

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 RICK FOR CONGRESS

ADDRESS (number and street) 5 PUNTE LANE Check if different than previously reported. (ACC) BALTIMORE MD 21221

2. FEC IDENTIFICATION NUMBER C C00510909 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT MD 02

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

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 04 / 03 / 2012 in the State of MD (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 04 / 03 / 2012 in the State of MD

5. Covering Period 01 / 01 / 2012 through 03 / 14 / 2012

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

Type or Print Name of Treasurer Mrs. Krista Denise Wright

Signature of Treasurer Mrs. Krista Denise Wright [Electronically Filed] Date 03 / 26 / 2012

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
RICK FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2012 To: M M / D D / Y Y Y Y 03 / 14 / 2012

	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))....	6460.00	6460.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6460.00	6460.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10.00	10.00
(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)).....	10.00	10.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6557.08	
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).....	100.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

RICK 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).....	5300.00	5300.00
(ii) Unitemized.....	1160.00	1160.00
(iii) TOTAL of contributions from individuals ▶	6460.00	6460.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6460.00	6460.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	100.00	100.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	100.00	100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	7.08	7.08
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6567.08	6567.08

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10.00	10.00
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10.00	10.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6567.08
25. SUBTOTAL (add Line 23 and Line 24).....	6567.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6557.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 9
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
RICK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Glen Downey

Mailing Address 352 Bee Tree Rd.

City Parkton State MD Zip Code 21120

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

Name of Employer U of M Occupation CRNA

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 26 / 2012

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period
 500.00
 contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Leanne Downey

Mailing Address 352 Bee Tree Rd.

City Parkton State MD Zip Code 21120

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

Name of Employer U of Md Occupation CRNA

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 28 / 2012

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period
 500.00
 contribution

C. Full Name (Last, First, Middle Initial)
A. Wade Kach

Mailing Address 214 Ashland Rd.

City Cockeysville State MD Zip Code 21030

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

Name of Employer retired Occupation teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 06 / 2012

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period
 300.00
 contribution

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

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

1300.00

**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 6 OF 9
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
RICK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Lisa Miles

Mailing Address P.O. Box 251

City State Zip Code
Huntington MD 20639

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

Name of Employer Occupation
Nationwide Insurance agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2012

Transaction ID : SA11AI.4161

Amount of Each Receipt this Period
500.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Leroy Myers

Mailing Address 14627 National Pike

City State Zip Code
Clear Spring MD 21722

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

Name of Employer Occupation
self executive/contractor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2012

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period
500.00
contribution

C. Full Name (Last, First, Middle Initial)
Ms Ruth L. Reilly

Mailing Address 3537 Green Spring Rd

City State Zip Code
Havre de Grace MD 21078

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

Name of Employer Occupation
N/A housewife

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2012

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period
1000.00
contribution

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
RICK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Patricia Schafer

Mailing Address 3631 Harmony Church Rd.

City: Havre de Grace State: MD Zip Code: 21078

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

Name of Employer: none Occupation: housewife

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 04 / 2012

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period contribution: 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard D. Schafer

Mailing Address 3631 Harmony Church Rd.

City: Havre de Grace State: MD Zip Code: 21078

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

Name of Employer: self Occupation: executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 01 / 23 / 2012

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period contribution: 1000.00

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

Amount of Each Receipt this Period contribution

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

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

2000.00

5300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
RICK FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. RICHARD KEVIN IMPALLARIA

Mailing Address 1705 SINGER RD

City JOPPA State MD Zip Code 21085

FEC ID number of contributing federal political committee. **C H2MD02251**

Name of Employer State of Maryland Occupation Delegate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2012

Transaction ID : SA13A.4177

Amount of Each Receipt this Period
 100.00
 start up campaign

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

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

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

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

100.00

100.00

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

NAME OF COMMITTEE (In Full) **RICK FOR CONGRESS** Transaction ID : **SC/10.4177**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Mr. RICHARD KEVIN IMPALLARIA Primary
 Mailing Address General
 1705 SINGER RD Other (specify) ▼

City State ZIP Code
 JOPPA MD 21085

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 30 / 2012	1/31/13	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	100.00
TOTALS This Period (last page in this line only).....	▶	100.00

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