	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	Joan Valentine Fischer	OFFICE USE ONLY				
``	Name	ONLINE SUBMISSION [1181837]				
(2)	PO Box 495642	Submitted on:				
	Address (number and street)	1/2/2019 15:27:55 (eastern)				
	Port Charlotte, FL 33949					
	City, State, Zip Code					
	Check here if address has changed	(3) ID Number:541				
(4)	Check appropriate box(es):					
	☐ Candidate Office Sought: County Commis	sioner District 4				
	Political Committee (PC)	Charlebone # DO av EOO has disbonded				
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) [☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded				
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed				
	individual making electioneering communications)					
	(5) Report	dentifiers				
Cove		9 / 28 / 2018 Report Type: G3				
		ecial Election Report				
		·				
(6)	Contributions This Report	(7) Expenditures This Report				
-	Φ 04 00	Monetary Expanditures C 000				
Cast	h & Checks \$, , _99	Expenditures \$, , 0 . 00				
Loar	ns \$, , 0.00	Transfers to				
Luai	, , , , , , , , , , , , , , , , , , , ,	Office Account \$, , 0 . 00				
Tota	al Monetary \$, , -94 . 99	, , , , <u> </u>				
10.0	Two locally	Total Monetary \$, 0 . 00				
In-Ki	ind \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,				
III i s.	, , ,	(8) Other Distributions				
		\$,,000_				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$	\$, <u>9</u> , <u>558</u> . <u>19</u>				
	(11) Cert	<u> </u>				
	It is a first degree misdemeanor for any person					
Ιc	certify that I have examined this report and it is true, corre	ect. and complete:				
	Type name)	(Type name)				
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)				
X		X				
Si	ignature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joan Valentine Fischer (2) I.D. Number							
(3) Cover Perio	9/15/2018 od / /	through	9/28/2018 ///	(4) Pag	e <u>1</u>	of	
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)	

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/22/2018	Daniely, Hubert 19 Hoffer Street Port Charlotte, Fl 33953	Ï	·	СН		Delete	\$99 .99
9/22/2018	Rodriguez, Daniel 119 Leland St. SW Port Charlotte, Fl 33952	I		СН	printing paper	Add	\$5.00
1 1							
1 1							
j j							
1 1							
1 1							
1 1							
DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VA	LUES	

(1) Name <u>Joan</u>	URES				
(3) Cover Period	9/15/2018 /through_	9/28/2018 //	(4) Page <u>1</u>	of	0
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
//					
//					
//					
//					
//					
//					
//					
//					