UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of
FINANCIAL DISCLOSURE STATEMENT	For New Metribers, Candidates, and New Employees	2017 KAD 300 DK 1-1-0
Name: Robin Ficker Daytime Telephone:		2016 MAR 30 PM 1: 40
New Member of or Candidate for State: 1900 U.S. House of Representatives District: 1910 Candidates – Date of Election: 1917 (1916)	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	ls .	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or in to Make more than \$200 in unearmed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No outsid reporting period?	F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	r arrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? J. Did source source	Did you receive compensation of more than source in the current year and two prior years?	nsation of more than \$5,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU A	, ≥	NSWER "YES"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT	NSWER BOTH OF THES	H OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	epted trusts" need not be disclosed. H	lave you excluded from Yes No 🔀
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	or dependent child because they meet	x all three tests for Yes No X

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SCHEDULE A - ASSETS & "UNEARNED INCOME

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if you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (OC), or jointly held with enyone (I in the optional column on the far left. For an ownership interest in a privately-held busine that is not publicly traded, state the name of business, the nature of its activities, and For bank and other cash accounts, total the amount all interest-bearing accounts. If the total is over For rental and other real property, held for invest provide a complete address or description, For all IRAs and other retirement plans 401(k) plans) provide the value for each asy nore than \$1,300 in interest-bearing accounts equirements, please refer to the instruction booklet you have a privately-traded fund that is an Except westment Fund, please check the "EIF" box. entify (a) each asset held for investment or roduction of income end with a fair market value acaeding \$1,000 at the end of the reporting period antal property," and a city and state. 🕠 calude: Your personal residence, including seco wide complete names of stocks and mutuel fund account that exceeds the reporting thresholds. Assets and/or Income Sources tt in, or income derived from, a federa nent program, including the Thrift Savings Plan and vacation homes (unique there was rents during the reporting period); and any financis in, or income derived from, a federa Simon & Schuster discussion Wega Corp Stock ABC Hedge Fund Schedule Indicate value of asset at close of the reporting period. In you use a valuation method other than fair market value please specify the method used. *Column M is for assets held by your spouse or depende child in which you have no interest. None hould be "None." an asset was sold during the duded only because it genera \$1-\$1,000 8 \$1,001-\$15,000 c o \$15,001-\$50-000 \$50,001-\$100,000 ш Value of Asset \$100,001-\$250,000 П BLOCK B ng the reporting per generated income, \$250,001-\$500,000 × 0 \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 L \$25,000,001-\$50,000,000 \$ Over \$50,000.000 _ Spouse/DC Asset over \$1,000,000* × Check all columns that apply. For account that generate tax-deferred income (such in Ven II redity that generate tax-deferred income 401(k), /RA, or 529 accounts), check the Tax-Deferred NONE penerated no income DIVIDENDS >< RENT Type of Income INTEREST BLOCKC 529 accounts), you may Tax-Deferred column CAPITAL GAINS during the reports EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividents, interest, and capital gatins, even if "neinvested, mast be disactored as income for assets held in boxable accounts. Check "None" if no income was earned or generated. None Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 = Ξ \$201-\$1,000 ~ \$1,001-\$2,500 < **Current Year** \$2,501-\$5,000 ≤ × \$5,001-\$15,000 ≨ \$15,001-\$\$0,000 \$50,001-\$100,000 × \$100,091-\$1,000,000 × \$1,000,001-\$5,000,000 Amount of Income Over \$5,000,000 ≥ BLOCK D ¥ Spouse/DC income over \$1,000,000* None _ \$1-\$200 \$201-\$1,000 = 7 \$1,001-\$2,500 Preceding Year ٧ \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Over \$5,000,000 × ≚ Spouse/DC income over \$1,000,000*

Use additional sheets if more space is required

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Robin Fickon

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SCHEDULE C - EARNED INCOME

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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Amount	ome may apply to you after you it is \$27,495. In addition, certiaff.	xu are on House payroll. The 2015 ain types of income (notably honorar Am.	2015 limit on outside earned income for noraria, director's fees, and payments for Amount
Source (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Beltimore, MD (July 15) State of Manufact	Honorarium	\$00.000	\$500 \$78.000
LXamples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Selary	\$0 N/A	\$1,000 N/A
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SCHEDULE D - LIABILITIES

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period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

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	3-	18	se bank	First Bank of Wilmington, DE	Creditor	
				5/98	Date Liability Incurred MO/YR	
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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Position Name of Organization

SCHEDULE F - AGREEMENTS

Name: Rebin Ficker Page of

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Identify the date continuation or c	, parties to, and general terms of any agreement or arran deferral of payments by a former or current employer oth	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
	NAME OF THE PROPERTY OF THE PR	
SCHEDUL	SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE)F \$5,000 PAID BY ONE SOURCE
Report sources customers of ar government and	of compensation received by you or your business affiling corporation, firm, partnership, or other business enter any information considered confidential as a result of a	Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
	Source (Name and City/State)	Brief Description of Dutles
Ехепрів:	Doe Jones & Smith, Hornetown, Homestate	Accounting Services
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