

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Joan Fischer
Name

(2) PO Box 495642
Address (number and street)

Port Charlotte, FL 33948
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) **Check appropriate box(es):**

Candidate (office sought): Supervisor Of Elections

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

OFFICE USE ONLY

ONLINE SUBMISSION
[1042445]

Submitted on:
8/10/2012 07:56:14 (eastern)

(3) ID Number: 349

(5) REPORT IDENTIFIERS

Cover Period: From 7/21/2012 To 8/9/2012 / Report Type F3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>144.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>144.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 1,200.00

(10) TOTAL Monetary Expenditures To Date
\$ 144.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) _____

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joan Fischer (2) I.D. Number 349

7/21/2012 through 8/9/2012

(3) Cover Period / / through / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joan Fischer

(2) I.D. Number 349

(3) Cover Period 7/21/2012 through 8/9/2012

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
7/21/2012 / /	Sun Trust Bank, PO Box 622227 Orlando, FL 32862	campaign checks	MO		\$24.45
1					
8/3/2012 / /	Copy Corner Printing, 21234 Olean Blvd. Port Charlotte, FL 33952	print business cards	MO		\$69.55
2					
8/9/2012 / /	Supervisor of Elections, 226 Taylor Street Punta Gorda, FL 33950	absentee ballot list	MO		\$50.00
3					
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