

# 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

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

M M / D D / Y Y Y Y

in the State of

(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  
07 / 01 / 2014

through

M M / D D / Y Y Y Y  
09 / 30 / 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  
10 / 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									
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**SUMMARY PAGE**  
of Receipts and Disbursements

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

Report Covering the Period: From:  /  /  To:  /  /

	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))....	39424.50	106553.99
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	39424.50	105553.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	80007.52	129092.88
(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)).....	80007.52	129092.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-3462.25	
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).....	20000.00	

**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).....	27085.00	82005.40
(ii) Unitemized.....	10544.50	21759.47
(iii) TOTAL of contributions from individuals ▶	37629.50	103764.87
(b) Political Party Committees.....	1245.00	1245.00
(c) Other Political Committees (such as PACs).....	550.00	1494.12
(d) The Candidate.....	0.00	50.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	39424.50	106553.99
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	15000.00	20000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	15000.00	20000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	140.00	140.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	54564.50	126693.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	80007.52	129092.88
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 .....	0.00	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)).....	0.00	1000.00
21. OTHER DISBURSEMENTS .....	0.00	63.36
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	80007.52	130156.24

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	21980.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	54564.50
25. SUBTOTAL (add Line 23 and Line 24).....	76545.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80007.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-3462.25

**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 39
	<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	

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**

**A.** Full Name (Last, First, Middle Initial)  
**Frederick Bergman**

Mailing Address 275 Brandle Road

City Altamont State NY Zip Code 12009

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

Name of Employer retired Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **205.48**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : SA11AI.5182**

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
**Frederick Bergman**

Mailing Address 275 Brandle Road

City Altamont State NY Zip Code 12009

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

Name of Employer retired Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **205.48**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11AI.5162**

Amount of Each Receipt this Period  
 25.00  
 donation

**C.** Full Name (Last, First, Middle Initial)  
**Frederick Bergman**

Mailing Address 275 Brandle Road

City Altamont State NY Zip Code 12009

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

Name of Employer retired Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **230.48**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.5292**

Amount of Each Receipt this Period  
 25.00  
 donation

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

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

75.00

**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 39
	<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)  
**William Bernardo**

Mailing Address 41 Rolling Brook Drive

City Clifton Park State NY Zip Code 12065

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

Name of Employer Retired Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : SA11AI.4964**

Amount of Each Receipt this Period  
 250.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Bowman Orchards, LLC**

Mailing Address 157 Sugarhill Road

City Rexford State NY Zip Code 12148

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  
 09 / 21 / 2014

**Transaction ID : SA11AI.5065**

Amount of Each Receipt this Period  
 1000.00

donation

**C.** Full Name (Last, First, Middle Initial)  
**Clifton Park Repu**

Mailing Address

City State Zip Code

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  
 09 / 18 / 2014

**Transaction ID : SA11AI.5074**

Amount of Each Receipt this Period  
 1000.00

donation

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

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

2250.00

**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 39
	<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. Thomas D'Ambra</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2014	
Mailing Address 370 Riverview Road		<b>Transaction ID : SA11AI.4867</b>	
City Rexford	State NY	Zip Code 12148	Amount of Each Receipt this Period Contribution 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer AMRI	Occupation Chairman		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. Fred Dente</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 12 / 2014	
Mailing Address 6 Bradford Drive		<b>Transaction ID : SA11AI.5151</b>	
City Saratoga Springs	State NY	Zip Code 12866	Amount of Each Receipt this Period donation 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey L DiStefano</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2014	
Mailing Address 659 Krumkill Road		<b>Transaction ID : SA11AI.4932</b>	
City Albany	State NY	Zip Code 12203	Amount of Each Receipt this Period Donation 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Contractor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3350.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 8 OF 39
	<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. Shawn Francis</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2014
Mailing Address 8B Rovanten Park		<b>Transaction ID : SA11AI.5287</b>
City Malta	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 donation
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Goin' Mobile, LLC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 9 Avis Drive		<b>Transaction ID : SA11AI.5390</b>
City Latham	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00 donation
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Antonio Goncalves</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 627 E. Kaisertown Rd		<b>Transaction ID : SA11AI.5177</b>
City Montgomery	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 donation
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 9 OF 39
	<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)  
**Albert Hannouosh**

Mailing Address 112 Wolf Road

City Albany State NY Zip Code 12205

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

Name of Employer Hannouosh Jewelers Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : SA11AI.5140**

Amount of Each Receipt this Period  
500.00

donation

**B.** Full Name (Last, First, Middle Initial)  
**Harold Hatfield**

Mailing Address 6 Steamboat Landing

City Waterford State NY Zip Code 12188

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 / D D / Y Y Y Y  
 08 / 09 / 2014

**Transaction ID : SA11AI.5153**

Amount of Each Receipt this Period  
250.00

donation

**C.** Full Name (Last, First, Middle Initial)  
**Raymond W. Hull Jr.**

Mailing Address 15 Forbes Ave.

City Rensselaer State NY Zip Code 12144

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 / D D / Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11AI.5098**

Amount of Each Receipt this Period  
60.00

Donation

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

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

810.00

**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 10 OF 39
	<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)  
**Joseph Kakety**

Mailing Address 9804 Moon Valley Place

City Las Vegas State NV Zip Code 89134

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1096.80

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.4660**

Amount of Each Receipt this Period  
 500.00  
 donation

**B.** Full Name (Last, First, Middle Initial)  
**Mary Lally**

Mailing Address 1365 Van Antwerp Road  
Apt E60

City Schenectady State NY Zip Code 12309

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

Name of Employer Occupation  
Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : SA11AI.4940**

Amount of Each Receipt this Period  
 2600.00  
 Donation

**C.** Full Name (Last, First, Middle Initial)  
**Malta Republican Committee**

Mailing Address 2560 Route Unit 66

City Malta State NY Zip Code 12020

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 / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : SA11AI.4944**

Amount of Each Receipt this Period  
 500.00  
 Donation

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

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

3600.00

**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 11 OF 39
	<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)  
**Daniel D Nolan**

Mailing Address 35 Princess Lane

City Loudenville State NY Zip Code 12211

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

Name of Employer Hugh Johnson Occupation Investment Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.4934**

Amount of Each Receipt this Period  
250.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Robert Paige**

Mailing Address 1522 Hwy Route 20

City Sharon Springs State NY Zip Code

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

Name of Employer Town of Niskayuna Occupation Heavy Equipment Operator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
290.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11AI.5035**

Amount of Each Receipt this Period  
290.00

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Stephen E. Paige**

Mailing Address 1526 Bozenkill Road

City Delanson State NY Zip Code 12053

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

Name of Employer Curtis 1000 Occupation Sales Rep

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
340.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11AI.5094**

Amount of Each Receipt this Period  
140.00

Donation

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

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

680.00

**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 12 OF 39
	<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)  
**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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11AI.5166**

Amount of Each Receipt this Period  
 100.00  
 donation

**B.** Full Name (Last, First, Middle Initial)  
**John Richmond**

Mailing Address 830 Jamaica Road

City Schenectady State NY Zip Code 12309

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

Name of Employer Occupation  
 Youth For Christ Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **261.79**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.5206**

Amount of Each Receipt this Period  
 100.00  
 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 **760.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.4946**

Amount of Each Receipt this Period  
 100.00  
 Donation

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

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

**300.00**

**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 13 OF 39
	<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 Rogozinski**

Mailing Address 163 Van Rensselaer Blvd

City Menands State NY Zip Code 12204

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  
 07 / 29 / 2014

**Transaction ID : SA11AI.5175**

Amount of Each Receipt this Period  
 250.00  
 donation

**B.** Full Name (Last, First, Middle Initial)  
**Frank Rossi**

Mailing Address 1 Constitution Court

City Ballston Spa State NY Zip Code 12020

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

Name of Employer Occupation  
 Self Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11AI.5057**

Amount of Each Receipt this Period  
 500.00  
 Donation

**C.** Full Name (Last, First, Middle Initial)  
**Chris M Scaringe**

Mailing Address 16 Dutch Meadow Drive

City Cohoes State NY Zip Code 12047

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

Name of Employer Occupation  
 North american Services Group General Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.4896**

Amount of Each Receipt this Period  
 250.00  
 Donation

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

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

1000.00

**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 14 OF 39
	<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)  
**Amy Simmons**

Mailing Address 976 Benedict Road

City State Zip Code  
Ballston Lake NY 12019

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2014

**Transaction ID : SA11AI.5075**

Amount of Each Receipt this Period  
2000.00  
donation

**B.** Full Name (Last, First, Middle Initial)  
**William Socha**

Mailing Address 9 Underwood Drive

City State Zip Code  
Saratoga Springs NY 12866

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

Name of Employer Occupation  
Socha Management Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2014

**Transaction ID : SA11AI.5149**

Amount of Each Receipt this Period  
2500.00  
donation

**C.** Full Name (Last, First, Middle Initial)  
**Frank H. Suits**

Mailing Address 1911 Lorings Crossings Rd

City State Zip Code  
Cortland NY 13045

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2014

**Transaction ID : SA11AI.5061**

Amount of Each Receipt this Period  
2500.00  
Donation

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 39  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Theresa Suits**

Mailing Address 1911 Lorings Crossing Road

City State Zip Code  
Cortland NY 13045

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11AI.5059**

Amount of Each Receipt this Period  
 2500.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Matt Tedeschi**

Mailing Address 3575 SR 85

City State Zip Code  
Westerlo NY 12193

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
213.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11AI.5165**

Amount of Each Receipt this Period  
 20.00

donation

**C.** Full Name (Last, First, Middle Initial)  
**Unilux Advanced Manufacturing, LLC**

Mailing Address 300 Commerce Park Drive

City State Zip Code  
Niskayuna NY 12309

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.4931**

Amount of Each Receipt this Period  
 1000.00

Donation

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

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

3520.00

**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 16 OF 39
	<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)  
**Women's Republican Club of Saratoga County**

Mailing Address 560 Goode Street

City State Zip Code  
Ballston Spa NY 12020

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 / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11AI.5069**

Amount of Each Receipt this Period  
 500.00  
 donation

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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 / 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).....

500.00

27085.00



**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 17 OF 39
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**Albany County Conservative Committee**

Mailing Address PO Box 11053

City Loudenville 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  
125.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2014

**Transaction ID : SA11B.5119**

Amount of Each Receipt this Period  
125.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
**John D Ganther**

Mailing Address 14 Lea Drive

City Delanson State NY Zip Code 12053

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11B.5123**

Amount of Each Receipt this Period  
25.00

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Peter B Hitchcock**

Mailing Address 1047 Waverly Place, #2

City Schenectady State NY Zip Code 12308

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
40.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11B.5125**

Amount of Each Receipt this Period  
20.00

Donation

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

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

170.00

**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 18 OF 39
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**Patricia A Mirabile**

Mailing Address 315 Bullock Road

City Slingerlands State NY Zip Code 12159

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
75.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11B.5126**

Amount of Each Receipt this Period  
75.00

Donation

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

Mailing Address 1201 F Street NW Suite 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

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  
 09 / 12 / 2014

**Transaction ID : SA11B.5121**

Amount of Each Receipt this Period  
1000.00

Donation

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

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 / 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).....

1075.00

1245.00

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

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

FOR LINE NUMBER: PAGE 19 OF 39  
(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)  
**Citizens for Del Torto**

Mailing Address

City State Zip Code

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  
 09 / 09 / 2014

**Transaction ID : SA11C.5022**

Amount of Each Receipt this Period  
 100.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Michael Giacone**

Mailing Address 25 Westphal Drive

City State Zip Code  
 Delmar NY 12054

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  
 09 / 10 / 2014

**Transaction ID : SA11C.5025**

Amount of Each Receipt this Period  
 250.00

Donation

**C.** Full Name (Last, First, Middle Initial)  
**James Rogers**

Mailing Address 50 Edison Drive

City State Zip Code  
 Niskayuna NY 12309

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  
 09 / 09 / 2014

**Transaction ID : SA11C.5029**

Amount of Each Receipt this Period  
 125.00

Donation

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

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

475.00

**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 20 OF 39
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)  
**Thomas Santa Barbara**

Mailing Address 65 Webster St 81 B

City State Zip Code  
Saratoga Springs NY 12866

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

Name of Employer Occupation  
Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
75.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 08 2014

**Transaction ID : SA11C.5027**

Amount of Each Receipt this Period  
 75.00

Donation

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

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

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

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).....

75.00

550.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 39  
(check only one)

<input type="checkbox"/> 11a 12	<input checked="" 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)  
**JAMES M FISCHER**

Mailing Address 200 HOP CITY RD

City State Zip Code  
BALLSTON SPA NY 12020

FEC ID number of contributing federal political committee. **C** H4NY20121

Name of Employer Occupation  
Albany Communications Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20050.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 20 / 2014

**Transaction ID : SA13A.5389**

Amount of Each Receipt this Period  
15000.00  
August 2014 Loan

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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 / 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).....

15000.00

15000.00

**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 22 OF 39	
	<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. AJ Signs</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2014
Mailing Address Saratoga Road		Amount of Each Disbursement this Period 704.06 <b>Transaction ID : SB17.5333</b>
City Burnt Hills	State NY	
Zip Code 12027	Purpose of Disbursement Campaign Material	Category/ Type 006
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Capital Region Digital, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2014
Mailing Address 5 North Pointe 8S		Amount of Each Disbursement this Period 1425.00 <b>Transaction ID : SB17.5325</b>
City Clifton Park	State NY	
Zip Code 12065	Purpose of Disbursement Video	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>c. Cassella &amp; Company</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2014
Mailing Address		Amount of Each Disbursement this Period 2800.00 <b>Transaction ID : SB17.5383</b>
City	State	
Zip Code	Purpose of Disbursement lawn signs	Category/ Type 006
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4929.06
<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 23 OF 39		
	<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. Charlton Tavern</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2014
Mailing Address Charlton Road		Amount of Each Disbursement this Period 910.00 <b>Transaction ID : SB17.5313</b>
City Charlton	State NY	
Zip Code 12019	Purpose of Disbursement Fundraiser	Category/ Type 003
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 118.80 <b>Transaction ID : SB17.5315</b>
City	State MA	
Zip Code	Purpose of Disbursement Email	Category/ Type 003
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 type="checkbox"/> Primary <input checked="" 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 MM / DD / YYYY 08 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 118.80 <b>Transaction ID : SB17.5353</b>
City	State MA	
Zip Code	Purpose of Disbursement Emails	Category/ Type 003
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1147.60
<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 24 OF 39		
	<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)		Date of Disbursement										
<b>A. Constant Contact</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		08		2014
M M	/	D D	/	Y Y Y Y								
09		08		2014								
Mailing Address		Amount of Each Disbursement this Period										
City State Zip Code												
Purpose of Disbursement email	Category/Type	<table border="1"> <tr> <td>118.80</td> </tr> </table>	118.80									
118.80												
Candidate Name	Disbursement For: 2014	<b>Transaction ID : SB17.5381</b>										
<b>FISCHER FOR CONGRESS</b>			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)									
Office Sought:	State: NY District: 20											
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Facebook</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		01		2014
M M	/	D D	/	Y Y Y Y								
07		01		2014								
Mailing Address		Amount of Each Disbursement this Period										
City State Zip Code												
Purpose of Disbursement Ad	Category/Type	<table border="1"> <tr> <td>399.03</td> </tr> </table>	399.03									
399.03												
Candidate Name	Disbursement For: 2014	<b>Transaction ID : SB17.5295</b>										
<b>FISCHER FOR CONGRESS</b>			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)									
Office Sought:	State: NY District: 20											
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>c. Facebook</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		01		2014
M M	/	D D	/	Y Y Y Y								
08		01		2014								
Mailing Address		Amount of Each Disbursement this Period										
City State Zip Code												
Purpose of Disbursement Facebook Ad	Category/Type	<table border="1"> <tr> <td>414.03</td> </tr> </table>	414.03									
414.03												
Candidate Name	Disbursement For: 2014	<b>Transaction ID : SB17.5342</b>										
<b>FISCHER FOR CONGRESS</b>			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)									
Office Sought:	State: NY District: 20											
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>931.86</td> </tr> </table>	931.86
931.86		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	



**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 25 OF 39			
	<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 M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address		Amount of Each Disbursement this Period 500.24 <b>Transaction ID : SB17.5352</b>
City	State Zip Code	
Purpose of Disbursement Ad	004 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period 28.29 <b>Transaction ID : SB17.5376</b>
City	State Zip Code	
Purpose of Disbursement ad	004 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>c. Hudson Valley Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 2800.00 <b>Transaction ID : SB17.5363</b>
City	State Zip Code	
Purpose of Disbursement	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3328.53
<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 26 OF 39	
	<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. Imprint.Com</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 414.85 <b>Transaction ID : SB17.5299</b>
City	State Zip Code	
Purpose of Disbursement AD	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Kathode Ray Media</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 191.25 <b>Transaction ID : SB17.5362</b>
City	State Zip Code Greenville NY	
Purpose of Disbursement media	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>c. Mail N More</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014
Mailing Address Saratoga Road		Amount of Each Disbursement this Period 113.13 <b>Transaction ID : SB17.5311</b>
City	State Zip Code Glenville NY 12302	
Purpose of Disbursement Mail	Category/ Type 003	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	719.23
<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 27 OF 39		
	<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 07 / 07 / 2014
Mailing Address 442 Arthur St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5327</b>
City Schenectady	State NY	
Zip Code 12306	Purpose of Disbursement Staff	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 type="checkbox"/> Primary <input checked="" 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 07 / 15 / 2014
Mailing Address 442 Arthur St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5338</b>
City Schenectady	State NY	
Zip Code 12306	Purpose of Disbursement Staff	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 type="checkbox"/> Primary <input checked="" 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 08 / 01 / 2014
Mailing Address 442 Arthur St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5356</b>
City Schenectady	State NY	
Zip Code 12306	Purpose of Disbursement Staff	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 type="checkbox"/> Primary <input checked="" 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 28 OF 39			
	<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 08 / 04 / 2014
Mailing Address 442 Arthur St.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5357</b>
City Schenectady	State NY	
Purpose of Disbursement Staff	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

Full Name (Last, First, Middle Initial) <b>B. Media Well Done</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2014
Mailing Address Albany Street		Amount of Each Disbursement this Period 1463.53 <b>Transaction ID : SB17.5330</b>
City Schenectady	State NY	
Purpose of Disbursement Campaign Material	Category/ Type 006	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

Full Name (Last, First, Middle Initial) <b>c. Media Well Done</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address Albany Street		Amount of Each Disbursement this Period 136.08 <b>Transaction ID : SB17.5340</b>
City Schenectady	State NY	
Purpose of Disbursement Campaign Materials	Category/ Type 006	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2099.61
<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 29 OF 39			
	<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 MM / DD / YYYY 07 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.5328</b>
City Hoosick Falls	State NY	
Purpose of Disbursement Staff	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 type="checkbox"/> Primary <input checked="" 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 MM / DD / YYYY 07 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.5339</b>
City Hoosick Falls	State NY	
Purpose of Disbursement Staff	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 type="checkbox"/> Primary <input checked="" 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 MM / DD / YYYY 07 / 30 / 2014
Mailing Address		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.5341</b>
City Hoosick Falls	State NY	
Purpose of Disbursement Staff	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3750.00
<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 30 OF 39		
	<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 MM / DD / YYYY 08 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.5361</b>
City Hoosick Falls	State NY	
Purpose of Disbursement staff	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 type="checkbox"/> Primary <input checked="" 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 MM / DD / YYYY 08 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5374</b>
City Hoosick Falls	State NY	
Purpose of Disbursement staff	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 type="checkbox"/> Primary <input checked="" 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 MM / DD / YYYY 08 / 29 / 2014
Mailing Address		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.5382</b>
City Hoosick Falls	State NY	
Purpose of Disbursement staff	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<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 31 OF 39			
	<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 09 / 25 / 2014
Mailing Address		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.5387</b>
City Hoosick Falls	State NY	
Purpose of Disbursement Staff	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Rising Star Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 10 B Windy Hill		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.5336</b>
City Ballston Lake	State NY	
Purpose of Disbursement Fundraising	Category/ Type 003	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>c. Rising Star Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 10 B Windy Hill		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5386</b>
City Ballston Lake	State NY	
Purpose of Disbursement Fundraising	Category/ Type 003	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3750.00
<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 32 OF 39		
	<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. Runway Express</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 53.55
City Ballston Spa	State NY	
Purpose of Disbursement fuel	Category/ Type 002	<b>Transaction ID : SB17.5378</b>
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>B. Sames Media Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 19 Blue Jay Way		Amount of Each Disbursement this Period 6600.00
City Rexford	State NY	
Purpose of Disbursement Commercial Ad	Category/ Type 004	<b>Transaction ID : SB17.5335</b>
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

Full Name (Last, First, Middle Initial) <b>c. Sames Media Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 19 Blue Jay Way		Amount of Each Disbursement this Period 5900.00
City Rexford	State NY	
Purpose of Disbursement Consulting	Category/ Type 003	<b>Transaction ID : SB17.5360</b>
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12553.55
<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 33 OF 39		
	<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. Sames Media Group, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 19 Blue Jay Way		Amount of Each Disbursement this Period 17000.00 <b>Transaction ID : SB17.5373</b>
City Rexford State NY Zip Code 12148	Purpose of Disbursement Ad 004 Category/Type	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>B. Sames Media Group, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 19 Blue Jay Way		Amount of Each Disbursement this Period 7828.00 <b>Transaction ID : SB17.5375</b>
City Rexford State NY Zip Code 12148	Purpose of Disbursement Ad 004 Category/Type	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>c. Sames Media Group, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2014
Mailing Address 19 Blue Jay Way		Amount of Each Disbursement this Period 767.71 <b>Transaction ID : SB17.5385</b>
City Rexford State NY Zip Code 12148	Purpose of Disbursement Ads 004 Category/Type	
Candidate Name <b>FISCHER FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25595.71
<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 34 OF 39	
	<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. SJF Development. LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 4 Union St		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.5369</b>
City Schenectady	State NY	
Zip Code 12305	Purpose of Disbursement Staff	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address Latham Farms		Amount of Each Disbursement this Period 63.89 <b>Transaction ID : SB17.5318</b>
City Latham	State NY	
Zip Code	Purpose of Disbursement Office supplies	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 type="checkbox"/> Primary <input checked="" 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 08 / 11 / 2014
Mailing Address		Amount of Each Disbursement this Period 34.20 <b>Transaction ID : SB17.5349</b>
City	State NY	
Zip Code	Purpose of Disbursement Refreshments	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	498.09
<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 35 OF 39	
	<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. Vincy's Printing</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2014
Mailing Address 1832 Curry Road		Amount of Each Disbursement this Period 2687.04 <b>Transaction ID : SB17.5331</b>
City Schenectady	State NY	
Zip Code 12306	Purpose of Disbursement Campaign material	Category/ Type 006
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Vital Signs</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address 251 Saratoga Streey		Amount of Each Disbursement this Period 3726.00 <b>Transaction ID : SB17.5358</b>
City Cohoes	State NY	
Zip Code 12047	Purpose of Disbursement Signs	Category/ Type 006
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>c. Voice Broadcasting Corp</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 1527 S. Cooper St		Amount of Each Disbursement this Period 823.19 <b>Transaction ID : SB17.5303</b>
City Arlington	State TX	
Zip Code 76010	Purpose of Disbursement Phone Calls	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7236.23
<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 36 OF 39	
	<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. Voice Broadcasting Corp</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2014
Mailing Address 1527 S. Cooper St		Amount of Each Disbursement this Period 137.42 <b>Transaction ID : SB17.5305</b>
City Arlington	State TX	
Zip Code 76010	Purpose of Disbursement Phone Calls	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. Voice Broadcasting Corp</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 1527 S. Cooper St		Amount of Each Disbursement this Period 747.27 <b>Transaction ID : SB17.5344</b>
City Arlington	State TX	
Zip Code 76010	Purpose of Disbursement Ad Expense	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>c. Voice Broadcasting Corp</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 1527 S. Cooper St		Amount of Each Disbursement this Period 533.39 <b>Transaction ID : SB17.5346</b>
City Arlington	State TX	
Zip Code 76010	Purpose of Disbursement Ad expense	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1418.08
<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 37 OF 39	
	<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. Voice Broadcasting Corp</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 1527 S. Cooper St		Amount of Each Disbursement this Period 472.17 <b>Transaction ID : SB17.5351</b>
City Arlington	State TX	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

Full Name (Last, First, Middle Initial) <b>B. Voice Broadcasting Corp</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2014
Mailing Address 1527 S. Cooper St		Amount of Each Disbursement this Period 742.82 <b>Transaction ID : SB17.5379</b>
City Arlington	State TX	
Purpose of Disbursement Phone Calls	Category/ Type 003	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

Full Name (Last, First, Middle Initial) <b>c. Voice Broadcasting Corp</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 1527 S. Cooper St		Amount of Each Disbursement this Period 1059.30 <b>Transaction ID : SB17.5380</b>
City Arlington	State TX	
Purpose of Disbursement Phone Calls	Category/ Type 003	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2274.29
<b>TOTAL</b> This Period (last page this line number only).....	79231.84

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

01

09

2014

demand

0.00

% (apr)

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)..... ▶

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5389

**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

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

08

20

2014

0.00

% (apr)

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).....

15000.00

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

20000.00

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