	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	MARY FISCHER	OFFICE USE ONLY					
` '	Name	ONLINE SUBMISSION					
(2)	5514 SW 12TH AVE	Submitted on:					
	Address (number and street)	11/16/2018 10:19:05 (eastern)					
	CAPE CORAL, FL 33914 City, State, Zip Code						
		(2) ID Number: 1201					
(4)	Check here if address has changed	(3) ID Number:1381					
(4)	Check appropriate box(es):	1					
		1					
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded					
	Party Executive Committee (PTY)	Check here if PTY has disbanded					
	☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed					
	(5) Report	Identifiers					
Cove	er Period: From $8 / 24 / 2018$ To	11 / 26 / 2018 Report Type: TRP					
<u>×</u> 0	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Casl	n & Checks \$, , ,000	Expenditures \$, , <u>630</u> . <u>00</u>					
	s \$, , 0.00						
Loar	s , , , , 000	Transfers to Office Account \$					
Tota	I Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00					
Tota	,,,,,,	Total Monetary \$, , 630 . 00					
In-Ki	ind \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,					
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
(3)	\$, 4 , 710 . 00	\$,4 ,67667					
	,, ,,	, <u> </u>					
		tification					
	It is a first degree misdemeanor for any pers	, , ,					
I certify that I have examined this report and it is true, correct, and complete:							
_(T	ype name)	_(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		×					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	MARY FISCHER	(2) I.D. Number							
	8/24/2018 od / /		1	1/26/2018	(4) Pag	је <u>1</u>	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
J I			·		·				
J I									
1 1									
J I									
I I									
J I									
J I									
1 1									

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name <u></u>	IARY	FISCHER					 (2) I.D. Nun	nber	1	.381	
		8/24/2	2018		11/26/2	2018					
(3) Cover Pe	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)	
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
9/7/2018	Fischer, Mary B 5514 SW 12th Avenue Cape Coral, FL 33914	loan repayment	МО		\$600.00	
9/18/2018	LC Coalition for Drug Free SWF, P O Box 616888 Fort Myers, Fl 33906	donation	DI		\$750.00	
9/18/2018	Regions Bank, 1522 Cape Coral Parkway Cape Coral, Fl 33914	account fee	МО		\$5.00	
9/19/2018	Regions Bank, 1522 Cape Coral Parkway Cape Coral, Fl 33914	account	МО		\$5.00	
10/31/2018	PACE Center for Girls, 3800 Evans Avenue Fort Myers, Fl 33901	donation	DI		\$150.00	
11/6/2018	Bookkeepers Plus, Tony Solgard 1222 SE 47th Street Cape Coral, FL 33904	return late contribution	RE		\$-20.00	
11/1/2018	USPO, 4722 SE 17th Avenue Cape Coral, FL 33904	postage	МО		\$40.00	
DS-DE 14 (Rev.						