

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John Fischer  
 Name  
 (2) 45 Freeland Ln  
 Address (number and street)  
Palm Coast, Fl 32137  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1147289]

Submitted on:  
 12/21/2017 12:55:06 (eastern)

Check here if address has changed (3) ID Number: 400

(4) Check appropriate box(es):

Candidate Office Sought: School Board District 2

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 10 / 1 / 2017 To 10 / 31 / 2017 Report Type: M10

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , -44 . 47

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , -44 . 47

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 1 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 265 . 96

### (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 IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name John Fischer (2) I.D. Number 400

10/1/2017 through 10/31/2017

(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 John Fischer

(2) I.D. Number 400

(3) Cover Period 10/1/2017 through 10/31/2017

(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					
10/31/2017 / /	Ameris Bank, 181 Cypress Point Pkwy Palm Coast, Fl 32164	bank fee	MO	Add	\$2.00
1					
10/5/2017 / /	Ameris Bank, 181 Cypress Point Pkwy Palm Coast, Fl 32164	refund	RE	Add	\$-46.47
2					
/ /					
/ /					
/ /					
/ /					
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