

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

AMIE HOEBER FOR CONGRESS

ADDRESS (number and street)

PO BOX 61438

Check if different than previously reported. (ACC)

POTOMAC

MD

20859

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00582296

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MD

06

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M D

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M D

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

Marston, Chris, , ,

Type or Print Name of Treasurer

Marston, Chris, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
AMIE HOEBER FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	71093.49	615246.32
(b) Total Contribution Refunds (from Line 20(d))	0.00	3350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	71093.49	611896.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	179610.38	1102363.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	179610.38	1102363.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	28325.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	450000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

AMIE HOEBER FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15750.00	239745.80
(ii) Unitemized	2093.49	46775.52
(iii) TOTAL of contributions from individuals	17843.49	286521.32
(b) Political Party Committees.....	0.00	5675.00
(c) Other Political Committees (such as PACs).....	3250.00	91050.00
(d) The Candidate	50000.00	232000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	71093.49	615246.32
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	2359.84	457.95
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	550000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	550000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	370.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	73453.33	1166074.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	179610.38	1102363.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2850.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	3350.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	179610.38	1105713.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	134482.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	73453.33
25. SUBTOTAL (add Line 23 and Line 24).....	207935.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	179610.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	28325.01

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

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

FOR LINE NUMBER: PAGE 5 OF 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Azbell, Shelley, , ,
 Mailing Address 1774 E Woodstone Dr
 City Hayden State ID Zip Code 83835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2018
Transaction ID : SA11AI.9189
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Chu, David, , ,
 Mailing Address 3729 Harrison St
 City Washington State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IDA Occupation Economist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2018
Transaction ID : SA11AI.9205
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Coghill, Holly, , ,
 Mailing Address 1356 Hemlock Dr
 City Irwin State PA Zip Code 15642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CCI Occupation CEO
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date **1950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2018
Transaction ID : SA11AI.9132
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ► **800.00**
TOTAL This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 6 OF 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Doore, Jane, , ,
 Mailing Address 13217 New Hampshire Ave
 City Silver Spring State MD Zip Code 20914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2018
Transaction ID : SA11AI.9162
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Doore, Mark, , ,
 Mailing Address 12437 Pretoria Dr
 City Silver Spring MD State MD Zip Code 20904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2018
Transaction ID : SA11AI.8953
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Ehrlich, Clifford, , ,
 Mailing Address 9710 Beman Woods Way
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2018
Transaction ID : SA11AI.9210
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ertwine, Dean, , ,

Mailing Address 2105 Jacobs Will Ct

City: Bel Air State: MD Zip Code: 21015

FEC ID number of contributing federal political committee: C

Name of Employer: MD Commerce Occupation: Economic Development

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 01 / 2018

Transaction ID : SA11AI.9193

Amount of Each Receipt this Period: 250.00

Memo Item

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

Mailing Address 1 Peregrine Dr

City: Washington State: NJ Zip Code: 07882

FEC ID number of contributing federal political committee: C

Name of Employer: Verizon Occupation: Director

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 3700.00

Date of Receipt: 11 / 04 / 2018

Transaction ID : SA11AI.9216

Amount of Each Receipt this Period: 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Fuller, Kathleen, , ,

Mailing Address 20 Paddock Ct

City: Potomac State: MD Zip Code: 20854

FEC ID number of contributing federal political committee: C

Name of Employer: None Occupation: Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 350.00

Date of Receipt: 11 / 01 / 2018

Transaction ID : SA11AI.9180

Amount of Each Receipt this Period: 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Guerreri, Elizabeth, , ,
 Mailing Address 10102 Holland Ct
 City Manassas State VA Zip Code 20110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2018
Transaction ID : SA11AI.9110
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Hinz, Peter, , ,
 Mailing Address 2395 Glen Echo Rd#205
 City Herndon State VA Zip Code 20171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Consultant
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2018
Transaction ID : SA11AI.9124
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
King, Thomas, , ,
 Mailing Address 9020 Bush Creek Circle
 City Frederick State MD Zip Code 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2018
Transaction ID : SA11AI.9197
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
McCoy, Emily, , ,
 Mailing Address PO Box 8390
 City Alexandria State VA Zip Code 22306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2018
Transaction ID : SA11AI.9116
 Amount of Each Receipt this Period
 2700.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
McCoy, Fred, , ,
 Mailing Address PO Box 8390
 City Alexandria State VA Zip Code 22306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2018
Transaction ID : SA11AI.9117
 Amount of Each Receipt this Period
 2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Nelson, Rob, , ,
 Mailing Address 1829 Bay St SE
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Fundraising
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2018
Transaction ID : SA11AI.9114
 Amount of Each Receipt this Period
 2700.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 8100.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Northman, Eric, , ,
 Mailing Address 11479 Round House Ct
 City Rancho Cordova State CA Zip Code 95670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2018
Transaction ID : SA11AI.9142
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Plushnick, Gary, , ,
 Mailing Address 10616 Willowbrook Dr
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wells Fargo Advisors Occupation Financial advisor
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2018
Transaction ID : SA11AI.9185
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Riviello, Gregory, , ,
 Mailing Address 7225 Deer Lake Lane
 City Derwood State MD Zip Code 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FINRA Occupation Regulator
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2018
Transaction ID : SA11AI.9150
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Shank, William, , ,
 Mailing Address PO Box 165
 City Hagerstown State MD Zip Code 21741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Keller Williams Realty Occupation Realtor
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2018
Transaction ID : SA11AI.9208
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Tassan, Anna, , ,
 Mailing Address 10811 Edison Rd
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2018
Transaction ID : SA11AI.9195
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Weaver, Sam, , ,
 Mailing Address 20200 Peach Grove Lane
 City Dickerson State MD Zip Code 20842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chevy Chase Acura Occupation Car dealer
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2018
Transaction ID : SA11AI.9128
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

1000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 42
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Zheng, Yin, , ,
Mailing Address 11216 Green Watch Way
City North Potomac State MD Zip Code 20878
FEC ID number of contributing federal political committee. C
Name of Employer None Occupation Retired
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2018
Transaction ID : SA11AI.9165
Amount of Each Receipt this Period
100.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	100.00
TOTAL This Period (last page this line number only)..... ▶	15750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 42	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FLIR SYSTEMS, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (FLIRPAC)

Mailing Address 27700 SW PARKWAY AVE
ATTN: HEATHER CHRISTIANSEN

City WILSONVILLE	State OR	Zip Code 97070
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00411454

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2018

Transaction ID : SA11C.9220

Amount of Each Receipt this Period
2500.00

Memo Item
DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
LCR PAC

Mailing Address 1090 VERMONT AVE NW, SUITE 850

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00405506

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2018

Transaction ID : SA11C.9209

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THE GUARDIAN FUND

Mailing Address 2140 THREE M TRAIL

City DELAND	State FL	Zip Code 32720
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00493221

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2018

Transaction ID : SA11C.9174

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	3250.00
TOTAL This Period (last page this line number only)..... ▶	3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 42	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

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

Mailing Address 9209 FOX MEADOW LN

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

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

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
569253.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2018

Transaction ID : SA11D.9333

Amount of Each Receipt this Period
50000.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	50000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

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

Mailing Address PO BOX 2485

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

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

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2359.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2018

Transaction ID : SA12.9146

Amount of Each Receipt this Period
 2359.84

Memo Item

B. Full Name (Last, First, Middle Initial)
MWW GROUP INC POLITICAL ACTION COMMITTEE, THE

Mailing Address ONE MEADOWLANDS PLAZA

City EAST RUTHERFORD	State NJ	Zip Code 07073
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00413575

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
76.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2018

Transaction ID : SA12.9146.0

Amount of Each Receipt this Period
 76.92

Memo Item

C. Full Name (Last, First, Middle Initial)
BLAINE FOR CONGRESS

Mailing Address PO BOX 98

City ST. ELIZABETH	State MO	Zip Code 65075
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00458679

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2018

Transaction ID : SA12.9146.1

Amount of Each Receipt this Period
 2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	2359.84
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEORGIA PAC

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS	State GA	Zip Code 30605
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00490235

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 384.62

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2018

Transaction ID : SA12.9146.2

Amount of Each Receipt this Period
 _____ 384.62

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	_____ 0.00
TOTAL This Period (last page this line number only).....▶	_____ 2359.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Advantage Direct Communications Inc			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018		
Mailing Address 2303 14th St NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20009	Amount of Each Disbursement this Period 1200.00		
Purpose of Disbursement Digital Advertising		Category/ Type	Transaction ID : SB17.9254		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Advantage Direct Communications Inc			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018		
Mailing Address 2303 14th St NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20009	Amount of Each Disbursement this Period 328.92		
Purpose of Disbursement Digital Advertising		Category/ Type	Transaction ID : SB17.9255		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Advantage Direct Communications Inc			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2018		
Mailing Address 2303 14th St NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20009	Amount of Each Disbursement this Period 1200.00		
Purpose of Disbursement Digital Advertising		Category/ Type	Transaction ID : SB17.9256		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2728.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2018
Mailing Address 10156 Perkins Rd Ste 217F		FEC Identification Number C
City Baton Rouge	State LA	Zip Code 70810
Purpose of Disbursement Online Contribution Processing		Amount of Each Disbursement this Period 561.66
Candidate Name		Transaction ID : SB17.9332
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2018
Mailing Address 100 N Tyron St		FEC Identification Number C
City Charlotte	State NC	Zip Code 28255
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 30.00
Candidate Name		Transaction ID : SB17.9334
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018
Mailing Address 100 N Tyron St		FEC Identification Number C
City Charlotte	State NC	Zip Code 28255
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 30.00
Candidate Name		Transaction ID : SB17.9272
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	621.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2018
Mailing Address 100 N Tyron St		FEC Identification Number C
City Charlotte	State NC	Zip Code 28255
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 30.00
Candidate Name	Category/ Type	Transaction ID : SB17.9273
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Bay Armoury		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2018
Mailing Address 1829 Bay St NE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement campaign fundraising		Amount of Each Disbursement this Period 1264.39
Candidate Name	Category/ Type	Transaction ID : SB17.9257
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Bay Armoury		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018
Mailing Address 1829 Bay St NE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement campaign fundraising		Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	Transaction ID : SB17.9258
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4294.39
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Blenkle, Art, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2018		
Mailing Address 1627 Montrose Ave			FEC Identification Number C		
City Laurel	State MD	Zip Code 20707	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Campaign services consulting		Category/ Type	Transaction ID : SB17.9227		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Blenkle, Art, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018		
Mailing Address 1627 Montrose Ave			FEC Identification Number C		
City Laurel	State MD	Zip Code 20707	Amount of Each Disbursement this Period 233.00		
Purpose of Disbursement Campaign services consulting		Category/ Type	Transaction ID : SB17.9228		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Comcast Business			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2018		
Mailing Address PO Box 3001			FEC Identification Number C		
City Southeastern	State PA	Zip Code 19398	Amount of Each Disbursement this Period 264.97		
Purpose of Disbursement Utilities		Category/ Type	Transaction ID : SB17.9259		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1497.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Currie, Neil, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2018	
Mailing Address 10401 Lloyd Rd			FEC Identification Number C	
City Potomac	State MD	Zip Code 20854	Amount of Each Disbursement this Period 575.00	
Purpose of Disbursement Campaign services consulting			Transaction ID : SB17.9243	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. East, Hill, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2018	
Mailing Address 1412 C St SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 5996.00	
Purpose of Disbursement campaign consulting			Transaction ID : SB17.9242	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Ellington, Paul, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2018	
Mailing Address 14616 Crossing Rd			FEC Identification Number C	
City Rockville	State MD	Zip Code 20853	Amount of Each Disbursement this Period 2532.76	
Purpose of Disbursement Reimbursement (See Below)			Transaction ID : SB17.9244	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	9103.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lowe's		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2018
Mailing Address 1000 Lowes Blvd		FEC Identification Number C
City Mooresville	State NC	Zip Code 28117
Purpose of Disbursement Sign Posting Hardware		Amount of Each Disbursement this Period 59.77
Candidate Name		Transaction ID : SB17.9244.7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Printing Images, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2018
Mailing Address 12266 Wilkins Ave Ste A		FEC Identification Number C
City Rockville	State MD	Zip Code 20852
Purpose of Disbursement Printing		Amount of Each Disbursement this Period 1627.10
Candidate Name		Transaction ID : SB17.9244.9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Ellington, Paul, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2018
Mailing Address 14616 Crossing Rd		FEC Identification Number C
City Rockville	State MD	Zip Code 20853
Purpose of Disbursement Mileage Reimbursement		Amount of Each Disbursement this Period 499.00
Candidate Name		Transaction ID : SB17.9244.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ellington, Paul, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2018		
Mailing Address 14616 Crossing Rd			FEC Identification Number C		
City Rockville	State MD	Zip Code 20853	Amount of Each Disbursement this Period 7500.00		
Purpose of Disbursement Campaign services consulting		Category/ Type	Transaction ID : SB17.9245		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Fountain Club Country Club			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2018		
Mailing Address 13316 Fountain Head Road			FEC Identification Number C		
City Hagerstown	State MD	Zip Code 21642	Amount of Each Disbursement this Period 317.60		
Purpose of Disbursement Catering		Category/ Type	Transaction ID : SB17.9261		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Honold Communications Inc			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2018		
Mailing Address 252 9th St NE			FEC Identification Number C		
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 100000.00		
Purpose of Disbursement TVV Advertising		Category/ Type	Transaction ID : SB17.9262		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	107817.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ke, Roy, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2018	
Mailing Address 12313 Briarbush Lane			FEC Identification Number C	
City Rockville	State MD	Zip Code 20854	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign services consulting		Category/ Type	Transaction ID : SB17.9247	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Ke, Roy, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 12313 Briarbush Lane			FEC Identification Number C	
City Rockville	State MD	Zip Code 20854	Amount of Each Disbursement this Period 113.00	
Purpose of Disbursement Campaign services consulting		Category/ Type	Transaction ID : SB17.9248	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Lundregan, Ryan, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018	
Mailing Address 7500 Woodmont Ave			FEC Identification Number C	
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period 1163.21	
Purpose of Disbursement Reimbursement (See Below)		Category/ Type	Transaction ID : SB17.9249	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1776.21
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lundregan, Ryan, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2018	
Mailing Address 7500 Woodmont Ave			FEC Identification Number C	
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period 1010.50	
Purpose of Disbursement Mileage Reimbursement			Transaction ID : SB17.9249.0	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Staples			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018	
Mailing Address 500 Staples Dr			FEC Identification Number C	
City Framingham	State MA	Zip Code 01702	Amount of Each Disbursement this Period 55.61	
Purpose of Disbursement Office Supplies			Transaction ID : SB17.9249.2	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Facebook			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2018	
Mailing Address 1 Hacker Way			FEC Identification Number C	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 45.86	
Purpose of Disbursement Digital Advertising			Transaction ID : SB17.9249.5	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lundregan, Ryan, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2018	
Mailing Address 7500 Woodmont Ave			FEC Identification Number C	
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Campaign services consulting		Category/ Type	Transaction ID : SB17.9250	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Lundregan, Ryan, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 7500 Woodmont Ave			FEC Identification Number C	
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period 206.40	
Purpose of Disbursement mileage reimbursement		Category/ Type	Transaction ID : SB17.9251	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Lundregan, Ryan, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 7500 Woodmont Ave			FEC Identification Number C	
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement Campaign services consulting		Category/ Type	Transaction ID : SB17.9252	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2456.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Majority Strategy		Date of Disbursement
Mailing Address 12854 Kenan Drive		M M / D D / Y Y Y Y 10 / 27 / 2018
City Jacksonville	State FL	Zip Code 32258
Purpose of Disbursement Digital Advertising		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 5400.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9263
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Majority Strategy		Date of Disbursement
Mailing Address 12854 Kenan Drive		M M / D D / Y Y Y Y 11 / 01 / 2018
City Jacksonville	State FL	Zip Code 32258
Purpose of Disbursement Digital Advertising		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 27120.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9264
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. McHugh, Dan, , ,		Date of Disbursement
Mailing Address 2006 Henry Rd		M M / D D / Y Y Y Y 11 / 04 / 2018
City Rockville	State MD	Zip Code 20850
Purpose of Disbursement Campaign services consulting		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9238
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	34020.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. McHugh, Dan, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 2006 Henry Rd			FEC Identification Number C	
City Rockville	State MD	Zip Code 20850	Amount of Each Disbursement this Period 338.00	
Purpose of Disbursement Campaign services consulting		Category/ Type	Transaction ID : SB17.9239	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Onspaugh, Connie, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2018	
Mailing Address 4909 Ijamsville Rd			FEC Identification Number C	
City Ijamsville	State MD	Zip Code 21754	Amount of Each Disbursement this Period 68.16	
Purpose of Disbursement Reimbursement (See Below)		Category/ Type	Transaction ID : SB17.9231	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. China Garden			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2018	
Mailing Address 506 W Patrick St			FEC Identification Number C	
City Frederick	State MD	Zip Code 21701	Amount of Each Disbursement this Period 68.16	
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : SB17.9231.0	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	406.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Onspaugh, Connie, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018
Mailing Address 4909 Ijamsville Rd		FEC Identification Number C
City Ijamsville	State MD	Zip Code 21754
Purpose of Disbursement Reimbursement (See Below)		Amount of Each Disbursement this Period 72.06
Candidate Name		Transaction ID : SB17.9232
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2018
Mailing Address 2101 SE Simple Savings Dr		FEC Identification Number C
City Bentonville	State AR	Zip Code 72716
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 72.06
Candidate Name		Transaction ID : SB17.9232.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Onspaugh, Connie, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2018
Mailing Address 4909 Ijamsville Rd		FEC Identification Number C
City Ijamsville	State MD	Zip Code 21754
Purpose of Disbursement Campaign services consulting		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB17.9233
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1072.06
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Onspaugh, Connie, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018
Mailing Address 4909 Ijamsville Rd		FEC Identification Number C
City Ijamsville	State MD	Zip Code 21754
Purpose of Disbursement Campaign services consulting		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.9234
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. On Tap Magazine		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018
Mailing Address 25 Dove St		FEC Identification Number C
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Print Advertising		Amount of Each Disbursement this Period 1025.00
Candidate Name		Transaction ID : SB17.9266
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Schaff, Cyndi, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2018
Mailing Address 9455 Dunraven St		FEC Identification Number C
City Frederick	State MD	Zip Code 21704
Purpose of Disbursement Reimbursement (See Below)		Amount of Each Disbursement this Period 4333.22
Candidate Name		Transaction ID : SB17.9235
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5858.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2018
Mailing Address 26722 Plaza		FEC Identification Number C
City Mission Viejo	State CA	Zip Code 92691
Purpose of Disbursement Printing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 410.10	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9235.0
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Schaff, Cyndi, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2018
Mailing Address 9455 Dunraven St		FEC Identification Number C
City Frederick	State MD	Zip Code 21704
Purpose of Disbursement Mileage Reimbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 61.94	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9235.1
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2018
Mailing Address 26722 Plaza		FEC Identification Number C
City Mission Viejo	State CA	Zip Code 92691
Purpose of Disbursement Printing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 76.32	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9235.2
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2018
Mailing Address 26722 Plaza		FEC Identification Number C
City Mission Viejo	State CA	Zip Code 92691
Purpose of Disbursement Printing		Amount of Each Disbursement this Period 56.71
Candidate Name	Category/ Type	Transaction ID : SB17.9235.3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2018
Mailing Address 10221 River Rd		FEC Identification Number C
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 875.00
Candidate Name	Category/ Type	Transaction ID : SB17.9235.4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2018
Mailing Address 26722 Plaza		FEC Identification Number C
City Mission Viejo	State CA	Zip Code 92691
Purpose of Disbursement Printing		Amount of Each Disbursement this Period 434.96
Candidate Name	Category/ Type	Transaction ID : SB17.9235.5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2018
Mailing Address 10221 River Rd		FEC Identification Number C
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 1750.00
Candidate Name		Transaction ID : SB17.9235.6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2018
Mailing Address 26722 Plaza		FEC Identification Number C
City Mission Viejo	State CA	Zip Code 92691
Purpose of Disbursement Printing		Amount of Each Disbursement this Period 40.28
Candidate Name		Transaction ID : SB17.9235.8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Schaff, Cyndi, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2018
Mailing Address 9455 Dunraven St		FEC Identification Number C
City Frederick	State MD	Zip Code 21704
Purpose of Disbursement Mileage Reimbursement		Amount of Each Disbursement this Period 22.89
Candidate Name		Transaction ID : SB17.9235.9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018
Mailing Address 26722 Plaza		FEC Identification Number C
City Mission Viejo	State CA	Zip Code 92691
Purpose of Disbursement Printing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 50.88	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9235.10
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018
Mailing Address 10221 River Rd		FEC Identification Number C
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement Postage	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 490.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9235.11
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Schaff, Cyndi, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2018
Mailing Address 9455 Dunraven St		FEC Identification Number C
City Frederick	State MD	Zip Code 21704
Purpose of Disbursement Campaign services consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9236
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Schaff, Cyndi, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 9455 Dunraven St			FEC Identification Number C	
City Frederick	State MD	Zip Code 21704	Amount of Each Disbursement this Period 677.00	
Purpose of Disbursement Campaign services consulting		Category/ Type	Transaction ID : SB17.9237	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Shparaga, Daria, Mia, ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018	
Mailing Address 1622 Nicodemus Rd			FEC Identification Number C	
City Reisterstown	State MD	Zip Code 21136	Amount of Each Disbursement this Period 284.00	
Purpose of Disbursement mileage reimbursement		Category/ Type	Transaction ID : SB17.9226	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Valentine, Bill, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2018	
Mailing Address 13613 Orleans Rd NE			FEC Identification Number C	
City Little Orleans	State MD	Zip Code 21766	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign services consulting		Category/ Type	Transaction ID : SB17.9229	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1461.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Valentine, Bill, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018		
Mailing Address 13613 Orleans Rd NE			FEC Identification Number C		
City Little Orleans	State MD	Zip Code 21766	Amount of Each Disbursement this Period 113.00		
Purpose of Disbursement Campaign services consulting		Category/ Type	Transaction ID : SB17.9230		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. WCBC Cumberland Broadcasting			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2018		
Mailing Address PO Box 1290			FEC Identification Number C		
City Cumberland	State MD	Zip Code 21501	Amount of Each Disbursement this Period 644.80		
Purpose of Disbursement Radio Advertising		Category/ Type	Transaction ID : SB17.9268		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. WCBC Cumberland Broadcasting			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018		
Mailing Address PO Box 1290			FEC Identification Number C		
City Cumberland	State MD	Zip Code 21501	Amount of Each Disbursement this Period 475.20		
Purpose of Disbursement Radio Advertising		Category/ Type	Transaction ID : SB17.9269		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1233.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 42			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Worth Social LTD		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018
Mailing Address 7812 Ivymount Terr		FEC Identification Number C
City Rockville	State MD	Zip Code 20854
Purpose of Disbursement Digital Advertising		Amount of Each Disbursement this Period 994.75
Candidate Name	Category/ Type	Transaction ID : SB17.9271
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Young, Evan, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2018
Mailing Address 13553 Wisteria Dr		FEC Identification Number C
City Germantown	State MD	Zip Code 20874
Purpose of Disbursement Campaign services consulting		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	Transaction ID : SB17.9240
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Young, Evan, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018
Mailing Address 13553 Wisteria Dr		FEC Identification Number C
City Germantown	State MD	Zip Code 20874
Purpose of Disbursement Campaign services consulting		Amount of Each Disbursement this Period 233.00
Candidate Name	Category/ Type	Transaction ID : SB17.9241
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2227.75
TOTAL This Period (last page this line number only).....▶	179575.10

SCHEDULE C (FEC Form 3) LOANS

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

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

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred M 12 / D 31 / Y 2015	Date Due M M / D D / On Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 100000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

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

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

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred M 03 / D 31 / Y 2016	Date Due M M / D D / On Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred M 10 / D 10 / Y 2016	Date Due M M / D D / Y 12/31/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

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