

**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

**OFFICE USE ONLY**      164

(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 9/11/2010 To 9/24/2010 / \_\_\_\_\_ Report Type G2

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                      \$      10.71

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures      \$      -10.71

Transfers to Office Account      \$      0.00

Total Monetary      \$      -10.71

**(8) Other Distributions**  
\$      0.00

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

\$      9,495.00

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

\$      9,439.86

**(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.

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(Type name) \_\_\_\_\_  
 Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

(Type name) \_\_\_\_\_  
 Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

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

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

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** MARY FISCHER **(2) I.D. Number** 164  
**(3) Cover Period** 9/11/2010 through 9/24/2010 **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
9/19/2010 / /	Fischer, Mary 4902 SW 20th Place Cape Coral, FL 33914	I	school board candidate	IK	copies	Add	\$10.71
1							
/ /							
/ /							
/ /							
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/ /							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MARY FISCHER

(2) I.D. Number 164

(3) Cover Period 9/11/2010 through 9/24/2010

(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					
9/19/2010 / /	Staples, 1631 Del Prado Blvd. Cape Coral, Fl 33904	copies	MO	Delete	\$10.71
1					
9/19/2010 / /	Staples, 1631 Del Prado Blvd. Cape Coral, Fl 33904	copies	MO	Add	\$0.00
2					
/ /					
/ /					
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