

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
 [1147290]

Submitted on:
 12/21/2017 12:57:05 (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 11 / 1 / 2017 To 11 / 30 / 2017 Report Type: M11

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 \$, , -2 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , -2 . 00

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

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

(10) TOTAL Monetary Expenditures To Date
 \$, , 263 . 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

11/1/2017 through 11/30/2017

(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 11/1/2017 through 11/30/2017

(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
11/15/2017 //	Ameris Bank, 181 Cypress Point Pkwy Palm Coast, Fl 32164	refund	RE	Add	\$-2.00
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