

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 REPORT

X

NEW (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 06 / 26 / 2014 in the State of NY

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

- General (30G)
Runoff (30R)
Special (30S)

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 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

06 / 19 / 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.

Table with 8 columns and 1 row for Office Use Only.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**FISCHER FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 04 / 2014

	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) .....	29301.52	34750.92
(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)).....	29301.52	34750.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18610.21	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(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
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4915.00	54424.49

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29301.52	34750.92
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	30364.88	35814.28

**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).....	30364.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18610.21

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

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

FOR LINE NUMBER: PAGE 5 OF 20  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Bejian**

Mailing Address 615 Pine Woods Ave.

City State Zip Code  
Troy NY 12180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
J. Stone Press President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11AI.4470**

Amount of Each Receipt this Period  
 500.00  
 donation

**B.** Full Name (Last, First, Middle Initial)  
**Cornea Consultants of Albany**

Mailing Address 9 Vista Blvd

City State Zip Code  
Albany NY 12259

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : SA11AI.4491**

Amount of Each Receipt this Period  
 1000.00  
 donation

**C.** Full Name (Last, First, Middle Initial)  
**New York Republican State Committee**

Mailing Address 315 State Street

City State Zip Code  
Albany NY 12210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.4481**

Amount of Each Receipt this Period  
 1000.00  
 Donation

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**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 6 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Paulsen**

Mailing Address 11 Harrowgate Way

City Latham State NY Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.4477**

Amount of Each Receipt this Period  
 500.00  
 donation

**B.** Full Name (Last, First, Middle Initial)  
**David Pollitzer**

Mailing Address 100 Pond Hill Road

City Altamont State NY Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11AI.4473**

Amount of Each Receipt this Period  
 500.00  
 donation

**C.** Full Name (Last, First, Middle Initial)  
**Walter L. Robb**

Mailing Address 1358 Ruffner Road

City Schenectady State NY Zip Code 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

Date of Receipt  
 M M / D D / 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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dean Rueckert</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2014
Mailing Address 638 Albany Shaker Road		<b>Transaction ID : SA11Al.4483</b>
City Albany	State NY Zip Code 12211	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	3910.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Benchmark Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address Maxon Rd.		Amount of Each Disbursement this Period 235.44 <b>Transaction ID : SB17.4575</b>
City Schenectady	State NY	
Purpose of Disbursement Printing	Category/Type 006	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bethesda Court Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address		Amount of Each Disbursement this Period 480.46 <b>Transaction ID : SB17.4526</b>
City Bathesda	State MD	
Purpose of Disbursement Hotel	Category/Type 002	
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>c. Capital Advocates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.4546</b>
City	State	
Purpose of Disbursement Consultant Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5715.90
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cassella &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period 942.84 <b>Transaction ID : SB17.4579</b>
City	State Zip Code	
Purpose of Disbursement Printing	006 Category/Type	
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>B. Clifton Park Repu</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : SB17.4556</b>
City	State Zip Code	
Purpose of Disbursement Charitable Contribution	007 Category/Type	
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>c. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 210.60 <b>Transaction ID : SB17.4521</b>
City	State Zip Code MA	
Purpose of Disbursement Email Service	003 Category/Type	
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1428.44
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Constant Contact</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 318.60 <b>Transaction ID : SB17.4594</b>
City	State MA	
Purpose of Disbursement Email	Category/ Type 003	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>B. Dinosaur BBQ - Troy</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 377 River Street		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4611</b>
City	State NY	
Purpose of Disbursement Fundraiser Deposit	Category/ Type 007	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address		Amount of Each Disbursement this Period 250.25 <b>Transaction ID : SB17.4599</b>
City	State	
Purpose of Disbursement Advertising	Category/ Type 004	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	868.85
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address		Amount of Each Disbursement this Period 167.41 <b>Transaction ID : SB17.4620</b>
City	State Zip Code	
Purpose of Disbursement Advertising	Category/Type 004	
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

Full Name (Last, First, Middle Initial) <b>B. James E. Walsh, Esq.</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.4570</b>
City	State Zip Code	
Purpose of Disbursement Professional Services	Category/Type 001	
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

Full Name (Last, First, Middle Initial) <b>c. Kathode Ray Media</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 467.50 <b>Transaction ID : SB17.4535</b>
City	State Zip Code	
Greenville NY		
Purpose of Disbursement Website	Category/Type 004	
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4634.91
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Linda M Marek</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address 442 Arthur St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4578</b>
City Schenectady	State NY	
Purpose of Disbursement Campaign Consultant	Category/ Type 001	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Linda M Marek</b>		Date of Disbursement MM / DD / YYYY 04 / 21 / 2014
Mailing Address 442 Arthur St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4558</b>
City Schenectady	State NY	
Purpose of Disbursement Campaign Consultant	Category/ Type 001	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>c. Linda M Marek</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 442 Arthur St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4564</b>
City Schenectady	State NY	
Purpose of Disbursement Campaign Consultant	Category/ Type 001	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Linda M Marek</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 442 Arthur St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4574</b>
City Schenectady State NY Zip Code 12306	Purpose of Disbursement Campaign Consultant 001 Category/Type	
Candidate Name <b>FISCHER FOR CONGRESS</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>B. Michele Baker</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4577</b>
City Hoosick Falls State NY Zip Code	Purpose of Disbursement campaign Consultant 001 Category/Type	
Candidate Name <b>FISCHER FOR CONGRESS</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>c. Michele Baker</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4551</b>
City Hoosick Falls State NY Zip Code	Purpose of Disbursement Consultant Fee 001 Category/Type	
Candidate Name <b>FISCHER FOR CONGRESS</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Michele Baker</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4554</b>
City Hoosick Falls	State NY	
Purpose of Disbursement Consultant Fee	001	Category/ Type
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

Full Name (Last, First, Middle Initial) <b>B. Michele Baker</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4563</b>
City Hoosick Falls	State NY	
Purpose of Disbursement campaign Consultant	001	Category/ Type
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

Full Name (Last, First, Middle Initial) <b>c. Michele Baker</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4573</b>
City Hoosick Falls	State NY	
Purpose of Disbursement Campaign Consultant	001	Category/ Type
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stewarts Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address		Amount of Each Disbursement this Period 65.65 <b>Transaction ID : SB17.4509</b>
City	State NY Zip Code	
Purpose of Disbursement Fuel	002	Category/ Type
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>B. Stewarts Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address		Amount of Each Disbursement this Period 64.75 <b>Transaction ID : SB17.4539</b>
City	State NY Zip Code	
Purpose of Disbursement Fuel	002	Category/ Type
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>c. Stewarts Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address		Amount of Each Disbursement this Period 61.01 <b>Transaction ID : SB17.4586</b>
City	State NY Zip Code	
Purpose of Disbursement Fuel	002	Category/ Type
Candidate Name <b>FISCHER FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	191.41
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stewarts Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 67.06 <b>Transaction ID : SB17.4598</b>
City	State NY Zip Code	
Purpose of Disbursement Fuel	Category/Type 002	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Stewarts Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address		Amount of Each Disbursement this Period 53.01 <b>Transaction ID : SB17.4602</b>
City	State NY Zip Code	
Purpose of Disbursement Fuel	Category/Type 002	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>c. Stewarts Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address		Amount of Each Disbursement this Period 69.20 <b>Transaction ID : SB17.4603</b>
City	State NY Zip Code	
Purpose of Disbursement Fuel	Category/Type 002	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	189.27
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stewarts Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address		Amount of Each Disbursement this Period 66.00 <b>Transaction ID : SB17.4615</b>
City	State NY Zip Code	
Purpose of Disbursement Fuel	Category/Type 002	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Stewarts Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 6.59 <b>Transaction ID : SB17.4621</b>
City	State NY Zip Code	
Purpose of Disbursement Staff Meal	Category/Type 002	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>c. Vista Print</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 271.07 <b>Transaction ID : SB17.4597</b>
City	State Zip Code	
Purpose of Disbursement Printing	Category/Type 004	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	343.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Barbara Wheeler</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address 200 Virginia Lane G-10		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4583</b>
City Amsterdam	State NY	
Zip Code 12010	Purpose of Disbursement Campaign Consultant	Category/ Type 001
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Barbara Wheeler</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2014
Mailing Address 200 Virginia Lane G-10		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4544</b>
City Amsterdam	State NY	
Zip Code 12010	Purpose of Disbursement Campaign Consultant	Category/ Type 001
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>c. YMCA Amsterdam</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2014
Mailing Address		Amount of Each Disbursement this Period 125.00 <b>Transaction ID : SB17.4553</b>
City Amsterdam	State NY	
Zip Code	Purpose of Disbursement Community Event	Category/ Type 007
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	925.00
<b>TOTAL</b> This Period (last page this line number only).....	27047.44

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 20			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cornea Consultants of Albany</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 9 Vista Blvd		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB20A.4496</b>
City Albany	State NY Zip Code 12259	
Purpose of Disbursement Refund	Category/Type 010	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	1000.00

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FISCHER FOR CONGRESS** Transaction ID : **SC/10.4163**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **JAMES M FISCHER** *[PERSONAL FUNDS]* Election: 2014  
 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 01 / D 09 / Y 2014	Date Due M M / D D / Y demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	5000.00
<b>TOTALS</b> 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.**