

# 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 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) CITY ▲ NY STATE ▲ 20 ZIP CODE ▲ STATE ▼ DISTRICT

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 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 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 04 / 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.

**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))....	44509.49	44509.49
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	44509.49	44509.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5449.40	5449.40
(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)).....	5449.40	5449.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	44060.09	
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).....	38170.40	38170.40
(ii) Unitemized.....	5344.97	5344.97
(iii) TOTAL of contributions from individuals ▶	43515.37	43515.37
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	944.12	944.12
(d) The Candidate.....	50.00	50.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	44509.49	44509.49
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	5000.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	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>	49509.49	49509.49

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5449.40	5449.40
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5449.40	5449.40

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	49509.49
25. SUBTOTAL (add Line 23 and Line 24).....	49509.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5449.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	44060.09

**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 23
	<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)  
**1240 Saratoga Road, LLC**

Mailing Address 1240 Saratoga Road, LLC

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.4301**

Amount of Each Receipt this Period  
 5000.00  
 campaign donation

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

Mailing Address 14 Bedford Circle

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer Occupation  
Abele Construction Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : SA11AI.4329**

Amount of Each Receipt this Period  
 1000.00  
 campaign donation

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

Mailing Address 204 Spring Road

City State Zip Code  
Scotia NY 12302

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.4305**

Amount of Each Receipt this Period  
 250.00  
 campaign donation

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

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

6250.00

**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 23
	<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)  
**Sheridan Biggs**

Mailing Address **PO Box 160**

City **Quaker Street** State **NY** Zip Code **12141**

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 **296.80**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4384**

Amount of Each Receipt this Period  
**96.80**  
 campaign donation

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

Mailing Address **1021 Tomahawk Trail**

City **Scotia** State **NY** Zip Code **12302**

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

Name of Employer **Self** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period  
**350.00**  
 campaign donation

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

Mailing Address **500 Braim Road**

City **Greenfield** State **NY** Zip Code **12833**

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

Name of Employer **DA Collins** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **970.70**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : SA11AI.4235**

Amount of Each Receipt this Period  
**970.70**  
 campaign donation

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

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

**1417.50**

**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 23
	<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)  
**Clifford Conklin**

Mailing Address 19 Harmon Road

City State Zip Code  
Scotia NY 12302

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

Name of Employer Occupation  
IBM Software Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2014

**Transaction ID : SA11AI.4292**

Amount of Each Receipt this Period  
250.00  
campaign donation

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

Mailing Address 885 Route 67

City State Zip Code  
Ballston Spa NY 12020

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

Name of Employer Occupation  
Curtis Lumber Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2427.20

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2014

**Transaction ID : SA11AI.4243**

Amount of Each Receipt this Period  
2427.20  
v

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

Mailing Address 1201 Troy-Schenectady Road

City State Zip Code  
Latham NY 12110

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

Name of Employer Occupation  
NW Mutual Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : SA11AI.4327**

Amount of Each Receipt this Period  
1000.00  
campaign donation

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

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

3677.20

**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 23
	<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. E.G. Eriksen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 282 Skiff Road		<b>Transaction ID : SA11AI.4184</b>
City Northville State NY Zip Code 12134	Amount of Each Receipt this Period 2500.00 campaign donation	
FEC ID number of contributing federal political committee. C	Name of Employer Greene Trucking Occupation President	Amount of Each Receipt this Period 2500.00 campaign donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Yvonne Eriksen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 282 Skiff Road		<b>Transaction ID : SA11AI.4185</b>
City Northville State NY Zip Code 12134	Amount of Each Receipt this Period 2500.00 campaign donation	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	Amount of Each Receipt this Period 2500.00 campaign donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Doug Finkle</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 58 Williams Street		<b>Transaction ID : SA11AI.4218</b>
City Andover State MA Zip Code	Amount of Each Receipt this Period 242.45 campaign donation	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation IBM Software Engineer	Amount of Each Receipt this Period 242.45 campaign donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 242.45	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5242.45
<b>TOTAL</b> This Period (last page this line number only).....	5242.45

**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 23
	<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. Neil Golub</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 1021 Rosendale Road		<b>Transaction ID : SA11AI.4171</b>	
City Schenectady	State NY	Zip Code 12309	Amount of Each Receipt this Period _____ 500.00 campaign donation
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Price Chopper	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Eric Habel</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 1 Sequoia Drive		<b>Transaction ID : SA11AI.4174</b>	
City Ballston Lake	State NY	Zip Code 12019	Amount of Each Receipt this Period _____ 250.00 campaign donation
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
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>C. Roger Hannay</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 24 County Route 412		<b>Transaction ID : SA11AI.4294</b>	
City Westerlo	State NY	Zip Code 12193	Amount of Each Receipt this Period _____ 2600.00 campaign donation
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hannay Reels	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3350.00
<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 10 OF 23
	<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)  
**Sherley Hannay**

Mailing Address 24 CR 412

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.4296**

Amount of Each Receipt this Period  
 2600.00  
 campaign donation

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

Mailing Address 2 Whitbeck Drive

City State Zip Code  
Scotia NY 12302

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  
 02 / 28 / 2014

**Transaction ID : SA11AI.4311**

Amount of Each Receipt this Period  
 250.00  
 campaign donation

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

Mailing Address 1609 Central Ave

City State Zip Code  
Albany NY 12305

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

Name of Employer Occupation  
Krause's Candy Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.4343**

Amount of Each Receipt this Period  
 485.20  
 campaign donation

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

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

3335.20

**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 23
	<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)  
**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 Retired Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 01 / 2014

**Transaction ID : SA11AI.4317**

Amount of Each Receipt this Period  
 2600.00  
 campaign donation

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

Mailing Address 525 Crescent Ave

City Saratoga Springs State NY Zip Code 12866

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

Name of Employer ESMI Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11AI.4233**

Amount of Each Receipt this Period  
 970.70  
 campaign donation

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

Mailing Address 24 East Ridge Road

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : SA11AI.4313**

Amount of Each Receipt this Period  
 242.45  
 campaign donation

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

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

3813.15

**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 23
	<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)  
**Kent Molino**

Mailing Address 1375 Rowe Road

City Schenectady State NY Zip Code 12309

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

Name of Employer self Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2014

**Transaction ID : SA11AI.4173**

Amount of Each Receipt this Period  
 250.00  
 campaign donation

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

Mailing Address 1149 Millington Rd.

City Niskayuna State NY Zip Code 12309

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

Name of Employer Troy Boiler Works Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : SA11AI.4319**

Amount of Each Receipt this Period  
 1500.00  
 campaign donation

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

Mailing Address PO Box 13390

City Albany State NY Zip Code 12212

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

Name of Employer Capitol Land Enterprises Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.4187**

Amount of Each Receipt this Period  
 2600.00  
 campaign donation

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

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

4350.00

**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 23
	<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)  
**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 Self Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.4211**

Amount of Each Receipt this Period  
 300.00  
 campaign donation

**B.** 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 Self Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.4210**

Amount of Each Receipt this Period  
 40.00  
 campaign 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 Self Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4278**

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).....

500.00

**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 23
	<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. Linda F. Smith</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 9980 E. Grand Street		<b>Transaction ID : SA11AI.4325</b>	
City Greenwood Village	State CO	Zip Code 80111	Amount of Each Receipt this Period 1000.00 campaign donation
FEC ID number of contributing federal political committee. C			
Name of Employer Kaiser Permanente Healthcare	Occupation Admin		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. William Socha</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 9 Underwood Drive		<b>Transaction ID : SA11AI.4186</b>	
City Saratoga Springs	State NY	Zip Code 12866	Amount of Each Receipt this Period 2500.00 campaign donation
FEC ID number of contributing federal political committee. C			
Name of Employer Socha Management	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>C. Elise Stefanik</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2014	
Mailing Address PO Box 17		<b>Transaction ID : SA11AI.4259</b>	
City Wilsboro	State NY	Zip Code 12996	Amount of Each Receipt this Period 242.45 campaign donation
FEC ID number of contributing federal political committee. C			
Name of Employer Premium Plywood Products	Occupation Management		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 242.45		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3742.45
<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 15 OF 23
	<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)  
**Bruce Tanski**

Mailing Address 17 Johnson Road

City State Zip Code  
Mechanicville NY 12118

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

Name of Employer Occupation  
Fairways of Halfmoon Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
639.65

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2014

**Transaction ID : SA11AI.4333**

Amount of Each Receipt this Period  
639.65

In-kind -

**[MEMO ITEM]**

**B.** 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  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2014

**Transaction ID : SA11AI.4309**

Amount of Each Receipt this Period  
1500.00

campaign donation

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

Mailing Address 29 Velina Dr

City State Zip Code  
Burnt Hills NY 12027

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

Name of Employer Occupation  
Schenectady Orthopedic Assoc. Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 26 / 2014

**Transaction ID : SA11AI.4172**

Amount of Each Receipt this Period  
500.00

campaign donation

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

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

2000.00

**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 23
	<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)  
**Kathleen Young**

Mailing Address 20 Danbury Court

City Clifton Park State NY Zip Code 12065

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 Y Y  
 03 / 11 / 2014

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period  
 250.00  
 campaign donation

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

Mailing Address 20 Danbury Court

City Clifton Park State NY Zip Code 12065

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
492.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4217**

Amount of Each Receipt this Period  
 242.45  
 campaign 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).....

492.45

38170.40

**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 23
	<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**

Full Name (Last, First, Middle Initial) <b>Committee to Elect Grant Socha</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 123 Saratoga Road		<b>Transaction ID : SA11C.4199</b>	
City Glenville	State NY	Zip Code 12302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 campaign donation	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>John J. Faso</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address PO 474		<b>Transaction ID : SA11C.4276</b>	
City Kinderhook	State NY	Zip Code 12106	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00 campaign donation	
Name of Employer Self	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00		

Full Name (Last, First, Middle Initial) <b>Friends of Jim Buhmaster</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 415 Sacandaga Road Suite 1		<b>Transaction ID : SA11C.4201</b>	
City Scotia	State NY	Zip Code 12302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 campaign donation	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 18 OF 23
	<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)  
**Friends of Kathy Marchione Committee**

Mailing Address PO Box 236

City Clifton Park State NY Zip Code 12065

FEC ID number of contributing federal political committee.

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 Y Y  
 01 / 31 / 2014

**Transaction ID : SA11C.4200**

Amount of Each Receipt this Period  
  
 campaign donation

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

Mailing Address 10 Conifer Drive

City Burnt Hills State NY Zip Code 12027

FEC ID number of contributing federal political committee.

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 Y Y  
 03 / 12 / 2014

**Transaction ID : SA11C.4273**

Amount of Each Receipt this Period  
  
 campaign donation

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 Spa Christian School Admin

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11C.4274**

Amount of Each Receipt this Period  
  
 campaign donation

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

**TOTAL** 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 19 OF 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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  
5050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 15 2014

**Transaction ID : SA11D.4353**

Amount of Each Receipt this Period  
 50.00  
 campaign 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).....

50.00

50.00



**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 21 OF 23	
	<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**

**A. Cathode Ray Media**

Full Name (Last, First, Middle Initial)  
Mailing Address 20 County Estates Road

City Greenville State NY Zip Code 12083

Purpose of Disbursement Website

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 2250.00

Transaction ID : SB17.4388

Category/Type: 003

**B. Desmond Hotel & Conference Centre**

Full Name (Last, First, Middle Initial)  
Mailing Address 660 Albany Shaker Rd

City Latham State NY Zip Code

Purpose of Disbursement Campaign Event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 14 / 2014

Amount of Each Disbursement this Period: 434.16

Transaction ID : SB17.4412

Category/Type: 007

**C. Political Advocates Network**

Full Name (Last, First, Middle Initial)  
Mailing Address 1843 Central Ave  
Box 215

City Albany State NY Zip Code 12205

Purpose of Disbursement consultative services

Candidate Name FISCHER FOR CONGRESS

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 20

Date of Disbursement: 01 / 10 / 2014

Amount of Each Disbursement this Period: 1067.00

Transaction ID : SB17.4387

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 3751.16

**TOTAL** 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 22 OF 23	
	<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. Bruce Tanski</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 17 Johnson Road		Amount of Each Disbursement this Period 639.65
City Mechanicville	State NY	
Zip Code 12118	Purpose of Disbursement In-kind -	Transaction ID : SB17.4336
Candidate Name	007 Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Barbara Wheeler</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 200 Virginia Lane G-10		Amount of Each Disbursement this Period 400.00
City Amsterdam	State NY	
Zip Code 12010	Purpose of Disbursement 1099	Transaction ID : SB17.4441
Candidate Name	001 Category/Type	
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>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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	4151.16

**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 M M / D D / 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)..... 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.