

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
 Check if different than previously reported. (ACC) Boys MD 20841

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

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
10 / 01 / 2011 through 12 / 31 / 2011

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
08 / 14 / 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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 29

Write or Type Committee Name

Robin Ficker 2012

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))....	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
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23.00	23.00
(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)).....	23.00	23.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	91.86	
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).....	9056.55	

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: / /

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).....	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
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	9056.55	9056.55
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	9056.55	9056.55
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	9056.55	9056.55

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23.00	23.00
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	8941.69	8941.69
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8964.69	8964.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9056.55
25. SUBTOTAL (add Line 23 and Line 24).....	9056.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8964.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	91.86

**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 29
	<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 Keith Ficker

Mailing Address 16711 Barnesville Road

City State Zip Code
Boys MD 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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA13A.4113

Amount of Each Receipt this Period
 1500.00
 deposit to bank account

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

Mailing Address 16711 Barnesville Road

City State Zip Code
Boys MD 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
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2011

Transaction ID : SA13A.4120

Amount of Each Receipt this Period
 100.00
 loan to cover payment for database development

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

Mailing Address 16711 Barnesville Road

City State Zip Code
Boys MD 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
2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2011

Transaction ID : SA13A.4121

Amount of Each Receipt this Period
 500.00
 loan for database development payment

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

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

2100.00

**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 29
	<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

Full Name (Last, First, Middle Initial) Robin Keith Ficker		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011	
Mailing Address 16711 Barnesville Road		Transaction ID : SA13A.4123	
City State Zip Code Boyds MD 20841	Amount of Each Receipt this Period 400.00 loan for payment for database development		
FEC ID number of contributing federal political committee. C H4MD08171	Name of Employer self Occupation attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) Robin Keith Ficker		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2011	
Mailing Address 16711 Barnesville Road		Transaction ID : SA13A.4125	
City State Zip Code Boyds MD 20841	Amount of Each Receipt this Period 350.00 payment for email distribution		
FEC ID number of contributing federal political committee. C H4MD08171	Name of Employer self Occupation attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2850.00		

Full Name (Last, First, Middle Initial) Robin Keith Ficker		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2011	
Mailing Address 16711 Barnesville Road		Transaction ID : SA13A.4127	
City State Zip Code Boyds MD 20841	Amount of Each Receipt this Period 500.00 payment for database development		
FEC ID number of contributing federal political committee. C H4MD08171	Name of Employer self Occupation attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3350.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<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

Full Name (Last, First, Middle Initial) Robin Keith Ficker		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2011	
Mailing Address 16711 Barnesville Road		Transaction ID : SA13A.4129	
City State Zip Code Boyds MD 20841	Amount of Each Receipt this Period _____ 200.00 payment for database development		
FEC ID number of contributing federal political committee. C H4MD08171	Name of Employer self Occupation attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3550.00		

Full Name (Last, First, Middle Initial) Robin Keith Ficker		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011	
Mailing Address 16711 Barnesville Road		Transaction ID : SA13A.4132	
City State Zip Code Boyds MD 20841	Amount of Each Receipt this Period _____ 1000.00 payment for database development		
FEC ID number of contributing federal political committee. C H4MD08171	Name of Employer self Occupation attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4550.00		

Full Name (Last, First, Middle Initial) Robin Keith Ficker		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2011	
Mailing Address 16711 Barnesville Road		Transaction ID : SA13A.4134	
City State Zip Code Boyds MD 20841	Amount of Each Receipt this Period _____ 1029.30 payment for database development		
FEC ID number of contributing federal political committee. C H4MD08171	Name of Employer self Occupation attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5579.30		

SUBTOTAL of Receipts This Page (optional).....	_____ 2229.30
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<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

Full Name (Last, First, Middle Initial) Robin Keith Ficker		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2011	
Mailing Address 16711 Barnesville Road		Transaction ID : SA13A.4137	
City State Zip Code Boyds MD 20841	Amount of Each Receipt this Period _____ 200.00 payment for database development		
FEC ID number of contributing federal political committee. C H4MD08171	Name of Employer self Occupation attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5779.30		

Full Name (Last, First, Middle Initial) Robin Keith Ficker		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2011	
Mailing Address 16711 Barnesville Road		Transaction ID : SA13A.4139	
City State Zip Code Boyds MD 20841	Amount of Each Receipt this Period _____ 637.25 payment for database development		
FEC ID number of contributing federal political committee. C H4MD08171	Name of Employer self Occupation attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 6416.55		

Full Name (Last, First, Middle Initial) Robin Keith Ficker		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2011	
Mailing Address 16711 Barnesville Road		Transaction ID : SA13A.4142	
City State Zip Code Boyds MD 20841	Amount of Each Receipt this Period _____ 950.00 payment for robocall		
FEC ID number of contributing federal political committee. C H4MD08171	Name of Employer self Occupation attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 7366.55		

SUBTOTAL of Receipts This Page (optional).....	_____ 1787.25
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<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 Keith Ficker

Mailing Address 16711 Barnesville Road

City State Zip Code
Boys MD 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
7696.55

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : SA13A.4144

Amount of Each Receipt this Period
330.00
payment for robocall

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

Mailing Address 16711 Barnesville Road

City State Zip Code
Boys MD 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
8696.55

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA13A.4146

Amount of Each Receipt this Period
1000.00
payment for database development

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

Mailing Address 16711 Barnesville Road

City State Zip Code
Boys MD 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
9056.55

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA13A.4148

Amount of Each Receipt this Period
360.00
payment for email distribution

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

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

1690.00

9056.55

**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 10 OF 29
	<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) A. Denise Joy Banjavic		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address 8002 Wisconsin Ave.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4118
City Bethesda	State MD	
Zip Code 20814	Purpose of Disbursement database development-voter contact information	Category/ Type 004
Candidate Name Robin Ficker 2012	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. Gravis Marketing		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address 910 Belle Ave., Suite 1042		Amount of Each Disbursement this Period 950.00 Transaction ID : SB21.4140
City Winter Springs	State FL	
Zip Code 32708	Purpose of Disbursement robocall	Category/ Type 004
Candidate Name Robin Ficker 2012	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) c. Gravis Marketing		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address 910 Belle Ave., Suite 1042		Amount of Each Disbursement this Period 330.00 Transaction ID : SB21.4143
City Winter Springs	State FL	
Zip Code 32708	Purpose of Disbursement robocall	Category/ Type 004
Candidate Name Robin Ficker 2012	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	

SUBTOTAL of Disbursements This Page (optional).....	1780.00
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 11 OF 29
	<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) A. Internet PC Solutions, Matt Sinsen		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011
Mailing Address 314 N. 12th Apt. 804		Amount of Each Disbursement this Period 400.00 Transaction ID : SB21.4122
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement database development-voter contact information 004 Category/Type	
Candidate Name Robin Ficker 2012	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. Internet PC Solutions, Matt Sinsen		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2011
Mailing Address 314 N. 12th Apt. 804		Amount of Each Disbursement this Period 350.00 Transaction ID : SB21.4124
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement email distribution 004 Category/Type	
Candidate Name Robin Ficker 2012	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) c. Internet PC Solutions, Matt Sinsen		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2011
Mailing Address 314 N. 12th Apt. 804		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4126
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement database development-voter contact information 004 Category/Type	
Candidate Name Robin Ficker 2012	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		

SUBTOTAL of Disbursements This Page (optional).....	1250.00
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 12 OF 29
	<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) A. Internet PC Solutions, Matt Sinsen		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2011
Mailing Address 314 N. 12th Apt. 804		Amount of Each Disbursement this Period 200.00 Transaction ID : SB21.4128
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement database development-voter contact information 004 Category/Type	
Candidate Name Robin Ficker 2012	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. Internet PC Solutions, Matt Sinsen		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address 314 N. 12th Apt. 804		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.4131
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement database development-voter contact information 004 Category/Type	
Candidate Name Robin Ficker 2012	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) c. Internet PC Solutions, Matt Sinsen		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2011
Mailing Address 314 N. 12th Apt. 804		Amount of Each Disbursement this Period 1029.30 Transaction ID : SB21.4133
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement database development-voter contact information 004 Category/Type	
Candidate Name Robin Ficker 2012	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		

SUBTOTAL of Disbursements This Page (optional).....	2229.30
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 13 OF 29
	<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) A. Internet PC Solutions, Matt Sinsen		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address 314 N. 12th Apt. 804		Amount of Each Disbursement this Period 200.00 Transaction ID : SB21.4136
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement database development-voter contact information 004 Category/Type	
Candidate Name Robin Ficker 2012	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. Internet PC Solutions, Matt Sinsen		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address 314 N. 12th Apt. 804		Amount of Each Disbursement this Period 637.25 Transaction ID : SB21.4138
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement database development-voter contact information 004 Category/Type	
Candidate Name Robin Ficker 2012	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) c. Internet PC Solutions, Matt Sinsen		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2011
Mailing Address 314 N. 12th Apt. 804		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.4145
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement database development-voter contact information 004 Category/Type	
Candidate Name Robin Ficker 2012	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		

SUBTOTAL of Disbursements This Page (optional).....	1837.25
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 14 OF 29
	<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) A. Internet PC Solutions, Matt Sinsen		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address 314 N. 12th Apt. 804		Amount of Each Disbursement this Period 360.00 Transaction ID : SB21.4147
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement email distribution 004 Category/Type	
Candidate Name Robin Ficker 2012	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. PR Promotions, Mark Weiss Associates		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2011
Mailing Address P.O. Box 34407		Amount of Each Disbursement this Period 1166.00 Transaction ID : SB21.4150
City Bethesda State MD Zip Code 20827	Purpose of Disbursement campaign signs 004 Category/Type	
Candidate Name Robin Ficker 2012	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) C. PR Promotions, Mark Weiss Associates		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2011
Mailing Address P.O. Box 34407		Amount of Each Disbursement this Period 219.14 Transaction ID : SB21.4135
City Bethesda State MD Zip Code 20827	Purpose of Disbursement shipping charge for campaign signs 004 Category/Type	
Candidate Name Robin Ficker 2012	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		

SUBTOTAL of Disbursements This Page (optional).....	1745.14
TOTAL This Period (last page this line number only).....	8841.69

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/10.4113

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1500.00 0.00 1500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 10 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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)..... ▶ 1500.00

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/10.4120

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

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:
M 11 / D 13 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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)..... ▶ 100.00

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/10.4121

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
500.00 0.00 500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 14 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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)..... 500.00

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 Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
400.00 0.00 400.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 16 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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

NAME OF COMMITTEE (In Full) **Robin Ficker 2012** Transaction ID : **SC/10.4125**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Robin Keith Ficker Primary
 Mailing Address General
 16711 Barnesville Road Other (specify) ▼

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 11 / D 18 / Y 2011	Date Due M / D / Y 11/6/12	Interest Rate 0.00 % (apr)	Secured: <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).....	▶	[] 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/10.4127

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
500.00 0.00 500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
11 / 20 / 2011 M M / D D / Y Y / 11/6/12 0.00 % (apr) 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)..... 500.00

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/10.4129**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Robin Keith Ficker Primary
 Mailing Address General
 16711 Barnesville Road Other (specify) ▼

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 Date Due Interest Rate Secured:
 M 11 / D 26 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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/10.4132

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 1000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 29 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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)..... ▶ 1000.00

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/10.4134

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1029.30 0.00 1029.30

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 01 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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)..... ▶ 1029.30

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/10.4137

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
200.00 0.00 200.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 07 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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/10.4139

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
637.25 0.00 637.25

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 08 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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)..... ▶ 637.25

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/10.4142

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
950.00 0.00 950.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 21 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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)..... 950.00

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/10.4144

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
330.00 0.00 330.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 21 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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)..... 330.00

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/10.4146

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 1000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 22 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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)..... ▶ 1000.00

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/10.4148

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robin Keith Ficker

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
16711 Barnesville Road

City State ZIP Code
Boysd MD 20841

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
360.00 0.00 360.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 30 / Y 2011 M M / D D / Y 11/6/12 0.00 % (apr) 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) 360.00
TOTALS This Period (last page in this line only) 9056.55

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