

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) MARY FISCHER

**Name**

(2) P O BOX 101504, CAPE CORAL, FL 33910

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: \_\_\_\_\_

(4) **Check appropriate box(es):**

Candidate (office sought): SCHOOL BOARD-1

Political Committee

**CHECK IF PC HAS DISBANDED**

Committee of Continuous Existence

**CHECK IF CCE HAS DISBANDED**

Party Executive Committee

Electioneering Communication

**CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/17/2010 To 7/30/2010 / Report Type F2

Original  Amendment  Special Election Report  Independent Expenditure 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 \$ -280.00

Transfers to Office Account \$ 0.00

Total Monetary \$ -280.00

(8) Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 8,395.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 9,093.89

**(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

(Type name)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MARY FISCHER (2) I.D. Number 164

7/17/2010 through 7/30/2010

(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 MARY FISCHER

(2) I.D. Number 164

(3) Cover Period 7/17/2010 through 7/30/2010

(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					
7/22/2010 / /	North Fort Myers Chamber of Co, North Fort Myers, FL 33917	celeb luncheon education fundraiser tickets	MO	Delete	\$280.00
1					
7/22/2010 / /	North Fort Myers Chamber of Co, North Fort Myers, FL 33917	celeb luncheon education fundraiser tickets	MO	Add	\$0.00
2					
/ /					
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