

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 13 P 1:02

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Hoyer for Congress		2. FEC IDENTIFICATION NUMBER CD0140715
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 7905 Malcolm Road, Suite 102		
CITY, STATE and ZIP CODE Clinton, MD 20735	STATE/DISTRICT MD/05	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input checked="" type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report following the General Election
<input type="checkbox"/> January 31 Year End Report	on _____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>7/1/00</u> through <u>9/30/00</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	175,670.84	497,322.93
(b) Total Contribution Refunds (from Line 20(d))	1,500.00	6,500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	173,567.84	490,822.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	147,089.48	263,012.70
(b) Total Offsets to Operating Expenditures (from Line 14)	00.00	500.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	147,089.48	262,512.70
8. Cash on Hand at Close of Reporting Period (from Line 27)	760,388.50	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	2,000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	00.00	

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 William I. Garner, Jr.		Date
Signature of Treasurer 		10/14/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period	
Hoyer for Congress	From: 7/1/00	To: 9/30/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	69,575.00	
(ii) Unitemized	5,075.00	
(iii) Total of contributions from individuals	74,650.00	145,030.00
(b) Political Party Committees	20.84	20.84
(c) Other Political Committees (such as PACs)	101,000.00	352,272.00
(d) The Candidate	00.00	00.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(i)(iii), (b), (c) and (d))	175,670.84	497,322.49
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	00.00	00.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	00.00	00.00
(b) All Other Loans	00.00	00.00
(c) TOTAL LOANS (add 13(a) and (b))	00.00	00.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	00.00	500.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	2,431.54	6,028.13
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	178,102.38	503,851.06
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	147,089.48	263,012.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	00.00	00.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	00.00	00.00
(b) Of All Other Loans	00.00	00.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	00.00	00.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1,500.00	1,500.00
(b) Political Party Committees	00.00	00.00
(c) Other Political Committees (such as PACs)	00.00	5,000.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	1,500.00	6,500.00
21. OTHER DISBURSEMENTS	12,122.00	115,800.85
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	160,711.48	385,313.55
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 742,997.60	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 178,102.38	
25. SUBTOTAL (add Line 23 and Line 24)	\$ 921,099.98	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 160,711.48	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 760,388.50	

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules
for each numbered line)

Name of Committee (In Full) Boyer for Congress Committee			
A. Full Name, Mailing Address and ZIP Code of Loan Source Citizens for Del Guidice 1308 Elson Place Takoma Park, Maryland 20912 Exotic: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$ 7,000.00	Cumulative Payment To Date \$ 5,000.00	Balance Outstanding at Close of This Period \$ 2,000.00
Terms: Date Incurred <u>11/02/90</u> Date Due <u>Dec 1999</u> Interest Rate <u> </u> % (ap) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code Stephen J. Del Guidice 1308 Elson Place Takoma Park, Maryland 20912	Name of Employer Prince George's Co. Occupation	(This area is shaded to indicate that the information is not to be reported.)	
	Amount Guaranteed Outstanding: \$ 2,000.00		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Exotic: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (ap) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(This area is shaded to indicate that the information is not to be reported.)	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) _____			
TOTALS This Period (last page in this line only) _____			\$2,000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 1 OF 17
FOR LINE NUMBER 11(a)(1)

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Abrams 26095 Sotterly Heights Hollywood, MD 20636	self-employed Occupation: attorney	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code Cahuilla Indians Agua Caliente Band 600 East Tahquitz Canyon Way Palm Springs, CA 92262	Information Requested Occupation: Information Requested	8/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code Keith Allston 14750 Pilea Place Hugheaville, MD 20637	Local East Group Occupation: Insurance	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	\$500.00	
D. Full Name, Mailing Address and ZIP Code John Bailey 3155 Hickory Ridge Road Dunkirk, MD 20754	Scheibel Construction Occupation: General Contractor	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	\$500.00	
E. Full Name, Mailing Address and ZIP Code Warren Barley 8755 Courtney Drive Waldorf, MD 20603	Information Requested Occupation: Information Requested	8/1/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code Pamela Batstone 571 Coover Road Annapolis, MD 21401	Information Requested Occupation: Information Requested	9/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code Gregory V Billups 12822 Meadowbrook Lane Waldorf, MD 20601	Systems, Maintenance & Technology, Inc Occupation: CEO	7/20/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 2 OF 17
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William A Blakey Esq. 12500 Woodcraig Lane Mitchellville, MD 20721	Ciohan and Dean Occupation: Attorney	9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,050.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James B Bland III P.O. Box 1525, 235 Point Lane Solomons, MD 20688-1525	Hometech.com Occupation: CEO	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Blazer P.O. Box 299 Great Mills, MD 20634	Blazer's Custom Construction, Ltd. Occupation: owner	7/20/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Faud Bouhoussein 23147 Guy Squirrel Lane California, MD 20619	Information Requested Occupation: Information Requested	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Brewster, Jr. 944 Lake Avenue Greenwich, CT 06831	Information Requested Occupation: Information Requested	8/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Brooks 6807 Pennywood Road Upper Marlboro, MD 20772	Information Requested Occupation: Information Requested	8/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Elliott Burch Jr. P.O. Box 388 Mechanicville, MD 20659	Burch Oil Company Occupation: President	7/20/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$5,500.00

TOTAL This Period (last page use line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 3 OF 17

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Celia Carroll 6060 Port Tobacco Road Indian Head, MD 20640	Bernie Schutz Realty, Inc.	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation real estate agent	Aggregate Year-to-Date > \$	\$550.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Owen R Chaffee 203 Yeakum Parkway, #1012 Alexandria, VA 22304	Infosystems Technology Inc.	9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Circo 131 Clarborne Road Edgewater, MD 21037	Information Requested	9/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Clark P.O. Box 1670 Solomons, MD 20688		8/1/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation homemaker	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann Collins 5430 Beach Drive Saint Leonard, MD 20685		7/20/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation homemaker	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lynn Curtis 1748 S Street, N.W. Washington, DC 20009	Information Requested	9/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Thomas Daugherty 46619 Millstone Landing Road Lexington Park, MD 20653	Self	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 4 OF 17
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine W Daugherty PO Box 236 Lexington Park, MD 20653	Housewife	7/20/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Franklin W Dean 24471 Merley Dean Road Hollywood, MD 20636	retired	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert G Dean Jr. 45254 Drayden Road Valley Lee, MD 20692	General Contractor	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale P Dirks 1506 Widows Mita Road. Annapolis, MD 21037	Health and Medicine Counsel of Washing	9/30/00	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$	\$450.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norton T Dodge Cremona Farm 41000 Cremona Road Mechanicsville, MD 20859	retired	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Duga 127 Macdougall Street New York, NY 10012	Information Requested	9/22/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Requested Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bryan Dugan 24028 Meredith Court Hollywood, MD 20636	Dugan & McKiesick, LLC	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: attorney Aggregate Year-to-Date > \$	\$500.00	

SUBTOTAL of Receipts This Page (optional)

\$4,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 5 OF 17
FOR LINE NUMBER 11(a)(f)

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee CD0140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anita R Estell 689 W. Glebe Road Alexandria, VA 22305	Van Scoyoc Associates	9/27/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Fairfax 46516 Walnut Court Lexington Park, MD 20853-9719		8/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation homemaker	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Victor Fazio 2224 N. Kentucky Street Arlington, VA 22205	Clark & Weinstock	9/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation lobbyist	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Feldenkreis 3000 NW 107 Avenue Miami, FL 33172	Supreme International Corporation	8/16/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO & Chairman	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Fenerty 5051 Hillside Avenue Bensalem, PA 19020	Navmar Applied Sciences Corporation	9/30/00	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > \$	\$300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Yavapai Nation Fort McDowell P.O. Box 17779 Fountain Hills, AZ 85269-7779	Information Requested	9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sam Gensler 8204 Maxine Circle Baltimore, MD 21208	Gensler Company	8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional) **\$4,800.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 6 OF 17
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Antonio Giordano 190 Broad Street Providence, RI 02903	Consultants Incorporated	9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Girth 12025 Fallsades Drive Durtklrk, MD 20754	Information Requested	9/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Audrey H Goolsby 2644 Quiet Water Cove Annapolls, MD 21401		8/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph M Gough Jr. Holly Gaf Farm P.O. Box 349 Leonardtown, MD 20650	former President, First Natl. Bank	7/20/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Gracey, Jr. 25209 Woodfield School Road Gaithersburg, MD 20882	Proqramment Technologies, Inc.	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Graefe Baker & Hostetler, LLP 1050 Connecticut Avenue, NW Washington, DC 20036-5304	Baker & Hostetler, LLP	8/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Luther M Grainger 7700 Locust Place Port Tobacco, MD 20677	Applied Ordinance Technologies	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$3,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
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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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bonnie Green 6859 Williamsburg Pond Court Falls Church, VA 22043 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	U.S. Government Occupation government employee Aggregate Year-to-Date > \$ 250.00	9/30/00	\$250.00
Richard P Gregory 7382 Woodhaven Park LaPlata, MD 20646 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 500.00	7/20/00	\$500.00
Geoffrey Grosvenor 9807 Georgetown Pike Great Falls, VA 22066 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CPSI Associates Occupation Associate Aggregate Year-to-Date > \$ 500.00	7/20/00	\$500.00
Richard Hamilton 3200 Crain Highway, Suite 100 Waldorf, MD 20603 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Delta Realty Company Occupation Real Estate Broker/Developer Aggregate Year-to-Date > \$ 500.00	8/1/00	\$500.00
Gary Hankins 3503 Marcey Creek Road Laurel, MD 20724 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gary Hankins & Associates Occupation Labor Consultant Aggregate Year-to-Date > \$ 250.00	8/1/00	\$250.00
Charles B Hayden 24310 Heron Pond Lane Hollywood, MD 20636 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hayden's Auto Supply, Inc. Occupation Businessman Aggregate Year-to-Date > \$ 500.00	7/20/00	\$500.00
Robert L Healy 5825 Kripple Creek Place LaPlata, MD 20646 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Atlantic Richfield Occupation Vice President Aggregate Year-to-Date > \$ 500.00	7/20/00	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James B Hooper P.O. Box 181 Bryantown, MD 20617	Hooper & Associates	9/22/00	\$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate Appraiser	Aggregate Year-to-Date > \$ 525.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James B Hooper P.O. Box 181 Bryantown, MD 20617	Hooper & Associates	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate Appraiser	Aggregate Year-to-Date > \$ 525.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kay Redfield Jamison 2745 Brandywine Road, N.W. Washington, DC 20008	John Hopkins School of Medicine	9/22/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Professor of Psychiatry	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Krishna P Jayaraman 2847D Charles Street Mechanicville, MD 20859	Shah Associates	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bhasker A Jhaveri P.O. Box 800 Charlotte Hall, MD 20622	Shah Associates	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Kennedy 7703 Carlton Place Mc Lean, VA 22102	Information Requested	8/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Requested	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph O Knoefel 23103 Piney Wood Circle California, MD 20819	Business Alliance LTD.	7/20/00	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) \$2,825.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE **8** OF **17**
FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah F Knott Box 52 Great Mills, MD 20634	Great Mill Trading Post	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation book keeper	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Lacey 6 Meekins Avenue Indian Head, MD 20640	U.S. Navy	8/1/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond G LaPlace Esq. 14440 Old Mill Road Upper Marlboro, MD 20772	Knight, Manzi, Nussbaum & LaPlace	9/27/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Constance Linn 802 Guisando de Avila Tampa, FL 33613	Linn Uniform Company	9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Padmaja Mantena 2653 Edgewater Drive Weston, FL 33332	Information Requested	8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Catherine Mattingly PO Box 23 27804 Mechanicsville Road Mechanicsville, MD 20659	-----	7/20/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kiran D Mehta 22615 Bretmar Drive Leonardtown, MD 20650	Shah Associates	8/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$4,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt this Period
Gregory Merrill 4922 Leland Street Chevy Chase, MD 20815	Occupation Information Requested	9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sanjeeb Kumar Mishra M.D. 7C Post Office Road Waldorf, MD 20602	self	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date >	\$
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Mitchell 14708 Westbury Drive Rockville, MD 20853	Bldr/Developer	8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mitchell & Best Group, LLC	Aggregate Year-to-Date >	\$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan D. Mona #3 Deepwater Court Annapolis, MD 21037	Mona Electric	9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Contractor	Aggregate Year-to-Date >	\$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mission Indians Morongo Band P.O. Box 366 Cabazon, CA 92230-0366	Information Requested	9/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date >	\$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phyllis Newfield 9419 Overlea Drive Rockville, MD 20850-3736	Washington Open MRI	8/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation self-employed	Aggregate Year-to-Date >	\$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alexis Norton 2191 Cabots Points Drive Reston, VA 20191	Information Requested	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date >	\$

SUBTOTAL of Receipts This Page (optional)	\$5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael O'Brien 21780 Great Mills Road Lexington Park, MD 20653	O'Brien Realty Inc.	8/1/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code Kathleen Pappas P.O. Box 154 Dowell, MD 20629-0154	Information Requested	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code John Thomas Parran Jr. 3 North First Street Indian Head, MD 20640	Parran & Assocs.	8/1/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code Ghanshyam R. Patel 1126 Hamlin Road Waldorf, MD 20601	G.R. Patel, Inc.	8/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Adinath A. Patil P.O. Box 1202, Breimar Court Leonardtown, MD 20650	Shah Associates	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code Howard Polinger 3302 Shirley Lane Chevy Chase, MD 20815	Polinger Company	9/30/00	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Developer	Aggregate Year-to-Date > \$	\$300.00
G. Full Name, Mailing Address and ZIP Code Abe Pollin C/O MCI Center 601 F Street, N.W. Washington, DC 20004	Washington Wizards	8/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation owner	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional) \$4,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Frank Raley Jr. P O Box 34 St. Mary's City, MD 20686		7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Willma M Reeves 25140 Hurry Road Chaptico, MD 20621	Name of Employer: self	Date (month, day, year): 7/20/00	Amount of Each Receipt this Period: \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: farmer Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Barry Rhoads 7308 Idywood Court Falls Church, VA 22043	Name of Employer: Boland & Madigan	Date (month, day, year): 7/20/00	Amount of Each Receipt this Period: \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: associate Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code David G Ross 15762 East Haven Court Bowie, MD 20716	Name of Employer: Department of Health and Human Services	Date (month, day, year): 9/27/00	Amount of Each Receipt this Period: \$950.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: federal employee Aggregate Year-to-Date > \$ 950.00		
E. Full Name, Mailing Address and ZIP Code Richard Schifter 8907 Crall Drive Bethesda, MD 20817	Name of Employer: US Government	Date (month, day, year): 9/11/00	Amount of Each Receipt this Period: \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Government Official Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Leonard Sendelsky 100 Devon Road Colonia, NJ 07067	Name of Employer: Lenguy Construction Corporation	Date (month, day, year): 9/22/00	Amount of Each Receipt this Period: \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Builder and Developer Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Bharti Shah 12500 Nathaniel Oaks Drive Hemdon, VA 22071	Name of Employer:	Date (month, day, year): 7/20/00	Amount of Each Receipt this Period: \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Housewife Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

\$5,450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140716

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mahesh P Shah MD 15605 Oak Glen Circle Hughesville, MD 20637	Shah Associates	8/1/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Navin C Shah 11412 Rouen Drive Potomac, MD 20854	Information Requested	8/11/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph F Shannon Jr. 8805 Horseshoe Drive LaPlata, MD 20646	AOT - Maryland	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Operations Officer	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. Sigmund Shapiro 1008 St. George Road Baltimore, MD 21210-1413	Samuel Shapiro Co.	9/22/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	\$1,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. D Shelton 11 Leader Road New Freedom, PA 17349	E-Development International	9/27/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Sherman 26005 Sottarley Cliffs Lane Hollywood, MD 20636	self	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation legal secretary	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wade Sibole 248 Bay Avenue Prince Frederick, MD 20678	Gorilla Tool Co./Four Star Productions, Inc.	9/22/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation self-employed	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals/Persons

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NAME OF COMMITTEE (in full)

Hoyer for Congress Committee CD0140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Sperling 4835 E. Exeter Phoenix, AZ 85018	Information Requested	9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Lynn Stone PO Box 880 Lexington Park, MD 20853	Century 21, Stone Associates	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lynn Sturgis 20632 Laurel Court Leonardtown, MD 20650		8/1/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darryl Sutton 2801 Autumn Chase Circle Annapolis, MD 21401	Information Requested	8/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James R Taylor 23140 Cobblestone Ln, Apt 104 California, MD 20619	Maryland Bank & Trust	8/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charlie J Testa 10501 Democracy Blvd. Potomac, MD 20854	Infosystems Technology	9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon K Tucker 2114 Chesapeake Harbor Drive Apt. 201 Annapolis, MD 21403	Tucker Associates	9/22/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Environmental/Energy Consul	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) \$4,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 15 OF 17
FOR LINE NUMBER 11(a)(i)

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerry Unruh 1131 Back Creek Loop Solomons, MD 20688	Martech	9/22/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President of MSEC	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kannakat P Verghese M.D. 41040 Paw Paw Hollow Lane Leonardtown, MD 20650	Self	8/16/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Henry A Virts 29350 Trent Hall Road Mechanicville, MD 20859	State of Maryland	7/20/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Secretary of Agriculture	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ryan Vitelliss 2803 Autumn Chase Circle Annapolis, MD 21401-7253	Information Requested	8/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Theresa Vitelliss 2803 Autumn Chase Circle Annapolis, MD 21401-7253	Information Requested	8/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Henry T Waring 21165 Great Mills Road Lexington Park, MD 20653	self	7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ileen Watson 219 S. River Clubhouse Road Harwood, MD 20776	Information Requested	8/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

\$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 16 OF 17
FOR LINE NUMBER 11(a)(i)

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)
Hoyer for Congress Committee CD0140715

A. Full Name, Mailing Address and ZIP Code Gary Weightman 7415 Prospect Hill Road La Plata, MD 20648 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$	Date (month, day, year) 8/30/00	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Jay Weiss Southern Wine & Spirits 1600 NW 163rd Street 33189 Miami, FL 33180 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Southern Wine and Spirits, Inc. Occupation Owner Aggregate Year-to-Date > \$	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Harry Weitzel 611 Oyster Bay Court Dowell, MD 20829 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cedar Cove Advisors LLC Occupation Financial Consultant Aggregate Year-to-Date > \$	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Thomas E Wathengel PO Box 37 St. Jerome's Neck Road Dameron, MD 20628 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paragon Builders Occupation Developer Aggregate Year-to-Date > \$	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code George R Wilson Jr. 103 Paul Mellon Court Suite A Waldorf, MD 20602 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer G&W Partnership Occupation Investor Aggregate Year-to-Date > \$	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code F. Ronald Wollman 8450 Dobbin Road, Bldg. G Columbia, MD 21045 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$	Date (month, day, year) 8/30/00	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Christine R Wray 22302 Bretmar Drive Leonardtown, MD 20650 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer St. Mary's Hospital Occupation administrator Aggregate Year-to-Date > \$	Date (month, day, year) 8/1/00	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)	\$4,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 17 OF 17
FOR LINE NUMBER 11(a)(i)

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shahveer Yousef M.D. PO Box 1511 Waldorf, MD 20604	Self	8/1/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Umed K. Shah Route 2, Box 288 Charlotte Hall, MD 20622	Shah Associates	8/11/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$1,500.00

TOTAL This Period (last page this line number only) \$69,575.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Party Committees

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

PAGE 1 OF 1
FOR LINE NUMBER 11(b)

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code New Democratic Network 501 Capitol Court, N.E., Suite 200 Washington, DC 20002	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	* In-Kind: catering Occupation	7/27/00	\$20.84
Aggregate Year-to-Date > \$		\$20.84	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$		\$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$		\$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$		\$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$		\$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$		\$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$		\$	

SUBTOTAL of Receipts This Page (optional) \$20.84

TOTAL This Period (last page this line number only) \$20.84

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 1 OF 13
FOR LINE NUMBER 11(c)

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AAI Corporation PAC 1219 Jefferson Davis Highway Suite B02 Arlington, VA 22202		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Action Committee for Rural Electrification 1800 Massachusetts Avenue, NW Washington, DC 20036		7/20/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AFLAC Incorporated PAC AFLAC Center 1932 Wynnton Road Columbus, GA 31909		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Allegheny Power PAC 10435 Downsville Pike Hagerstown, MD 21740		9/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Allied Pilots Association PAC 14600 Trinity Blvd., Suite 600 Fort Worth, TX 76155-2512		7/20/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Amalgamated Transit Union PAC 5025 Wisconsin Avenue, NW Washington, DC 20016		9/30/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$8,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Academy of Orthopaedic Surgeons PAC 317 Massachusetts Avenue, NE Suite 100 Washington, DC 20002		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00

SUBTOTAL of Receipts This Page (optional)

\$11,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 2 OF 13
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Academy of Sleep Medicine PAC 6301 Bandel Road Suite 101 Rochester, MN 55901-		9/22/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Council of Life Insurance PAC 1001 Pennsylvania Avenue, N.W. Washington, DC 20004		8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Dental Association PAC 1111 14th Street, N.W. Suite 1100 Washington, DC 20005		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Dental Association PAC 1111 14th Street, N.W. Suite 1100 Washington, DC 20005		9/30/00	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Federation of Gov't Employees PAC 80 F Street, NW Washington, DC 20001-		9/27/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Federation of Teachers Committee of Political Education (COPE) 566 New Jersey Avenue, N.W. Washington, DC 20001-		9/22/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$7,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Maritime Officers Political Action Fund 490 L'Entant Plaza East, S.W. Washington, 20024		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,000.00

SUBTOTAL of Receipts This Page (optional) \$11,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 3 OF 13
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee CDD140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Medical Association Political Action Comm 1101 Vermont Avenue, N.W. Washington, DC 20005		9/11/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,000.00
B. Full Name, Mailing Address and ZIP Code American Nurses 600 Maryland Avenue, S.W. Suite 100 West Washington, DC 20024		9/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code American Nurses 600 Maryland Avenue, S.W. Suite 100 West Washington, DC 20024		9/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
D. Full Name, Mailing Address and ZIP Code American Veterinary Medical 1101 Vermont Avenue, NW Suite 710 Washington, DC 20005		8/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code ARCHIPAC/The American Institute of Architects 1735 New York Avenue, NW Washington, DC 20006		8/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code ARMEN PAC 421 E. Airport Freeway Irving, TX 75062		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Asbestos Workers PAC 1776 Massachusetts Avenue, N.W. Suite 301 Washington, DC 20038		7/20/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$250.00
SUBTOTAL of Receipts This Page (optional)			\$8,250.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 4 OF 13
FOR LINE NUMBER 11(c)

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Association for the Advancement of Psychology, Inc. P.O. Box 38129 Colorado Springs, CO 80937-		9/30/00	\$350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$350.00
B. Full Name, Mailing Address and ZIP Code Baker & Hostetler PAC 1050 Connecticut Avenue, NW Suite 1100 Washington, DC 20036		8/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Bank of America Corporation PAC 100 North Tryon Street NCI-007-23-03 Charlotte, NC 28255		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,000.00
D. Full Name, Mailing Address and ZIP Code Bell Atlantic Corporation PAC 1300 I Street, N.W. Suite 400 West Washington, DC 20036		8/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
E. Full Name, Mailing Address and ZIP Code Brinker International PAC 8820 LBJ Fwy, Ste 200 Dallas, TX 75240-6515		9/22/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
F. Full Name, Mailing Address and ZIP Code Cavarocchi, Rusco, Dennis Associates, LLC 317 Massachusetts Avenue, NE Suite 200 Washington, DC 20002-		9/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,500.00
G. Full Name, Mailing Address and ZIP Code CNF Transportation PAC 3240 Hillview Avenue Palo Alto, CA 94304		8/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$6,850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 5 OF 13
FOR LINE NUMBER 11(C)

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Democratic Congressional Campaign Committee 4380 South Capitol Street Washington, DC 20003	Note: Above Contribution earmarked through this organization	8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Conduit total: \$1,000.00	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Committee on Political Action of the American Postal Workers Union 1300 L Street, N.W., Suite 700 Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/11/00	\$5,000.00
	Aggregate Year-to-Date > \$	\$5,000.00	
C. Full Name, Mailing Address and ZIP Code Dairy Farmers of America, Inc. DEPAC Northpointe Tower, Suite 1000 10220 North Executive Hills Blvd. Kansas City, MO 64190	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/30/00	\$1,000.00
	Aggregate Year-to-Date > \$	\$1,500.00	
D. Full Name, Mailing Address and ZIP Code Distilled Spirits PAC 1250 Eye Street, N. W. Suite 800 Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	8/1/00	\$1,000.00
	Aggregate Year-to-Date > \$	\$1,000.00	
E. Full Name, Mailing Address and ZIP Code Dupont Good Government Fund P.O. Box 80288 Wilmington, DE 19880	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	8/30/00	\$500.00
	Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code Edison International PAC 2244 Walnut Grove Avenue #442 Rosemead, CA 91770	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/27/00	\$1,000.00
	Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code Employees of Energy Operations PAC PO Box 31996 Jackson, MS 39286	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/30/00	\$1,000.00
	Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$8,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

(ITEMIZED RECEIPTS)

Contributions from Other Political Committees

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

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Employees of Northrop Grumman PAC ENGPAC 1234 Blh Street Santa Monica, CA 90401-		9/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$3,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ernst & Young PAC 1225 Connecticut Avenue Suite 800 Washington, DC 20036		7/20/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ernst & Young PAC 1225 Connecticut Avenue Suite 800 Washington, DC 20036		7/20/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Farm Credit PAC 50 F Street, N. W. Suite 900 Washington, DC 20001		9/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Farm Credit PAC 50 F Street, N. W. Suite 900 Washington, DC 20001		9/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Footwear Distributors & Retailers of America PAC 1319 F Street, N.W. #700 Washington, DC 20004-		8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
New Democratic Network 501 Capitol Court, N.E., Suite 200 Washington, DC 20002	Note: Above Contribution earmarked through this organiza Occupation Conduit total: \$5,000.00	8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		

SUBTOTAL of Receipts This Page (optional)

\$4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 7 OF 13
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NAME OF COMMITTEE (In Full)			
Hoyer for Congress Committee C00140715			
A. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 20 E. Main Street, Suite 235 Waterbury, CT 06702-	Name of Employer Occupation	Date (month, day, year) 9/30/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code General Electric Company PAC 1299 Pennsylvania Avenue, NW 1100 West Washington, DC 20004-	Name of Employer Occupation	Date (month, day, year) 9/30/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$3,000.00	
C. Full Name, Mailing Address and ZIP Code General Electric Company PAC 1299 Pennsylvania Avenue, NW 1100 West Washington, DC 20004-	Name of Employer Occupation	Date (month, day, year) 8/18/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$3,000.00	
D. Full Name, Mailing Address and ZIP Code New Democratic Network 501 Capitol Court, N.E., Suite 200 Washington, DC 20002	Name of Employer Note: Above Contribution earmarked through this organization Occupation Conduit total: \$5,000.00	Date (month, day, year) 8/18/00	Amount of Each Receipt this Period MEMO \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Honeywell International PAC 1001 Pennsylvania Avenue, N.W. Suite 700 South Washington, DC 20004	Name of Employer Occupation	Date (month, day, year) 8/1/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
F. Full Name, Mailing Address and ZIP Code Hughes Electronics Fund 1530 Wilson Blvd., Suite 1000 Arlington, VA 22209-	Name of Employer Occupation	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$3,000.00	
G. Full Name, Mailing Address and ZIP Code Hughes Electronics Fund 1530 Wilson Blvd., Suite 1000 Arlington, VA 22209-	Name of Employer Occupation	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$3,000.00	
SUBTOTAL of Receipts This Page (optional)			\$6,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 8 OF 13
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code New Democratic Network 501 Capitol Court, N.E., Suite 200 Washington, DC 20002	Name of Employer Note: Above Contribution earmarked through this organization Occupation Conduit total: \$5,000.00 Aggregate Year-to-Date > \$	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period MEMO \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/30/00	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Humane USA PAC P.O. Box 19224 Washington, DC 20036-	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/30/00	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Ironworkers Political Action League 1750 New York Avenue, N.W. Washington, DC 20008-	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/22/00	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Laborers' Political League PAC 905 16th Street, N.W. Washington, DC 20008	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$750.00
E. Full Name, Mailing Address and ZIP Code Litton Employees PAC 21240 Burbank Road Woodland Hills, CA 91387-	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Lucente Technologies PAC 900 18th Street, NW Suite 700 Washington, DC 20006	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code MBC Pac P. O. Box 1477 Baltimore, MD 21203	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)	\$4,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 9 OF 13
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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code MBNA Corporation Federal PAC 400 Christiana Road Newark, DE 19713	Name of Employer Occupation	Date (month, day, year) 9/30/00	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 3,000.00	
B. Full Name, Mailing Address and ZIP Code Mortgage Bankers PAC 1919 Pennsylvania Avenue, N.W. Washington, DC 20006-	Name of Employer Occupation	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Motorola Employees' Good Government Committee PAC 1350 I Street, N.W., #400 Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code National Abortion Rights Action League PAC 1156 15th Street, N.W. 7th Floor Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 9/30/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code National Assoc of Retired Federal Employees PAC NARFE 606 North Washington Street Alexandria, VA 22314-	Name of Employer Occupation	Date (month, day, year) 9/30/00	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code National Assoc of Retired Federal Employees PAC NARFE 606 North Washington Street Alexandria, VA 22314-	Name of Employer Occupation	Date (month, day, year) 9/11/00	Amount of Each Receipt this Period \$9,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 5,000.00	
G. Full Name, Mailing Address and ZIP Code National Associations of Postmasters of the U.S. (NAPUS) PAC 8 Herbert Street Alexandria, VA 22305	Name of Employer Occupation	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 1,000.00	
SUBTOTAL of Receipts This Page (optional)			\$11,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Other Political Committees

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Committee to Preserve Social Security PAC 2000 K Street, N.W., Suite 800 Washington, DC 20006-		9/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$2,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nuclear Energy Institute Federal Political Action 1776 Eye Street, NW 4th Floor Washington, DC 20006		9/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OXYPAC Occidental Petroleum Corp PAC 10689 Wilshire Boulevard Los Angeles, CA 90024		8/22/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PaineWebber Fund for Better Government 1285 Avenue of the Americas, 14th Floor New York, NY 10019-		7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Preston, Gates, Ellis & Rouvelas, Meeds, LLP 1735 New York Avenue, Suite 500 Washington, DC 20006-5209		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Prostate Cancer Research, PAC 121 N. Sangamon Street, #1A Chicago, IL 60607-1711		8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
New Democratic Network 501 Capitol Court, N.E., Suite 200 Washington, DC 20002	Note: Above Contribution marked through this organiza	8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Conduit total: \$5,000.00 Aggregate Year-to-Date >	\$	

SUBTOTAL of Receipts This Page (optional)	\$5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Realtors PAC 430 North Michigan Avenue Chicago, IL 60611-		8/11/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$6,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SAIC Voluntary Political Action Committee 10260 Campus Point Drive MD F2 San Diego, CA 92121		9/27/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Seafarers Political Activity Donation (SPAD) 5201 Auth Way Camp Springs, MD 20748-		8/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Service Employees International Union Committee on Political Education (SEIU-COPE) 1313 L Street, NW Washington, DC 20005-		9/22/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$9,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Skadden Arps PAC 1440 New York Avenue, N.W. Washington, DC 20005		8/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Soft Drink PAC 1101 16th Street, N.W. Washington, DC 20036		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Swidler, Berlin, Shereff, Friedman LLP PAC 3000 K Street, N.W. Suite 300 Washington, DC 20007		8/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$16,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 12 OF 13
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C0014D715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SWISHER PAC 459 E. 16th Street Jacksonville, FL 32206		7/20/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Team Xerox PAC P.O. Box 1600 Stamford, CT 06904		8/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The National Good Government Fund 2300 First City Tower Houston, TX 77002-6760		7/20/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Procter & Gamble Company Good Government Fund One Procter & Gamble Plaza Cincinnati, OH 45202-		8/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
New Democratic Network 501 Capitol Court, N.E., Suite 200 Washington, DC 20002	Note: Above Contribution earmarked through this organization Conduit total: \$5,000.00	8/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRW Good Government Fund 1001 Nineteenth Street, North Suite 800 Arlington, VA 22209		8/1/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UPS PAC 55 Glenlake Parkway, N.E. Atlanta, GA 30329-		8/30/00	\$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$400.00

SUBTOTAL of Receipts This Page (optional)

\$4,900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 13 OF 13
FOR LINE NUMBER 11(c)

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Veridian Corporation Employees PAC 2001 N. Beauregard Street Suite 1200 Alexandria, DC 22311		7/20/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Veridian Corporation Employees PAC 2001 N. Beauregard Street Suite 1200 Alexandria, DC 22311		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Washington Political Action Committee 444 North Capitol Street, N.W. Suite 712 Washington, DC 20001		9/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	\$101,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

Other Receipts

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code Suntrust Bank P.O. Box 85024 Richmond, VA 23285 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/29/00 \$4,565.49	Amount of Each Receipt this Period \$252.41
B. Full Name, Mailing Address and ZIP Code Suntrust Bank P.O. Box 85024 Richmond, VA 23285 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/31/00 \$4,565.49	Amount of Each Receipt this Period \$298.99
C. Full Name, Mailing Address and ZIP Code Suntrust Bank P.O. Box 85024 Richmond, VA 23285 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/31/00 \$4,565.49	Amount of Each Receipt this Period \$545.21
D. Full Name, Mailing Address and ZIP Code Suntrust Bank P.O. Box 85024 Richmond, VA 23285 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/31/00 \$4,565.49	Amount of Each Receipt this Period \$295.55
E. Full Name, Mailing Address and ZIP Code Suntrust Bank P.O. Box 85024 Richmond, VA 23285 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/31/00 \$4,565.49	Amount of Each Receipt this Period \$539.36
F. Full Name, Mailing Address and ZIP Code Suntrust Bank P.O. Box 85024 Richmond, VA 23285 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/19/00 \$4,565.49	Amount of Each Receipt this Period \$510.02
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			\$2,431.54
TOTAL This Period (last page this line number only)			\$2,431.54

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 16
FOR LINE NUMBER 17

Operating Expenditures

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
America One Communications PO Box 85559 11011 West Broad Street Richmond, VA 23285	phone bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$16.80
B. Full Name, Mailing Address and ZIP Code America One Communications PO Box 85559 11011 West Broad Street Richmond, VA 23285	phone bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	\$58.03
C. Full Name, Mailing Address and ZIP Code America One Communications PO Box 85559 11011 West Broad Street Richmond, VA 23285	phone bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$101.33
D. Full Name, Mailing Address and ZIP Code America One Communications PO Box 85559 11011 West Broad Street Richmond, VA 23285	phone bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$94.38
E. Full Name, Mailing Address and ZIP Code America One Communications PO Box 85559 11011 West Broad Street Richmond, VA 23285	Cellular phones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$47.19
F. Full Name, Mailing Address and ZIP Code America One Communications PO Box 85559 11011 West Broad Street Richmond, VA 23285	Cellular phones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$143.18
G. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60679	convention/car rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20/00	\$408.04
H. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60679	catering expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$79.35
I. Full Name, Mailing Address and ZIP Code Andrukis Printing 50 E Street, S.E. Washington, DC 20003	printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13/00	\$1,042.96

SUBTOTAL of Disbursements This Page (optional)

\$1,991.26

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **2** OF **16**
FOR LINE NUMBER **17**

Operating Expenditures

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andrukitis Printing 50 E Street, S.E. Washington, DC 20003	printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$663.58
B. Full Name, Mailing Address and ZIP Code Andrukitis Printing 50 E Street, S.E. Washington, DC 20003	printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/00	\$663.58
C. Full Name, Mailing Address and ZIP Code Aqua Cool P.O. Box 15587 Worcester, MA 01615	water Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$12.60
D. Full Name, Mailing Address and ZIP Code Aqua Cool P.O. Box 15587 Worcester, MA 01615	water Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	\$19.43
E. Full Name, Mailing Address and ZIP Code Aqua Cool P.O. Box 15587 Worcester, MA 01615	water Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$33.08
F. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 371302 Pittsburgh, PA 15250-7302	phone bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$66.13
G. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 371302 Pittsburgh, PA 15250-7302	phone bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	\$120.43
H. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 371302 Pittsburgh, PA 15250-7302	phone bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$99.38
I. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 371302 Pittsburgh, PA 15250-7302	phone bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$28.63

SUBTOTAL of Disbursements This Page (optional)

\$1,708.84

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 16
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee CD0140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Balloon Wizards P.O. Box 945 Bowie, MD 20718	balloons Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$336.05
B. Full Name, Mailing Address and ZIP Code Bank of America P.O. Box 53132 Phoenix, AZ 85072-9132	CBR rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$348.35
C. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 64508 Baltimore, MD 21264	mobile phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$52.57
D. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 646 Baltimore, MD 21285	office phones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$429.32
E. Full Name, Mailing Address and ZIP Code Bethesda Engravers 6405 Benckley Street Baltimore, MD 21224	printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/00	\$1,324.00
F. Full Name, Mailing Address and ZIP Code Bon Appetit Management Company St. Mary's College PO Box 38 St. Mary's City, MD 20686	catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	\$428.30
G. Full Name, Mailing Address and ZIP Code Brian C. Loftus 10801 Bellehaven Blvd. Damascus, MD 20872	reimbursement for postage sta Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$132.00
H. Full Name, Mailing Address and ZIP Code Brian C. Loftus 10801 Bellehaven Blvd. Damascus, MD 20872	reimbursement for 7/4/00 event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$588.31
I. Full Name, Mailing Address and ZIP Code Brian C. Loftus 10801 Bellehaven Blvd. Damascus, MD 20872	reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	\$145.95

SUBTOTAL of Disbursements This Page (optional)

\$3,792.85

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 16
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian C. Loftus 10801 Bellehaven Blvd. Damascus, MD 20872	reimbursement for 8/6/00 event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$128.88
Brian C. Loftus 10801 Bellehaven Blvd. Damascus, MD 20872	reimbursement for luncheon Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$403.68
Capitol Hill Servicer, Inc. 339 Pennsylvania Avenue, S.E. Washington, DC 20003	auto service-brake repair Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	\$181.28
Captain Leonard's Seafood 27240 Route 6 Mechanicville, MD 20659	catering for 8/6/00 event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/00	\$795.00
Care First Blue Cross 550 12th Street, S.W. Washington, DC 20085	health insurance Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/00	\$289.00
Catering by Windows 1125 North Royal Street Alexandria, VA 22314	event catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$2,469.14
Cardian Pay America 7926 Jones Branch Drive #1020 McLean, Vi 22102-3303	payroll processing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$65.51
Cardian Pay America 7926 Jones Branch Drive #1020 McLean, Vi 22102-3303	payroll processing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	\$50.31
Cardian Pay America 7926 Jones Branch Drive #1020 McLean, Vi 22102-3303	payroll processing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$50.31

SUBTOTAL of Disbursements This Page (optional)

\$4,413.11

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 16
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coridian Pay America 7926 Jones Branch Drive #1020 McLean, VA 22102-3303	payroll processing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$50.31
B. Full Name, Mailing Address and ZIP Code Chrysler Financial P.O. Box 3208 Milwaukee, WI 53201-3208	car lease Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13/00	\$482.90
C. Full Name, Mailing Address and ZIP Code Chrysler Financial P.O. Box 3208 Milwaukee, WI 53201-3208	car lease Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/00	\$515.26
D. Full Name, Mailing Address and ZIP Code Chrysler Financial P.O. Box 3208 Milwaukee, WI 53201-3208	car lease Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$482.90
E. Full Name, Mailing Address and ZIP Code Chris Costello 2408 Peppermill Drive Glen Burnie, MD 21061	catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$167.50 *
F. Full Name, Mailing Address and ZIP Code D&G Kustom Specialties P.O. Box 478 Leonardtown, MD 20650	banner Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$202.50
G. Full Name, Mailing Address and ZIP Code Democratic Properties Corporation 430 South Capitol Street, S.E. Washington, DC 20003	Facility deposit Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$150.00
H. Full Name, Mailing Address and ZIP Code QNR Wye Island 632 Wye Island Road Queenstown, MD 21658	facility rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/00	\$531.00
I. Full Name, Mailing Address and ZIP Code Doyle Printing 8811 Old Landover Road Landover, MD 20785	printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$4.75

* In-kind received

SUBTOTAL of Disbursements This Page (optional)	\$2,597.12
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 16
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Doyle Printing 6911 Old Landover Road Landover, MD 20785	letters and letterhead Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$2,320.50
Doyle Printing 6911 Old Landover Road Landover, MD 20785	envelopes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$467.25
Doyle Printing 6911 Old Landover Road Landover, MD 20785	business cards Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$95.00
Federal Express P.O. Box 1140 Memphis, TN 38101-1140	overnight mail Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	\$136.92
Federal Express P.O. Box 1140 Memphis, TN 38101-1140	overnight mail Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$82.20
Federal Express P.O. Box 1140 Memphis, TN 38101-1140	Overnight Mail Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$75.82
Fiorello Consulting 3912 Barcroft Mews Court Falls Church, VA 22041	consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	\$5,148.50
Fiorello Consulting 3912 Barcroft Mews Court Falls Church, VA 22041	consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/00	\$5,825.00
Fiorello Consulting 3912 Barcroft Mews Court Falls Church, VA 22041	consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$5,000.00

SUBTOTAL of Disbursements This Page (optional)	\$19,151.29
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 18
FOR LINE NUMBER 17

Operating Expenditures

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fiorella Consulting 3912 Bancroft Mews Court Falls Church, VA 22041	consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$5,000.00
B. Full Name, Mailing Address and ZIP Code Harleysville Mutual Insurance Co. 355 Maple Avenue Harleysville, PA 19438	office insurance Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$946.00
C. Full Name, Mailing Address and ZIP Code Harleysville Mutual Insurance Co. 355 Maple Avenue Harleysville, PA 19438	office insurance Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13/00	\$23.00
D. Full Name, Mailing Address and ZIP Code Hoyer for Congress (Petty Cash) 7905 Malcolm Road, #102 Clinton, MD 20735	petty cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/11/00	\$200.00
E. Full Name, Mailing Address and ZIP Code Hoyer for Congress (Petty Cash) 7905 Malcolm Road, #102 Clinton, MD 20735	petty cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/00	\$200.00
F. Full Name, Mailing Address and ZIP Code Hoyer for Congress (Petty Cash) 7905 Malcolm Road, #102 Clinton, MD 20735	petty cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/00	\$200.00
G. Full Name, Mailing Address and ZIP Code Hoyer for Congress (Petty Cash) 7905 Malcolm Road, #102 Clinton, MD 20735	petty cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	\$200.00
H. Full Name, Mailing Address and ZIP Code Hoyer for Congress (Petty Cash) 7905 Malcolm Road, #102 Clinton, MD 20735	petty cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/00	\$200.00
I. Full Name, Mailing Address and ZIP Code Hoyer for Congress (Petty Cash) 7905 Malcolm Road, #102 Clinton, MD 20735	petty cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	\$200.00

SUBTOTAL of Disbursements This Page (optional)	\$7,169.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 16
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ikon Office Solutions P.O. Box 31308 Hartford, CT 06150-1398	copier service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$129.00
B. Full Name, Mailing Address and ZIP Code Internal Revenue Service Treasury Department Philadelphia, PA 19255	Federal taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$64.11
C. Full Name, Mailing Address and ZIP Code Jim's Air Tools Route 4, 470 Solomon's Island Prince Frederick, MD 20678	equipment rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$100.70
D. Full Name, Mailing Address and ZIP Code Jim's Air Tools Route 4, 470 Solomon's Island Prince Frederick, MD 20678	equipment rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	\$141.80
E. Full Name, Mailing Address and ZIP Code John Sharper, Inc. Florist 2101 Brinkley Road Fort Washington, MD 20744	Flowers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$52.20
F. Full Name, Mailing Address and ZIP Code Litton Industries, Inc. 1725 Jefferson Davis Highway Suite 801 Arlington, VA 22202	reimbursement for postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$33.81
G. Full Name, Mailing Address and ZIP Code Mr. Brian Loftus 10801 Bellehaven Blvd Damascus, MD 20872	salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/00	\$1,616.45
H. Full Name, Mailing Address and ZIP Code Mr. Brian Loftus 10801 Bellehaven Blvd Damascus, MD 20872	salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/00	\$1,616.45
I. Full Name, Mailing Address and ZIP Code Mr. Brian Loftus 10801 Bellehaven Blvd Damascus, MD 20872	salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	\$1,616.45

SUBTOTAL of Disbursements This Page (optional)

\$5,370.77

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

Operating Expenditures

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ed Lusby Original Sounds 7909 Locust Lane Fort Washington, MD 20744	d) service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/00	\$150.00
MacWilliams Cosgrove Smith Robinson 1150 17th Street, N.W. Suite 604 Washington, DC 20036	Purpose of Disbursement media consulting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/00	\$7,500.00
Martin's Crosswinds 7400 Greenway Center Drive Greenbelt, MD 20770	Purpose of Disbursement catering deposit 9/27/00 event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$1,000.00
Martin's Crosswinds 7400 Greenway Center Drive Greenbelt, MD 20770	Purpose of Disbursement event catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$17,788.18
Mather Companies PO Box 830957 Baltimore, MD 21263	Purpose of Disbursement employee health coverage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$394.84
Mr. Al Porter 11485 Reed Circle Ridge, MD 20819	Purpose of Disbursement catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/00	\$945.00
National Democratic Club 30 Ivy Street, S.E. Washington, DC 20003	Purpose of Disbursement catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$491.75
National Democratic Club 30 Ivy Street, S.E. Washington, DC 20003	Purpose of Disbursement 8/27/00 event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/00	\$779.25
National Democratic Club 30 Ivy Street, S.E. Washington, DC 20003	Purpose of Disbursement 8/15/00 event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$276.13

SUBTOTAL of Disbursements This Page (optional)

\$29,325.15

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Democratic Club 30 Ivy Street, S.E. Washington, DC 20003	Catering for May 11 event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$483.00
B. Full Name, Mailing Address and ZIP Code New Democratic Network 501 Capitol Court, N.E., Suite 200 Washington, DC 20002	Purpose of Disbursement catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/00	\$20.84 * * in-kind received
C. Full Name, Mailing Address and ZIP Code NGP Software 5440 Nevada Avenue, NW Washington, DC 20015	Purpose of Disbursement license renewal Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$1,000.00
D. Full Name, Mailing Address and ZIP Code NOVA Information Systems, Inc. 7300 Chapman Highway Knoxville, TN 37920	Purpose of Disbursement merchant account Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/2/00	\$10.00
E. Full Name, Mailing Address and ZIP Code NOVA Information Systems, Inc. 7300 Chapman Highway Knoxville, TN 37920	Purpose of Disbursement merchant account Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/00	\$10.00
F. Full Name, Mailing Address and ZIP Code NOVA Information Systems, Inc. 7300 Chapman Highway Knoxville, TN 37920	Purpose of Disbursement merchant account Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/00	\$10.00
G. Full Name, Mailing Address and ZIP Code Ode Breton Inn 2188D Society Hill Road Leonardtown, MD 20650	Purpose of Disbursement catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$5,259.08
H. Full Name, Mailing Address and ZIP Code Party Perfect Special Events 898 Airport Park Road Glen Burnie, MD 21061	Purpose of Disbursement equipment Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$2,123.70
I. Full Name, Mailing Address and ZIP Code Pizza Boi's 6206 Coventry Way Clinton, MD 20735	Purpose of Disbursement food - field Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$36.00

SUBTOTAL of Disbursements This Page (optional)	\$8,931.60
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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Operating Expenditures

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Reliable Office Supply Dept 8001 135 S. LaSalle Street Chicago, IL 60674-8001	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13/00	\$428.27
B. Full Name, Mailing Address and ZIP Code Scott DeSimone 3355 Military Road Washington, DC 20015	computer services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$150.00
C. Full Name, Mailing Address and ZIP Code Lorraine M. Sheehan 108 Park Avenue Edgewater, MD 21037	catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$167.50 * * in-kind received
D. Full Name, Mailing Address and ZIP Code Southern Maryland Sanitation P.O. Box 1270 Mechanicsville, MD 20659	portable toilet rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$158.45
E. Full Name, Mailing Address and ZIP Code Sprint Conferencing Services PO Box 101343 Atlanta, GA 30392-1343	telephone services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$302.75
F. Full Name, Mailing Address and ZIP Code Sprint Conferencing Services PO Box 101343 Atlanta, GA 30392-1343	telephone services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/00	\$446.68
G. Full Name, Mailing Address and ZIP Code Sprint Conferencing Services PO Box 101343 Atlanta, GA 30392-1343	telephone services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$176.47
H. Full Name, Mailing Address and ZIP Code Sprint Conferencing Services PO Box 101343 Atlanta, GA 30392-1343	telephone services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/00	\$304.50
I. Full Name, Mailing Address and ZIP Code Steny H. Hoyer 40740 Parlett-Morgan Road Charlotte Hall, MD 20622	Reimbursement for travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$59.80

SUBTOTAL of Disbursements This Page (optional)

\$2,190.42

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Operating Expenditures

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NAME OF COMMITTEE (in full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suntrust Bank P.O. Box 85024 Richmond, VA 23285	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/00	\$805.68
Suntrust Bank P.O. Box 85024 Richmond, VA 23285	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/00	\$812.91
Suntrust Bank P.O. Box 85024 Richmond, VA 23285	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	\$805.86
Suntrust Bank P.O. Box 85024 Richmond, VA 23285	checks Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/00	\$51.05
SunTrust Bank 8924 Woodyard Road Clinton, MD 20735	bank fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/00	\$8.00
The Enterprise P.O. Box 700 Lexington Park, MD 20653	subscription renewal Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$29.40
The Fairmont Miramar Hotel 101 Wilshire Blvd. Santa Monica, CA 90401	convention expenditure Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/00	\$1,676.42
The Greater Waldorf Jaycee Foundation Crane Highway Waldorf, MD 20601	Breakfast Meeting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/00	\$88.00
The Greater Waldorf Jaycee Foundation Crane Highway Waldorf, MD 20601	Breakfast Meeting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/00	\$60.00

SUBTOTAL of Disbursements This Page (optional)

\$4,335.12

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee CD0140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Journal Newspapers 2720 Prosperity Avenue Alexandria, VA 22034	newspaper ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$252.00
The Mellman Group 1000 Thomas Jefferson Street, N.W. Suite 520 Washington, DC 20007	polling Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$27,500.00
The Mona Group 7915 Malcolm Road Clinton, MD 20735	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$1,015.70
The Mona Group 7915 Malcolm Road Clinton, MD 20735	Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	\$1,015.70
The Mona Group 7915 Malcolm Road Clinton, MD 20735	rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/00	\$1,067.00
Tortilla Coast Catering New Jersey Avenue, S.E. Washington, DC 20515	event catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/00	\$400.00
U.S. Postal Service/Postmaster Postmaster Cobb Island, MD 20625	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/00	\$198.00
U.S. Postal Service/Postmaster Postmaster Cobb Island, MD 20625	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/00	\$198.00
Uptown Caterers RHQB B398 B Washington, DC 20515	event catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	\$1,451.00

SUBTOTAL of Disbursements This Page (optional) -----

\$33,097.40

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee CD0140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Verizon Wireless P.O. Box 64268 Baltimore, MD 21264-4268	call phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$19.13
Verizon Wireless P.O. Box 64268 Baltimore, MD 21264-4268	call phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/00	\$55.17
First Union National Bank Post Office Box 44236 Jacksonville, FL 32231-4236	credit card payment Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$10,552.15
Exxon P.O. 4555 Caval Stream, IL 60187-4555	 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	MEMO \$386.15
Levy Restaurant 601 F. Street, N.W. Washington, DC 20004	 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	MEMO \$717.98
B.K. Miller Co. Inc. 9024 Old Branch Avenue Clinton, MD 20735	beverages Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	MEMO \$481.87
Catering by Windows 1125 North Royal Street Alexandria, VA 22314	event catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	MEMO \$2,882.07
The Monocle 107 D Street, N.E. Washington, DC 20002	event catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/2/00	MEMO \$1,143.25
The Monocle 107 D Street, N.E. Washington, DC 20002	event catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	MEMO \$1,583.10

SUBTOTAL of Disbursements This Page (optional)

\$10,626.45

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period MEMO
United Airlines P.O. 06100 Amf Ohare, IL 60066	member travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$2,135.00
B. Full Name, Mailing Address and ZIP Code United States Postal Service Clinton Branch 9134 Piscataway Road Clinton, MD 20735	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$231.00
C. Full Name, Mailing Address and ZIP Code US Air 1776 K Street, N.W. Washington, DC 20008	member travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$405.00
D. Full Name, Mailing Address and ZIP Code First Union National Bank Post Office Box 44236 Jacksonville, FL 32231-4236	credit card payment Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/00	\$9,380.00
E. Full Name, Mailing Address and ZIP Code Marriot Hotels 4100 Admiralty Way Malibu Del Rey, CA 90292	convention Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/00	\$3,009.00
F. Full Name, Mailing Address and ZIP Code Pacific Dining Car 1310 West Sixth Street Los Angeles, CA 90017	catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20/00	\$567.80
G. Full Name, Mailing Address and ZIP Code Regional Retail Concepts 9130 Red Branch Road, Suite A Columbia, MD 21045	promotional items Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/00	\$333.14
H. Full Name, Mailing Address and ZIP Code The Fairmont Marimar Hotel 101 Wilshire Blvd. Santa Monica, CA 90401	convention Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	\$4,108.50
I. Full Name, Mailing Address and ZIP Code First Union National Bank Post Office Box 44236 Jacksonville, FL 32231-4236	credit card payment Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/00	\$3,019.10

SUBTOTAL of Disbursements This Page (optional)

\$12,399.10

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee D00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period MEMO
First Union National Bank Post Office Box 44238 Jacksonville, FL 32231-4236	finance charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/00	\$495.72
B. Full Name, Mailing Address and ZIP Code Texaco Corporation P.O. Box 790001 Houston, TX 77279-0001	member travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/00	\$212.37
C. Full Name, Mailing Address and ZIP Code United States Postal Service Clinton Branch 9134 Piscattaway Road Clinton, MD 20735	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	5308.91
D. Full Name, Mailing Address and ZIP Code US Air 1776 K Street, N.W. Washington, DC 20006	member travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/00	\$314.50
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$0.00

TOTAL This Period (last page this line number only)

\$147,089.48

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 20(a)

Refunds of Contributions to Individuals

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement refund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Michael J. Chieramonte 420 North Union Street Alexandria, VA 22314	refund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/11/00	\$500.00
B. Full Name, Mailing Address and ZIP Code Roland M. Colina 22815 Maple Road Lexington Park, MD 20653	refund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/11/00	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$1,500.00

TOTAL This Period (last page this line number only)

\$1,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 21

Other Disbursements

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Alice Ferguson Foundation, Inc. 2001 Bryan Point Road Accokeek, MD 20607 4475	membership dues Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$25.00
B. Full Name, Mailing Address and ZIP Code Association of Naval Aviators, Inc. 2550 Huntington Avenue #201 Alexandria, VA 22303 4488	dues Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$35.00
C. Full Name, Mailing Address and ZIP Code Baldecci for Congress '00 (ME-02) P.O. Box 823 Bangor, ME 04402 4572	general contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/00	\$1,000.00
D. Full Name, Mailing Address and ZIP Code BRAVA Bowie Regional Arts and Vision Assn Bowie, MD 20716 4414	donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/00	\$250.00
E. Full Name, Mailing Address and ZIP Code Calvert Marine Museum Society P.O. Box 97 Solomons, MD 20688 4418	Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$250.00
F. Full Name, Mailing Address and ZIP Code Charles Co. Assoc. for Handicapped & Retarded Citizens, Inc. P.O. Box 2367 Waldorf, MD 20604 4478	Dues Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$10.00
G. Full Name, Mailing Address and ZIP Code Charles County Crime Solvers, Inc. P.O. Box 608 White Plains, MD 20695 4473	donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$25.00
H. Full Name, Mailing Address and ZIP Code College Democrats of America Democratic National Committee 430 South Capitol Street, SE Washington, DC 20003 4402	Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$500.00
I. Full Name, Mailing Address and ZIP Code CPPDIV P.O. Box 441159 Fort Washington, MD 20744 4524	donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/00	\$100.00

SUBTOTAL of Disbursements This Page (optional)

\$2,195.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **2** OF **4**
FOR LINE NUMBER **21**

Other Disbursements

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cystic Fibrosis Foundation - MD Chapter Suite 504 Towson, MD 21204 4409	donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$1,000.00
Disabled American Veterans P.O. Box 428 Bowie, MD 20715 4507	donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	\$50.00
Doolay For Congress (CA-20) P. O. Box 1367 Visalia, CA 93279 4533	general contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	\$1,000.00
Ducks Unlimited 1 Waterfowl Way Memphis, TN 38120 4395	donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$250.00
Elaine Bloom for Congress (FL-22) 1922 Tyler Street Hollywood, FL 33020 4521	general contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/00	\$1,000.00
Elaine Bloom for Congress (FL-22) 1922 Tyler Street Hollywood, FL 33020 4436	primary contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$1,000.00
Friends of Christine Kehoe (CA-49) 1010 University Avenue San Diego, CA 92103-3310 4500	contribution - general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	\$1,000.00
HSMC Foundation P.O. Box 24 St. Mary's City, MD 20686 4519	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/00	\$150.00
Luther for Congress Volunteer Committee (MN-06) Suite 202 Oakdale, MN 55128 4501	primary contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/00	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$6,450.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Disbursements

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee CD0140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Luther for Congress Volunteer Committee (MN-06) Suite 202 Oakdale, MN 55128 4502	general contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/00	\$1,000.00
Minority Business Alliance 21775 Great Mills Road Lexington Park, MD 20653 4397	advertisement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$125.00
National Stonewall Democratic Federation PO Box 77165 Washington, DC 20013 4476	Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$250.00
NCCJ Suite 105D Washington, DC 20006 4487	donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$70.00
Nyumbani Orphanage 1726 M Street, N.W. Washington, DC 20036 4516	donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	\$250.00
Prince George's Chamber of Commerce 4601 Presidents Drive, Suite 150 Lanham, MD 20708 4477	Membership Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$500.00
Prince George's County Democratic Central 4728 Silver Hill Road Suitland, MD 20748 4474	PGCC donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$150.00
Sudden Impact 825 Dalrymple Road Sunderland, MD 20689 4437	donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$50.00
The Alzheimer's Association of Greater Wa 1003 K Street, N.W., Suite 402 Washington, DC 20001 4406	donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$25.00

SUBTOTAL of Disbursements This Page (optional)	\$2,420.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 21

Other Disbursements

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)

Hoyer for Congress Committee CD0140715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement donation	Date (month, day, year)	Amount of Each Disbursement This Period
The American Cancer Society - Calvert Cou P.O. Box 752 Prince Frederick, MD 20678 4407	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	\$1,000.00
B. Full Name, Mailing Address and ZIP Code UCAC P.O. Box 1457 Lexington Park, MD 20653 4463	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/00	\$57.00
C. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$1,057.00
TOTAL This Period (last page this line number only)	\$12,122.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code Robert P Agee 1741 Ullswater Place Crofton, MD 21114	Name of Employer Chaney Enterprises Occupation Information Requested	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code Homer Bakhtlary 3137 Flanders Court Waldorf, MD 20602	Name of Employer HB Electrical Testing Occupation Electrical Engineer	Date (month, day, year) 8/1/00	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 25.00	
C. Full Name, Mailing Address and ZIP Code Warren A Bowie 9 Maple Avenue Indian Head, MD 20640	Name of Employer Occupation retired	Date (month, day, year) 8/1/00	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 50.00	
D. Full Name, Mailing Address and ZIP Code John Brooks 6541 Academy Drive Owings, MD 20736	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 25.00	
E. Full Name, Mailing Address and ZIP Code Robert Carfagno 911 Evergreen Lane Chester Springs, PA 19425	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 8/30/00	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code Norma R Carpenter 3704 Tanglewood Lane Davidsonville, MD 21035	Name of Employer Occupation retired	Date (month, day, year) 8/30/00	Amount of Each Receipt this Period \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 20.00	
G. Full Name, Mailing Address and ZIP Code George A Cohen 23455 River Road Lexington Park, MD 20653-9334	Name of Employer NAWC AD Occupation Supervisor electrical engineer	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 100.00	
SUBTOTAL of Receipts This Page (optional)			\$520.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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)
Hoyer for Congress Committee CD0140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MaryAnn Collins 3291 Green Ash Road Davidsonville, MD 21035	Operation Respond Occupation software consultant	8/11/00	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$50.00	
B. Full Name, Mailing Address and ZIP Code Chris Costello 2408 Peppermill Drive Glen Burnie, MD 21061	Name of Employer Information Requested * In-Kind: catering Occupation Information Requested	Date (month, day, year) 8/8/00	Amount of Each Receipt this Period \$167.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$167.50	
C. Full Name, Mailing Address and ZIP Code William Cox 5004 River Hill Road Bethesda, MD 20816	Name of Employer Corman Construction Occupation contractor	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$100.00	
D. Full Name, Mailing Address and ZIP Code Alan Dillingham P.O. Box 1358 14322 Pennington Court Solomons, MD 20888	Name of Employer Provost Occupation St. Mary's College of Maryland	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$200.00	
E. Full Name, Mailing Address and ZIP Code Priscilla C DiMarlo 2715 Kenhill Drive Bowie, MD 20715	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 8/30/00	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$200.00	
F. Full Name, Mailing Address and ZIP Code Sharon Dobson 8120 Norris Lane Dundalk, MD 21222	Name of Employer Priceless Industries Occupation consultant	Date (month, day, year) 8/18/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$100.00	
G. Full Name, Mailing Address and ZIP Code Theresa Duncan PO Box 196 Tall Timbers, MD 20890	Name of Employer Occupation retired	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$200.00	

SUBTOTAL of Receipts This Page (optional)	\$1,017.50
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)ii

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee GDD140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pierce J Flanigan III 7512 Club Road Towson, MD 21204	Occupation Construction	8/1/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$100.00
B. Full Name, Mailing Address and ZIP Code Michael Freeman 44244 Leaning Pine Lane California, MD 20619	Name of Employer Information Requested	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Viola M Gardner P.O. Box 595 Longview Beach Maddox, MD 20621	Name of Employer	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code John W Hechinger Sr. 2838 Chain Bridge Road, N.W. Washington, DC 20016	Name of Employer Hechinger Co.	Date (month, day, year) 8/1/00	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code Charles A Jewell 14814 Fort Trall Accokeek, MD 20607	Name of Employer Information Requested	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Eugene Karol P.O. Box 627 2410 Varn Road Prince Frederick, MD 20678	Name of Employer Strayer University	Date (month, day, year) 7/20/00	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Campus Dean	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code Ajay P Kothari 3500 Marlborough Way College Park, MD 20740	Name of Employer Astrox Corporation	Date (month, day, year) 8/1/00	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$745.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 4 OF 7
FOR LINE NUMBER 11(b)(1)

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NAME OF COMMITTEE (in Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bernard G Loveless 1083 Bay Front North Beach, MD 20714		7/20/00	\$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired	Aggregate Year-to-Date > \$	\$25.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patricia Lynch 48010 Waterview Drive Saint Inigoes, MD 20684		8/1/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired	Aggregate Year-to-Date > \$	\$100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kathleen May P.O. Box 707 Charlotte Hall, MD 20622	Information Requested	8/1/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Requested	Aggregate Year-to-Date > \$	\$100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John McDonough Esq. 20585 Chestnut Ridge Drive Leonardtown, MD 20650	Shah Associates	7/20/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: administrator	Aggregate Year-to-Date > \$	\$100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert McGlotten 5904 Dan Lee Drive Clinton, MD 20735	Seafarers International Union	8/30/00	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Legislative Consultant	Aggregate Year-to-Date > \$	\$200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven McKnight 469 N. Thomas Street, Apt. 4 Arlington, VA 22203	Boland & Madigan	7/20/00	\$125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: associate	Aggregate Year-to-Date > \$	\$125.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles McPherson 13 Quallwood Pky. LaPlata, MD 20646	Information Requested	8/16/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Requested	Aggregate Year-to-Date > \$	\$100.00

SUBTOTAL of Receipts This Page (optional)

\$750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 5 OF 7
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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Salvatore Meringolo 24095 Abells Dr. Hollywood, MD 20636	St. Mary's College Foundation	7/20/00	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$	\$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Millhiser 7704 Takoma Avenue Takoma Park, MD 20912		8/30/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired	Aggregate Year-to-Date > \$	\$100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Morris P.O. Box 205 Saint Inigoes, MD 20684	Information Requested	7/20/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Requested	Aggregate Year-to-Date > \$	\$100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ted Newkirk 20901 Hermanville Road Lexington Park, MD 20653	self-employed	7/20/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: electrical engineering	Aggregate Year-to-Date > \$	\$100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Peel 6109 Wynnwood Road Bethesda, MD 20816	Edinster, Peel & Associates	9/22/00	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: consultant	Aggregate Year-to-Date > \$	\$200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Sharpstone 342 1/2 11th Street, S.E. Washington, DC 20003	Boland & Madigan	7/20/00	\$125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: associate	Aggregate Year-to-Date > \$	\$125.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lorraine M Sheehan 108 Park Avenue Edgewater, MD 21037	Melwood	8/8/00	\$167.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	* In-Kind: catering Occupation: Public/Gov't Relations	Aggregate Year-to-Date > \$	\$167.50

SUBTOTAL of Receipts This Page (optional) \$992.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 6 OF 7
FOR LINE NUMBER 11(b)ii

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)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Austin Slater P.O. Box 403 Mechanicsville, MD 20659	National Rural Electric Cooperative Association	7/20/00	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$	\$50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lauri Stickelmaier 48258 Keel Drive Lexington Park, MD 20653	Information Requested	7/20/00	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Requested	Aggregate Year-to-Date > \$	\$200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stan Thomas 43738 Stephenson Drive Leonardtown, MD 20650	Information Requested	7/20/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Requested	Aggregate Year-to-Date > \$	\$100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Vote 19549 N. Snowhill Manor Rd. St. Mary's City, MD 20686	St. Mary's College	7/20/00	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Provost	Aggregate Year-to-Date > \$	\$200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles H Wade Ret. 23126 Crestwood Lane California, MD 20619	Mantech	7/20/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Program Manager	Aggregate Year-to-Date > \$	\$100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert E Waxman 22945 Cattail Lane California, MD 20619	NESEA	7/20/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Engineer	Aggregate Year-to-Date > \$	\$100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Wilt 45290 Elmbrook Drive California, MD 20619	Information Requested	7/20/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Requested	Aggregate Year-to-Date > \$	\$100.00

SUBTOTAL of Receipts This Page (optional) \$850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 7 OF 7
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoyer for Congress Committee C00140715

A. Full Name, Mailing Address and ZIP Code Kinran Winteland Jr. PO Box 28 Brandywine, MD 20813	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$	Date (month, day, year) 8/16/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Library of Congress Occupation Copyright Office Aggregate Year-to-Date > \$	Date (month, day, year) 8/30/00	Amount of Each Receipt this Period \$100.00
B. Full Name, Mailing Address and ZIP Code Trehis C Wright 8298 Quill Point Drive Bowie, MD 20720 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			\$200.00
TOTAL This Period (last page this line number only)			\$5,075.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/13/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
CR	10/13/00
PREPARER	DATE PREPARED