

LEE COUNTY SCANNED SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

(PLEASE CHECK ONE)

Candidate Name	MARY B. FISCHER		
Residence Address	4902 SW 20 th PLACE		
City and Zip Code	CAPE CORAL, FL. 33914		
Mailing Address (if different)	<input type="checkbox"/> Check if same as above. P.O. Box 101504 CAPE CORAL, FL 33910		
Telephone Number(s) (Daytime)	239-849-6552	OR	239-542-6065
Email Address	marybf42@embargo.com		
Office Sought	School Board		
Area, District, Group Or Seat Number	District 1		
Political Party (if applicable for office sought)	N/A		
Date Of Birth Or Voter ID #	11-22-42		
Date	04-19-10		
Candidate Signature	X <i>Mary B. Fischer</i>		

10PPR19PM0411 SDE Lee Co Fl

All information on this form becomes a
public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

10PPR19PM0411 SDE Lee Co Fl

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

SCANNED ①

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

MARY FISCHER

3. Address (include post office box or street, city, state, zip code)

PO Box 10 1504
CAPE CORAL, FL 33910

4. Telephone (optional)

(239) 849-6552

5. E-mail address (optional)

marybf42@embargmail.com

6. Office sought (include district, circuit, group number)

SCHOOL BOARD DISTRICT 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

MARY FISCHER

11. Mailing Address (If post office box or drawer, also include street address)

PO Box 10 1504

12. Telephone

(239) 849-6552

13. City

CAPE CORAL

14. County

LEE

15. State

FL

16. Zip Code

33910

17. E-mail address (optional)

maryfischer@embargmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

REGIONS BANK

20. Street Address

8655 COLLEGE PARKWAY

21. City

FORT MYERS

22. County

LEE

23. State

FL

24. Zip Code

33919

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

4-19-10

26. Signature of Candidate

X Mary Fischer

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, MARY FISCHER, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4-19-10

Date

X Mary Fischer

Signature of Campaign Treasurer or Deputy Treasurer

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

SCANNED 2

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

MARY B. FISCHER

3. Address (include post office box or street, city, state, zip code)

4902 SW 20th PLACE
CAPE CORAL, FL 33914

4. Telephone (optional)

(239) 849-6552

5. E-mail address (optional)

marybf42@embargo.com

6. Office sought (include district, circuit, group number)

SCHOOL BOARD DISTRICT 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

CYNTHIA KRUPA

11. Mailing Address (If post office box or drawer, also include street address)

PO Box 101504

12. Telephone

(239)

13. City

CAPE CORAL

14. County

LEE

15. State

FL

16. Zip Code

33910

17. E-mail address (optional)

KrupoCym@yahoo.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

REGIONS

20. Street Address

8655 COLLEGE PARKWAY

21. City

FORT MYERS

22. County

LEE

23. State

FLORIDA

24. Zip Code

33919

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25. Date

4-19-10

26. Signature of Candidate

X *Mary Fischer*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, CYNTHIA KRUPA, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4-19-10

Date

X *Cynthia Krupa*

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

SCANNED

I, MARY FISCHER,

candidate for the office of SCHOOL BOARD DISTRICT 1;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

Mary Fischer
Signature of Candidate

4-19-10
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).