CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Joan Valentine Fischer	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	PO Box 495642	Submitted on:							
	Address (number and street) Port Charlotte, FL 33949	10/23/2018 11:01:25 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 541							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: County Commissioner District 4</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	Identifiers							
Cove	er Period: From $10 / 13 / 2018$ To	10 / 19 / 2018 Report Type: <u>G6</u>							
<u>X</u> 0	☑ Original ☐ Amendment ☐ Special Election Report								
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$ , , <u>178</u> . <u>00</u>	Monetary							
Loar	<del></del> , <del></del> , <del></del>	Transfers to Office Account \$ , , , 0 . 00							
	I Monetary \$,, <u>178</u> . <u>00</u>	Total Monetary \$ , , 0 . 00							
In-Ki	nd \$,, <u>0</u> .00								
		(8) Other Distributions \$ , , <u>0</u> 00							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>13</u> , <u>649</u> . <u>99</u>	\$, <u>8</u> , <u>954</u> . <u>54</u>							
	(11) Cert It is a first degree misdemeanor for any pers Pertify that I have examined this report and it is true, corr Page name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	on to falsify a public record (ss. 839.13, F.S.)							
X		X							
Sig	gnature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name <sub>Joa</sub>	n Valenti	ne Fis	cher		(2)	I.D. Number		541	
	10/13/2	018		10/19	9/2018				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

(5) Date			(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Ci Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/15/2018	KOVACS, SUSAN 3422 DISCOVERY DRIVE PUNTA GORDA, FL 33983	I		СН			\$50.0
10/17/2018	SHREVE, PATRICIA L 1753 DUNVEGAN DR. Port Charlotte, Fl 33980	I		СН			\$50.0
2	MORGAN, LELIA	I		СН			\$25.0
10/17/2018 / /	23279 Midway Blvd Port Charlotte, Fl 33980	_					,
10/17/2018	Hylton, Margo 22514 Peachland Blvd Port Charlotte, Fl 33954	I		СН			\$45.0
4							
10/17/2018	FACEBOOK,  1 Hacker Way Menlo Park, Ca 94025	В		RE			\$8.0
1 1							
1 1							
1 1							

(1) Name Joan	ED EXPENDIT (2) I.D. Number				
	10/13/2018 //through	10/19/2018	(4) Page1		0
(5) Date  (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought i contribution to a candidate)	(9) if Expenditure Type	(10)	(11)
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