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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| 1. NAME OF COMMITTEE IN FULL<br>ROBIN FICKER 2012  |   |                   | 7   |                           |
|--|---|-------------------|---|---------------------------|
| ADDRESS (number and street) 16711 BARNESVILLE ROAD |   |                   | -   |                           |
| CITY, STATE, and ZIP CODE                          |   |                   |   |                           |
| BOYDS  | MD 208  | 341               |   |                           |
| 2. NAME OF CANDIDATE                               | 3. OFFICE SOUGHT (State and District)               |                   | 4. FEC IDENTIFICATION NUMBER  |                           |
| Ficker K Robin                                     | House   | MD 06             | C00506691   |                           |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING   | YES, IT AMENDS TH                                   | E NOTICE FILED ON | /   | /                         |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer                                    |                   | Date (month,  | Amount                    |
| Ficker K Robin                                     | self  |                   | day, year)<br>03/27/2012  | 6325.00                   |
| 16711 Barnesville Rd.                              |   |                   | 03/21/2012  | 0525.00                   |
|  | Transaction ID : V                                  | VFT2012228831-1   |   |                           |
| Davida MD 00044                                    | Occupation  |                   |   |                           |
| Boyds MD 20841                                     | attorney  |                   |   |                           |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer                                    |                   | Date (month,<br>day, year)  | Amount                    |
|  |   |                   | ,   |                           |
|  |   |                   |   |                           |
|  |   |                   |   |                           |
| Occupation   |   |                   |   |                           |
|  | Cocapation  |                   |   |                           |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer                                    |                   | Date (month,  | Amount                    |
|  |   |                   | day, year)  |                           |
|  |   |                   |   |                           |
|  |   |                   |   |                           |
|  |   |                   |   |                           |
|  | Occupation  | Occupation        |   |                           |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Freedom                                     |                   | Date (month,  | Amount                    |
| D. FOLE NAME, MAILING ADDRESS AND ZIF CODE         | NAME, MAILING ADDRESS AND ZIP CODE Name of Employer |                   | day, year)  | , unount                  |
|  |   |                   |   |                           |
|  |   |                   |   |                           |
|  |   |                   |   |                           |
|  | Occupation  | Occupation        |   |                           |
|  |   |                   |   |                           |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE         | E Name of Employer                                  |                   | Date (month,<br>day, year)  | Amount                    |
|  |   |                   | uuj, jouij  |                           |
|  |   |                   |   |                           |
|  |   |                   |   |                           |
|  | Occupation  |                   |   |                           |
|  |   |                   |   |                           |
| SIGNATURE (optional)                               |   | DATE              | For further   | information contact:      |
| Ginther Marie Amy                                  | (Electronically Filed)                              |                   | Federal Election Commission<br>999 E Street, NW, Washington, DC 20463 |                           |
|  | [Electronically Filed]                              |                   |   | -9530, Local 202-694-1100 |
|  |   | 1                 | 1   |                           |

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