CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Joseph E. Flescher	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	279 Joy Haven Drive	Submitted on:								
	Address (number and street) Sebastian, FL 32958	7/25/2014 15:42:36 (eastern)								
	City, State, Zip Code									
	☐ Check here if address has changed	(3) ID Number: 267								
(4)	Check appropriate box(es):									
	© Candidate Office Sought: Board of County Commissioners - Dist 2 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed									
(5) Report Identifiers										
Cove	er Period: From 7 / 19 / 2014 To									
<u>X</u> 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$,1 , <u>000</u> . <u>00</u>	Monetary								
Loans \$,,,000		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$,1 , <u>000</u> . <u>00</u>	Total Monetary \$. 0 . 00								
In-Ki	nd \$, , 0.00	Total Monetary \$, , 0 . 00								
		(8) Other Distributions \$, , 000								
(9)	TOTAL Monetary Contributions To Date \$,29 ,91500	(10) TOTAL Monetary Expenditures To Date \$,12 ,18531								
(Ty		(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)								
X	gnature	X Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number									
	7/19/2014		7/25/2014						
(3) Cover Peri	od / /	thro			(4) Pag	ye <u></u> 1	of		
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(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date (6)	Full Name (Last, Suffix, First, Middle)								
Sequence	Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	55000	Occupation	Туре	Description	Amendment	Amount		
7/25/2014	Indian River Fire		pol.	СН	547		\$1,000.0		
1 1	PAC, 120 S. Monroe St.		action comm.						
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CAMPAIGN TREASURER'S REPORT - ITEM (1) Name Joseph E. Flescher			(2) I.D. Number			
3) Cover Period _	7/19/2014 / / throug	7/25/2014 h//	(4) Page1	of _	0	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle Street Address & City, State, Zip Code	(8) Purpose e) (add office sough contribution to candidate)	(9) at if a Expenditure Type	(10)	(11) Amount	
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