Address 1 Peregrine Dr			<b>Transaction ID : SA11AI.8489</b>		
City Washington	State NJ	Zip Code 07882	Amount of Each Receipt this Period 2700.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer Verizon	Occupation Director		Election Cycle-to-Date 2700.00		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>Haire, Dirk, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2018		
Mailing Address 3563 Old Trail Rd			<b>Transaction ID : SA11AI.8432</b>		
City Edgewater	State DE	Zip Code 21037	Amount of Each Receipt this Period 2700.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer Fox Rothchild LLP	Occupation Attorney		Election Cycle-to-Date 2700.00		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>Jacobs, Randi, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2018		
Mailing Address 7300 Lynnhurst St			<b>Transaction ID : SA11AI.8491</b>		
City Chevy Chase	State MD	Zip Code 20815	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer None	Occupation Retired		Election Cycle-to-Date 250.00		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5650.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 20  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Jacobs, Shirley, , ,**  
 Mailing Address 7300 Lynnhurst St  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **1800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : SA11AI.8492**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kocher, Theresa, , ,**  
 Mailing Address 102 Nichols Street  
 City Bel Air State MD Zip Code 21014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JRAD Occupation analyst  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2018  
**Transaction ID : SA11AI.8471**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**McNair, Carl, , ,**  
 Mailing Address 7871 Rolling Woods Ct  
 City Springfield State VA Zip Code 22152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2018  
**Transaction ID : SA11AI.8427**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2225.00**  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 20	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>Punaro, Arnold, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2018	
Mailing Address 1313 Dolley Madison Blvd			<b>Transaction ID : SA11AI.8428</b>	
City McLean	State VA	Zip Code 22101	Amount of Each Receipt this Period _____ 2000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self		Occupation Retired Military		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 3000.00		

Full Name (Last, First, Middle Initial) <b>Punaro, Daniel, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2018	
Mailing Address 1823 Riggs Place NW			<b>Transaction ID : SA11AI.8466</b>	
City Washington	State DC	Zip Code 20009	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer IronArch Technology		Occupation Consultant		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00		

Full Name (Last, First, Middle Initial) <b>Runde, Daniel, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2018	
Mailing Address 6910 Bonheim Ct			<b>Transaction ID : SA11AI.8445</b>	
City McLean	State VA	Zip Code 22101	Amount of Each Receipt this Period _____ 496.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item In-kind - Catering	
Name of Employer CSIS		Occupation Scholar		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 746.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 2746.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 10 OF 20  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Shargai, Victor, , ,**  
 Mailing Address 700 New Hampshire Ave NW  
 City Washington State DC Zip Code 20037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2018  
**Transaction ID : SA11AI.8451**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Stone, Anne, , ,**  
 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 Assoc LLC Occupation Attorney  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2018  
**Transaction ID : SA11AI.8460**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Swink, Jim, , ,**  
 Mailing Address 17101 Black Rock Rd  
 City Germantown State MD Zip Code 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : SA11AI.8487**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16621.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 20  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**JOE WILSON FOR CONGRESS**

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

FEC ID number of contributing federal political committee. **C** C00368522

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2018

**Transaction ID : SA11C.8494**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NOVA POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

FEC ID number of contributing federal political committee. **C** C00585554

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2018

**Transaction ID : SA11C.8475**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	2000.00
<b>TOTAL</b> 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: (check only one)		PAGE 12 OF 20	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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

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

Mailing Address 9209 FOX MEADOW LN

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

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

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
119253.09

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2018

**Transaction ID : SA14.8447**

Amount of Each Receipt this Period  
253.09

Memo Item  
Repayment of Double Reimbursement (See Pre-Primary SB17 5/11)

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	253.09
<b>TOTAL</b> This Period (last page this line number only).....▶	253.09

**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 13 OF 20			
	<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. A&amp;C Business News</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2018
Mailing Address 932 Hungerford Dr		FEC Identification Number C
City Rockville	State MD	Zip Code 20850
Purpose of Disbursement Print Advertising		Amount of Each Disbursement this Period 300.00
Candidate Name	Category/ Type	Transaction ID : SB17.8444
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2018
Mailing Address 10156 Perkins Rd Ste 217F		FEC Identification Number C
City Baton Rouge	State LA	Zip Code 70810
Purpose of Disbursement Online Contribution Processing		Amount of Each Disbursement this Period 410.60
Candidate Name	Category/ Type	Transaction ID : SB17.8495
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bay Armoury LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2018
Mailing Address 1829 Bay St SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Fundraising Consulting		Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	Transaction ID : SB17.8440
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3710.60
<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 14 OF 20	
	<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. Currie, Neil, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2018	
Mailing Address 10401 Lloyd Rd			FEC Identification Number C	
City Potomac	State MD	Zip Code 20854	Amount of Each Disbursement this Period 950.00	
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : SB17.8441	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Executive Press Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2018	
Mailing Address 10412 Main St			FEC Identification Number C	
City Fairfax	State VA	Zip Code 22030	Amount of Each Disbursement this Period 834.21	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : SB17.8436	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Majority Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2018	
Mailing Address 12854 Kenan Dr			FEC Identification Number C	
City Jacksonville	State FL	Zip Code 32258	Amount of Each Disbursement this Period 5806.78	
Purpose of Disbursement Direct Mail		Category/ Type	Transaction ID : SB17.8438	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7590.99
<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 15 OF 20			
	<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. Majority Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2018
Mailing Address 12854 Kenan Dr		FEC Identification Number C
City Jacksonville	State FL	Zip Code 32258
Purpose of Disbursement Online Advertising	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 15656.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8442
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Majority Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2018
Mailing Address 12854 Kenan Dr		FEC Identification Number C
City Jacksonville	State FL	Zip Code 32258
Purpose of Disbursement Direct Mail	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 12104.10	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8443
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Runde, Daniel, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2018
Mailing Address 6910 Bonheim Ct		FEC Identification Number C
City McLean	State VA	Zip Code 22101
Purpose of Disbursement In-kind - Catering	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 496.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8446
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	28256.10
<b>TOTAL</b> This Period (last page this line number only).....▶	39557.69

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

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 12 <sup>M</sup> / D 31 <sup>D</sup> / Y 2015 Y	M M / D D / On Demand <sup>Y</sup>	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).....▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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



# SCHEDULE C (FEC Form 3) LOANS

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

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

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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<b>TERMS</b>	Date Incurred M 03 / D 12 / Y 2016	Date Due M M / D D / Y 3/12/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

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

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

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 03 / D 31 / Y 2016	M M / D D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

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

NAME OF COMMITTEE (In Full) **AMIE HOEBER FOR CONGRESS** Transaction ID : **SC/10.6460**

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

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 / D 10 / Y 2016	M M / D D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **AMIE HOEBER FOR CONGRESS** Transaction ID : **SC/10.6629**

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

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 11 / D 02 / Y 2016	M M / D D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	450000.00

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