CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	John Fischer	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	45 Freeland Land	Submitted on:						
	Address (number and street)	3/2/2014 09:16:04 (eastern)						
	Palm Coast, FL 32137							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:268						
(4)	Check appropriate box(es):							
	Candidate Office Sought: School Board	District 2						
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded						
	Party Executive Committee (PTY)	☐ Check here if PTY 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	Identifiers						
Cove	er Period: From 2 / 1 / 2014 To							
		ecial Election Report						
		<u> </u>						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	h & Checks \$ , , 0 . 00	Monetary						
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$						
<b>-</b> .	0 00	Office Account \$ , , , 0 . 00						
lota	I Monetary \$,,,	Total Monetary \$ . 10 . 70						
T 12:	· · • • 0 00	Total Monetary \$ , , _10 . 70						
In-Ki	ind \$,,	(0)						
		(8) Other Distributions \$ , , <u>0</u> <u>00</u>						
(0)	TOTAL Manatana Contributions To Date							
(9)	TOTAL Monetary Contributions To Date \$ , , 600 . 00	(10) TOTAL Monetary Expenditures To Date \$ 177 28						
	\$, <u>600</u> . <u>00</u>	\$ , , <u>177</u> . <u>28</u>						
	(11) Cert							
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:								
(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number								
	2/1/2014 od///		2	/28/2014 //	(4) Pag	e <u>1</u>	of	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)	
Number / /	City, State, Zip Code	Туре	Occupation	Туре	Description	Allendment	Amount	
1 1								
1 1								
J I								
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1 1								
1 1								
J I								

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name <u>J</u>	ohn	Fisch	er	110 10				 (2) I.D. Nun	nber	2	268	
		2/1/	201	L4		2/28/2	2014					
(3) Cover Pe	eriod	1		1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
2/3/2014	Flagler County Supv of Electio, PO BOX 901 Bunnell, Fl 32110	petition verification	МО		\$5.00
2/6/2014	Flagler County Supv Of Electio, PO BOX 901 Bunnell, FL 32110	petition verification	МО		\$3.00
2/11/2014	Flagler County Supv Of Electio, P O BOX 901 Bunnell, Fl 32110	petition verification	МО		\$2.70
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