

# 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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

/  /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	36924.50	104053.99
(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)).....	36924.50	103053.99
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).....	-20962.25	
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).....	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).....	24585.00	79505.40
(ii) Unitemized.....	10544.50	21759.47
(iii) TOTAL of contributions from individuals ▶	35129.50	101264.87
(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))..	36924.50	104053.99
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	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>	37064.50	109193.99

**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).....	37064.50
25. SUBTOTAL (add Line 23 and Line 24).....	59045.27
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).....	-20962.25

**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 36
	<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**

Full Name (Last, First, Middle Initial) <b>Frederick Bergman</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 275 Brandle Road		<b>Transaction ID : SA11AI.5182</b>	
City Altamont	State NY	Zip Code 12009	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b>		Election Cycle-to-Date _____ 205.48	
Name of Employer retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>Frederick Bergman</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 275 Brandle Road		<b>Transaction ID : SA11AI.5162</b>	
City Altamont	State NY	Zip Code 12009	Amount of Each Receipt this Period _____ 25.00 donation
FEC ID number of contributing federal political committee. <b>C</b>		Election Cycle-to-Date _____ 205.48	
Name of Employer retired	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>Frederick Bergman</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address 275 Brandle Road		<b>Transaction ID : SA11AI.5292</b>	
City Altamont	State NY	Zip Code 12009	Amount of Each Receipt this Period _____ 25.00 donation
FEC ID number of contributing federal political committee. <b>C</b>		Election Cycle-to-Date _____ 230.48	
Name of Employer retired	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 75.00
<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 6 OF 36
	<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  
 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  
 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  
 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 36
	<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)  
**Thomas D'Ambra**

Mailing Address 370 Riverview Road

City Rexford State NY Zip Code 12148

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

Name of Employer AMRI Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4867**

Amount of Each Receipt this Period  
 2600.00  
 Contribution

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

Mailing Address 6 Bradford Drive

City Saratoga Springs State NY Zip Code 12866

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 Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.5151**

Amount of Each Receipt this Period  
 250.00  
 donation

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

Mailing Address 659 Krumkill Road

City Albany State NY Zip Code 12203

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

Name of Employer Self Occupation Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4932**

Amount of Each Receipt this Period  
 500.00  
 Donation

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

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

3350.00

**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 8 OF 36
	<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)  
**Shawn Francis**

Mailing Address 8B Rovanten Park

City State Zip Code  
Malta 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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 23 / 2014

**Transaction ID : SA11AI.5287**

Amount of Each Receipt this Period  
 1000.00  
 donation

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

Mailing Address 627 E. Kaisertown Rd

City State Zip Code  
Montgomery NY 12549

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  
 07 / 28 / 2014

**Transaction ID : SA11AI.5177**

Amount of Each Receipt this Period  
 500.00  
 donation

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

Mailing Address 112 Wolf Road

City State Zip Code  
Albany NY 12205

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

Name of Employer Occupation  
Hannouosh Jewelers 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

**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 9 OF 36
	<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)  
**Harold Hatfield**

Mailing Address 6 Steamboat Landing

City State Zip Code  
Waterford NY 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 Y Y  
 08 / 09 / 2014

**Transaction ID : SA11AI.5153**

Amount of Each Receipt this Period  
 250.00  
 donation

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

Mailing Address 15 Forbes Ave.

City State Zip Code  
Rensselaer NY 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 Y Y  
 09 / 13 / 2014

**Transaction ID : SA11AI.5098**

Amount of Each Receipt this Period  
 60.00  
 Donation

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

Mailing Address 9804 Moon Valley Place

City State Zip Code  
Las Vegas NV 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 Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.4660**

Amount of Each Receipt this Period  
 500.00  
 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 36
	<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. Mary Lally</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2014
Mailing Address 1365 Van Antwerp Road Apt E60		<b>Transaction ID : SA11AI.4940</b>
City Schenectady	State NY Zip Code 12309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Retired	Occupation	Donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>B. Malta Republican Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 19 / 2014
Mailing Address 2560 Route Unit 66		<b>Transaction ID : SA11AI.4944</b>
City Malta	State NY Zip Code 12020	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel D Nolan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2014
Mailing Address 35 Princess Lane		<b>Transaction ID : SA11AI.4934</b>
City Loudenville	State NY Zip Code 12211	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hugh Johnson	Occupation Investment Advisor	Donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<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 11 OF 36
	<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)  
**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

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

**B.** 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

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

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

Mailing Address 100 Pond Hill Road

City Altamont State NY Zip Code 12009

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5166**

Amount of Each Receipt this Period  
 100.00

donation

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

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

530.00

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

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

FOR LINE NUMBER: PAGE 12 OF 36  
(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)  
**John Richmond**

Mailing Address 830 Jamaica Road

City State Zip Code  
Schenectady NY 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 Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.5206**

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

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

Mailing Address 1358 Ruffner Road

City State Zip Code  
Schenectady NY 12309

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

Name of Employer Occupation  
Self

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**760.00**

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

**Transaction ID : SA11AI.4946**

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

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

Mailing Address 163 Van Rensselaer Blvd

City State Zip Code  
Menands NY 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  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 29 / 2014**

**Transaction ID : SA11AI.5175**

Amount of Each Receipt this Period  
**250.00**  
 donation

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

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

**450.00**

**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 36
	<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)  
**Frank Rossi**

Mailing Address 1 Constitution Court

City State Zip Code  
Ballston Spa NY 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  
500.00

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

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

Mailing Address 16 Dutch Meadow Drive

City State Zip Code  
Cohoes NY 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  
250.00

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

**C.** 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

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

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

2750.00

**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 36
	<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 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

**B.** 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

**C.** 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  
 09 / 25 / 2014

**Transaction ID : SA11AI.5059**

Amount of Each Receipt this Period  
 2500.00  
 Donation

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

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

7500.00

**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)  
 11a  11b  11c  11d  
 12 13a 13b 14 15  
 PAGE 15 OF 36

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

**A.** 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

**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  
 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

**C.** 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

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

1520.00  
 24585.00

**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 36
	<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 17 OF 36
	<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: (check only one)	PAGE 18 OF 36
	<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>Citizens for Del Torto</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address		<b>Transaction ID : SA11C.5022</b>
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	Donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>Michael Giacone</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 25 Westphal Drive		<b>Transaction ID : SA11C.5025</b>
City	State Zip Code	
Delmar	NY 12054	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.	C	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 250.00	

Full Name (Last, First, Middle Initial) <b>James Rogers</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 50 Edison Drive		<b>Transaction ID : SA11C.5029</b>
City	State Zip Code	
Niskayuna	NY 12309	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee.	C	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 125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<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 19 OF 36
	<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 / 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 / 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).....

75.00

550.00

**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 20 OF 36		
	<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 21 OF 36			
	<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 M M / D D / Y Y Y Y 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	
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 M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 118.80 <b>Transaction ID : SB17.5315</b>
City	State MA	
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 M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 118.80 <b>Transaction ID : SB17.5353</b>
City	State MA	
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 22 OF 36			
	<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>		M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code MA		118.80	
Purpose of Disbursement email	Category/ Type	Transaction ID : SB17.5381	
003			
Candidate Name	Disbursement For: 2014		
<b>FISCHER FOR CONGRESS</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Other (specify)		
State: NY District: 20			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Facebook</b>		M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		399.03	
Purpose of Disbursement Ad	Category/ Type	Transaction ID : SB17.5295	
004			
Candidate Name	Disbursement For: 2014		
<b>FISCHER FOR CONGRESS</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Other (specify)		
State: NY District: 20			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>c. Facebook</b>		M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		414.03	
Purpose of Disbursement Facebook Ad	Category/ Type	Transaction ID : SB17.5342	
004			
Candidate Name	Disbursement For: 2014		
<b>FISCHER FOR CONGRESS</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Other (specify)		
State: NY District: 20			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	931.86
<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 36		
	<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. Facebook</b>		M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address		Amount of Each Disbursement this Period 500.24
City State Zip Code		
Purpose of Disbursement Ad	Category/Type 004	<b>Transaction ID : SB17.5352</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)		Date of Disbursement
<b>B. Facebook</b>		M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period 28.29
City State Zip Code		
Purpose of Disbursement ad	Category/Type 004	<b>Transaction ID : SB17.5376</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)		Date of Disbursement
<b>C. Hudson Valley Strategies</b>		M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 2800.00
City State Zip Code		
Purpose of Disbursement	Category/Type 003	<b>Transaction ID : SB17.5363</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).....	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 24 OF 36	
	<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	
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	
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 25 OF 36	
	<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 26 OF 36	
	<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	
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. 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	
Zip Code 12305	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	
Zip Code 12305	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 27 OF 36			
	<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>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>B. 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>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 20	

Full Name (Last, First, Middle Initial) <b>c. 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>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	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 28 OF 36			
	<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 29 OF 36	
	<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 30 OF 36	
	<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 MM / DD / YYYY 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 MM / DD / YYYY 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 MM / DD / YYYY 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 31 OF 36	
	<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 Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 20		

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 Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 20		

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 Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 20		

<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 32 OF 36	
	<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 33 OF 36			
	<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 34 OF 36	
	<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 35 OF 36			
	<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

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JAMES M FISCHER</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	01 / 09 / 2014	/ / demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="5000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text" value="5000.00"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	