

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
ROBIN FICKER 2012

ADDRESS (number and street) 16711 BARNESVILLE ROAD
BOYDS MD 20841
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00506691
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MD 06

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[X] April 15 Quarterly Report (Q1)
[ ] July 15 Quarterly Report (Q2)
[ ] October 15 Quarterly Report (Q3)
[ ] January 31 Year-End Report (YE)
[ ] Termination Report (TER)
(b) 12-Day PRE-Election Report for the:
[ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R)
[ ] Convention (12C) [ ] Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day POST-Election Report for the:
[ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 03 / 15 / 2012 through M M / D D / Y Y Y Y 03 / 31 / 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 Amy Marie Ginther

Signature of Treasurer Amy Marie Ginther [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**ROBIN FICKER 2012**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(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)).....	0.00	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	0.00	0.00
(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)).....	0.00	0.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>-20076.44</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>5590.00</b>	

**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

**ROBIN FICKER 2012**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(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))..	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	5590.00	5590.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5590.00	5590.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	5590.00	5590.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	0.00
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 .....	25666.44	25666.44
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	25666.44	25666.44

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5590.00
25. SUBTOTAL (add Line 23 and Line 24).....	5590.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25666.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-20076.44

**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 15
	<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)  
**ROBIN FICKER 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Robin K Ficker**

Mailing Address **16711 BARNESVILLE ROAD**

City **BOYDS** State **MD** Zip Code **20841**

FEC ID number of contributing federal political committee. **C H4MD08171**

Name of Employer self **self** Occupation **attorney**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
03 / 19 / 2012

**Transaction ID : SA13A.4119**

Amount of Each Receipt this Period  
350.00  
 payment to Internet PC Solutions

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

Mailing Address **16711 BARNESVILLE ROAD**

City **BOYDS** State **MD** Zip Code **20841**

FEC ID number of contributing federal political committee. **C H4MD08171**

Name of Employer self **self** Occupation **attorney**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
03 / 20 / 2012

**Transaction ID : SA13A.4122**

Amount of Each Receipt this Period  
400.00  
 payment to Internet PC Solutions

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

Mailing Address **16711 BARNESVILLE ROAD**

City **BOYDS** State **MD** Zip Code **20841**

FEC ID number of contributing federal political committee. **C H4MD08171**

Name of Employer self **self** Occupation **attorney**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : SA13A.4126**

Amount of Each Receipt this Period  
200.00  
 payment to MetroVoice Media for studio time

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

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

950.00

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

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NAME OF COMMITTEE (In Full)  
**ROBIN FICKER 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Robin K Ficker**

Mailing Address 16711 BARNESVILLE ROAD

City BOYDS State MD Zip Code 20841

FEC ID number of contributing federal political committee. **C H4MD08171**

Name of Employer self Occupation attorney

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2970.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2012

**Transaction ID : SA13A.4123**

Amount of Each Receipt this Period  
 2020.00  
 payment to WHAG for radio spots

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

Mailing Address 16711 BARNESVILLE ROAD

City BOYDS State MD Zip Code 20841

FEC ID number of contributing federal political committee. **C H4MD08171**

Name of Employer self Occupation attorney

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4540.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2012

**Transaction ID : SA13A.4124**

Amount of Each Receipt this Period  
 1570.00  
 payment to WCBC for radio spots

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

Mailing Address 16711 BARNESVILLE ROAD

City BOYDS State MD Zip Code 20841

FEC ID number of contributing federal political committee. **C H4MD08171**

Name of Employer self Occupation attorney

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5590.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2012

**Transaction ID : SA13A.4125**

Amount of Each Receipt this Period  
 1050.00  
 payment to Got Print for mailing printing

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

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

4640.00

5590.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**ROBIN FICKER 2012**

Full Name (Last, First, Middle Initial) <b>A. Got Print</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2012
Mailing Address 7625 N. San Fernando Rd.		Amount of Each Disbursement this Period 1050.00 <b>Transaction ID : SB21.4111</b>
City Burbank	State CA	
Purpose of Disbursement printing of card for mailing		Category/ Type 004
Candidate Name <b>ROBIN FICKER 2012</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 06		

Full Name (Last, First, Middle Initial) <b>B. Gravis Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 910 Belle Ave.		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : SB21.4103</b>
City Winter Springs	State FL	
Purpose of Disbursement robocall		Category/ Type 004
Candidate Name <b>ROBIN FICKER 2012</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 06		

Full Name (Last, First, Middle Initial) <b>c. Heyman Mailing Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 5609 Fishers Lane #38		Amount of Each Disbursement this Period 5050.00 <b>Transaction ID : SB21.4117</b>
City Rockville	State MD	
Purpose of Disbursement postage and handling fees for card mailing		Category/ Type 004
Candidate Name <b>ROBIN FICKER 2012</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**ROBIN FICKER 2012**

Full Name (Last, First, Middle Initial) <b>A. Internet PC Solutions</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2012
Mailing Address		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB21.4100</b>
City	State Zip Code	
Purpose of Disbursement search engine optimization	Category/Type 004	
Candidate Name <b>ROBIN FICKER 2012</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 06	

Full Name (Last, First, Middle Initial) <b>B. Internet PC Solutions</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB21.4102</b>
City	State Zip Code	
Purpose of Disbursement search engine optimization	Category/Type 004	
Candidate Name <b>ROBIN FICKER 2012</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 06	

Full Name (Last, First, Middle Initial) <b>C. WCBC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2012
Mailing Address P.O. Box 1290		Amount of Each Disbursement this Period 1570.00 <b>Transaction ID : SB21.4107</b>
City	State Zip Code	
Purpose of Disbursement radio advertising	Category/Type 004	
Candidate Name <b>ROBIN FICKER 2012</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2320.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**ROBIN FICKER 2012**

Full Name (Last, First, Middle Initial) <b>A. WHAG</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2012
Mailing Address 13 East Washington St.		Amount of Each Disbursement this Period 2020.00 <b>Transaction ID : SB21.4105</b>
City Hagerstown	State MD	
Zip Code 21740	Purpose of Disbursement radio advertising	Category/ Type 004
Candidate Name <b>ROBIN FICKER 2012</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD	District: 06	

Full Name (Last, First, Middle Initial) <b>B. WTOP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2012
Mailing Address 3400 Idaho Ave. NW		Amount of Each Disbursement this Period 12750.00 <b>Transaction ID : SB21.4109</b>
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement radio advertising	Category/ Type 004
Candidate Name <b>ROBIN FICKER 2012</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD	District: 06	

Full Name (Last, First, Middle Initial) <b>C. WTOP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 3400 Idaho Ave. NW		Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : SB21.4116</b>
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement radio advertising	Category/ Type 004
Candidate Name <b>ROBIN FICKER 2012</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15970.00
<b>TOTAL</b> This Period (last page this line number only).....	25340.00

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**ROBIN FICKER 2012**

Transaction ID : **SC/10.4119**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Robin K Ficker**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

16711 BARNESVILLE ROAD

City

State

ZIP Code

BOYDS

MD

20841

Original Amount of Loan

350.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

350.00

### TERMS

Date Incurred

M 03 / D 19 / Y 2012 Y

Date Due

M / D / April 30, 2012 Y Y Y Y

Interest Rate

% (apr)

Secured:

Yes  No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

350.00

**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**ROBIN FICKER 2012**

Transaction ID : **SC/10.4122**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Robin K Ficker**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

16711 BARNESVILLE ROAD

City

State

ZIP Code

BOYDS

MD

20841

Original Amount of Loan

400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400.00

**TERMS**

Date Incurred

M 03 / D 20 / Y 2012 Y

Date Due

M / D / April 30, 2012 Y Y Y Y

Interest Rate

% (apr)

Secured:

Yes  No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

400.00

**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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**ROBIN FICKER 2012**

Transaction ID : **SC/10.4126**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Robin K Ficker**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

16711 BARNESVILLE ROAD

City

State

ZIP Code

BOYDS

MD

20841

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

### TERMS

Date Incurred

M 03 / D 22 / Y 2012

Date Due

M / D / April 30, 2012

Interest Rate

% (apr)

Secured:

Yes  No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

200.00

**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**ROBIN FICKER 2012**

Transaction ID : **SC/10.4123**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Robin K Ficker**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

16711 BARNESVILLE ROAD

City

State

ZIP Code

BOYDS

MD

20841

Original Amount of Loan

2020.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2020.00

**TERMS**

Date Incurred

M 03 / D 24 / Y 2012

Date Due

M / D / Y April 30, 2012

Interest Rate

% (apr)

Secured:

Yes  No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

2020.00

**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**ROBIN FICKER 2012**

Transaction ID : **SC/10.4124**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Robin K Ficker**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

16711 BARNESVILLE ROAD

City

State

ZIP Code

BOYDS

MD

20841

Original Amount of Loan

1570.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1570.00

**TERMS**

Date Incurred

M 03 / D 24 / Y 2012

Date Due

M / D / April 30, 2012

Interest Rate

% (apr)

Secured:

Yes  No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

1570.00

**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) **ROBIN FICKER 2012** Transaction ID : **SC/10.4125**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Robin K Ficker</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 16711 BARNESVILLE ROAD		

City	State	ZIP Code
BOYDS	MD	20841

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1050.00	0.00	1050.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M 03 / D 24 / Y 2012	M / D / April 30, 2012	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	1050.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	5590.00
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		