

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FISCHER FOR CONGRESS

ADDRESS (number and street)

123 SARATOGA RD PMB 410

Check if different
than previously
reported. (ACC)

GLENVILLE

NY

12302

2. FEC IDENTIFICATION NUMBER ▼

C

C00554345

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
06 / 26 / 2014in the
State of

NY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2014

through

M M / D D / Y Y Y Y
06 / 04 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Stacey J. Fantauzzi

Signature of Treasurer

Stacey J. Fantauzzi

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

FISCHER FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4915.00	49424.49
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3915.00	48424.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	36868.97	42318.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	36868.97	42318.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11042.76	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FISCHER FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

3910.00

42080.40

(ii) Unitemized.....

1005.00

6349.97

(iii) TOTAL of contributions from individuals ▶

4915.00

48430.37

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

944.12

(d) The Candidate.....

0.00

50.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

4915.00

49424.49

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

5000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

5000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

4915.00

54424.49

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36868.97	42318.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS	63.36	63.36
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	37932.33	43381.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	44060.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4915.00
25. SUBTOTAL (add Line 23 and Line 24).....	48975.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37932.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11042.76

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Charles Bejian			Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 615 Pine Woods Ave.			Transaction ID : SA11AI.4470	
City Troy	State NY	Zip Code 12180	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		donation		
Name of Employer J. Stone Press		Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Cornea Consultants of Albany			Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2014	
Mailing Address 9 Vista Blvd			Transaction ID : SA11AI.4491	
City Albany	State NY	Zip Code 12259	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		donation		
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. New York Republican State Committee			Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 315 State Street			Transaction ID : SA11AI.4481	
City Albany	State NY	Zip Code 12210	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Donation		
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....			2500.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 21

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Richard Paulsen

Mailing Address 11 Harrowgate Way

City	State	Zip Code
Latham	NY	12110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2014

Transaction ID : SA11AI.4477

Amount of Each Receipt this Period

500.00

donation

Full Name (Last, First, Middle Initial)

B. David Pollitzer

Mailing Address 100 Pond Hill Road

City	State	Zip Code
Altamont	NY	12009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period

500.00

donation

Full Name (Last, First, Middle Initial)

C. Walter L. Robb

Mailing Address 1358 Ruffner Road

City	State	Zip Code
Schenectady	NY	12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2014

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period

160.00

campaign donation

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1160.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dean Rueckert

Mailing Address 638 Albany Shaker Road

City

Albany

State

NY

Zip Code

12211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : SA11Al.4483

Amount of Each Receipt this Period

250.00

Donation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

3910.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Benchmark Printing

Mailing Address Maxon Rd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Schenectady	NY	

Amount of Each Disbursement this Period

235.44

Purpose of Disbursement
Printing

006

Transaction ID : SB17.4575

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Bethesda Court Hotel

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

City	State	Zip Code
Bathesda	MD	

Amount of Each Disbursement this Period

480.46

Purpose of Disbursement
Hotel

002

Transaction ID : SB17.4526

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Full Name (Last, First, Middle Initial)

c. Capital Advocates

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

City	State	Zip Code

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Consultant Fee

001

Transaction ID : SB17.4546

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5715.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Cassella & Company

Mailing Address

City State Zip Code

Purpose of Disbursement
Printing

006

Category/
Type

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

942.84

Transaction ID : SB17.4579

B. Clifton Park Repu

Mailing Address

City State Zip Code

Purpose of Disbursement
Charitable Contribution

007

Category/
Type

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

275.00

Transaction ID : SB17.4556

c. Constant Contact

Mailing Address

City State Zip Code
MAPurpose of Disbursement
Email Service

003

Category/
Type

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

210.60

Transaction ID : SB17.4521

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1428.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address

City State Zip Code

Purpose of Disbursement
Advertising

004

Category/
Type

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

167.41

Transaction ID : SB17.4620

B. HUDSON VALLEY STRATEGIC PLANNING PARTNERS INC

Mailing Address 29 Elliott Road

City State Zip Code
Parsippany NJ 07054Purpose of Disbursement
Poll

005

Category/
Type

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

5240.00

Transaction ID : SB17.4714

c. James E. Walsh, Esq.

Mailing Address

City State Zip Code

Purpose of Disbursement
Professional Services

001

Category/
Type

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.4570

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9407.41

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Kathode Ray Media

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

City	State	Zip Code
Greenville	NY	

Purpose of Disbursement
Website

004

Category/
Type

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Amount of Each Disbursement this Period

467.50

Transaction ID : SB17.4535

Full Name (Last, First, Middle Initial)

B. Linda M Marek

Mailing Address 442 Arthur St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

City	State	Zip Code
Schenectady	NY	12306

Purpose of Disbursement
Campaign Consultant

001

Category/
Type

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4578

Full Name (Last, First, Middle Initial)

c. Linda M Marek

Mailing Address 442 Arthur St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

City	State	Zip Code
Schenectady	NY	12306

Purpose of Disbursement
Campaign Consultant

001

Category/
Type

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4558

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2467.50

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Linda M Marek

Mailing Address 442 Arthur St.

City	State	Zip Code
Schenectady	NY	12306

Purpose of Disbursement
Campaign Consultant

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4564

B. Linda M Marek

Mailing Address 442 Arthur St.

City	State	Zip Code
Schenectady	NY	12306

Purpose of Disbursement
Campaign Consultant

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4574

c. Linda M Marek

Mailing Address 442 Arthur St.

City	State	Zip Code
Schenectady	NY	12306

Purpose of Disbursement
Campaign Consultant

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4718

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Media Well Done

Mailing Address Albany Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

City	State	Zip Code
Schenectady	NY	12305

Amount of Each Disbursement this Period

1327.45

Purpose of Disbursement
Palm Cards

006

Transaction ID : SB17.4715

Candidate Name

FISCHER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY

District: 20

Full Name (Last, First, Middle Initial)

B. Michele Baker

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Hoosick Falls	NY	

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement
campaign Consultant

001

Transaction ID : SB17.4577

Candidate Name

FISCHER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 20

Full Name (Last, First, Middle Initial)

c. Michele Baker

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

City	State	Zip Code
Hoosick Falls	NY	

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement
Consultant Fee

001

Transaction ID : SB17.4551

Candidate Name

FISCHER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 20

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3827.45

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Michele Baker

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

City	State	Zip Code
Hoosick Falls	NY	

Purpose of Disbursement
Consultant Fee

001

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4554

Candidate Name

FISCHER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 20

Full Name (Last, First, Middle Initial)

B. Michele Baker

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2014

City	State	Zip Code
Hoosick Falls	NY	

Purpose of Disbursement
campaign Consultant

001

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4563

Candidate Name

FISCHER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 20

Full Name (Last, First, Middle Initial)

c. Michele Baker

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

City	State	Zip Code
Hoosick Falls	NY	

Purpose of Disbursement
Campaign Consultant

001

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4573

Candidate Name

FISCHER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 20

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6250.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Stewarts Shop

Mailing Address

City State Zip Code
NYPurpose of Disbursement
Fuel

002

Candidate Name

FISCHER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

65.65

Transaction ID : SB17.4509

B. Stewarts Shop

Mailing Address

City State Zip Code
NYPurpose of Disbursement
Fuel

002

Candidate Name

FISCHER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

64.75

Transaction ID : SB17.4539

c. Stewarts Shop

Mailing Address

City State Zip Code
NYPurpose of Disbursement
Fuel

002

Candidate Name

FISCHER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

61.01

Transaction ID : SB17.4586

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

191.41

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Stewarts Shop

Mailing Address

City	State	Zip Code
	NY	

Purpose of Disbursement
Fuel

002

Candidate Name

FISCHER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

67.06

Transaction ID : SB17.4598

B. Stewarts Shop

Mailing Address

City	State	Zip Code
	NY	

Purpose of Disbursement
Fuel

002

Candidate Name

FISCHER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

Amount of Each Disbursement this Period

53.01

Transaction ID : SB17.4602

c. Stewarts Shop

Mailing Address

City	State	Zip Code
	NY	

Purpose of Disbursement
Fuel

002

Candidate Name

FISCHER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

Amount of Each Disbursement this Period

69.20

Transaction ID : SB17.4603

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

189.27

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Stewarts Shop

Mailing Address

City	State	Zip Code
	NY	

Purpose of Disbursement
Fuel

002

Candidate Name

FISCHER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

66.00

Transaction ID : SB17.4615

B. Stewarts Shop

Mailing Address

City	State	Zip Code
	NY	

Purpose of Disbursement
Staff Meal

002

Candidate Name

FISCHER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2014

Amount of Each Disbursement this Period

6.59

Transaction ID : SB17.4621

C. Vista Print

Mailing Address

City	State	Zip Code

Purpose of Disbursement
Printing

004

Candidate Name

FISCHER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

271.07

Transaction ID : SB17.4597

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

343.66

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Barbara WheelerMailing Address 200 Virginia Lane
G-10

City Amsterdam State NY Zip Code 12010

Purpose of Disbursement
Campaign Consultant

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4583

B. Barbara WheelerMailing Address 200 Virginia Lane
G-10

City Amsterdam State NY Zip Code 12010

Purpose of Disbursement
Campaign Consultant

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4544

c. YMCA Amsterdam

Mailing Address

City Amsterdam State NY Zip Code

Purpose of Disbursement
Community Event

Candidate Name

FISCHER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

125.00

Transaction ID : SB17.4553

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

925.00

34614.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 21

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Cornea Consultants of Albany

Mailing Address 9 Vista Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

City	State	Zip Code
Albany	NY	12259

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund

010

Transaction ID : SB20A.4496

Candidate Name

FISCHER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 20

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 21

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4163

FISCHER FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

JAMES M FISCHER☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

200 HOP CITY RD

City

State

ZIP Code

BALLSTON SPA

NY

12020

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 09 / 2014

Date Due

M M / D D / Y Y Y Y
demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.