

**CANDIDATE OATH –
SCHOOL BOARD
NONPARTISAN OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, MARY FISCHER

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of SCHOOL BOARD LEE COUNTY, 1
(Office) (District #)

; I am a qualified elector of LEE County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 111481862

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X Mary Fischer (239) 849-6552 maryfischer@comcast.net
Signature of Candidate Telephone Number Email Address

5514 SW 12TH AVE. CAPE CORAL, FL 33914
Address City State ZIP Code

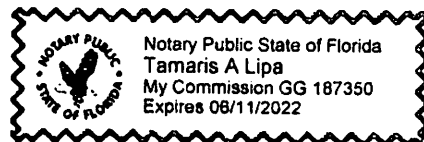
STATE OF FLORIDA
COUNTY OF LEE

Tamaris A Lipa
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 22nd
day of June, 2018.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS

JUN 07 2018

*****AUTO**MIXED AADC 323 T7 P1 133 1173

Mary Fischer
School Board Member
Lee County Public Schools
Elected Constitutional Officer
5514 SW 12th Ave
Cape Coral, FL 33914-7215

PROCESSED

RECEIVED



ID Code

ID No. 233813

Conf. Code

Fischer, Mary



18JUN22PM 110 SOE Lee Co FI

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31, 20 17 was \$ 110,000⁰⁰.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 25,000⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
FRS INVESTMENT	75,000 ⁰⁰
SUNCOAST CREDIT UNION	10,000 ⁰⁰

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SUNCOAST CREDIT UNION AUTO LOAN	18,300 ⁰⁰
CAPITAL ONE MASTER CARD	5,800 ⁰⁰

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete

STATE OF FLORIDA
 COUNTY OF hcc
 Sworn to (or affirmed) and subscribed before me this 4th day of June, 2018 by Susan M. Johnson
Susan M. Johnson
 (Signature of Notary Public--State of Florida)
 Notary Public State of Florida
 Susan M Johnson
 My Commission FF 240716
 Expires 06/15/2019
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known X OR Produced Identification _____
 Type of Identification Produced N/A

Mary Fisher
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

Part I Simplified Method

Enter the square footage of your office: **A** 120
 The lesser of the square footage of your office or 300: **B** 120
 Number of months in 2017 this home office was used at least 15 days during the month: **C** 12
 Business percentage for daycare facilities (if applicable from line 8 of Part II below, "00" if not applicable): **D** 100.00 %
 Line B times line C divided by 12 times 50.00: **E** 60.00
 Business income limitation: **F** 9,805
 Allowable Simple Method deduction. Enter the lesser of line E or line F: **G** 60.00

Part II Actual Expenses: Part of Your Home Used for Business

Area used regularly and exclusively for business, regularly and exclusively for daycare, or regularly for inventory storage: **1** 120
 Total area of home: **2** 1,200
 Divide line 1 by line 2. Enter result as a percentage: **3** 10.00 %
 For daycare facilities not used exclusively for business, also complete lines 4-9.
 All others, skip lines 4-9 and enter the amount from line 3 on line 10.
 Area used only partly for daycare: **4**
 Divide line 4 by line 2. Enter the result as a percentage: **5**
 Multiply days used for daycare during year by hours used per day: **6**
 Total hours available for use during the year (365 x 24 hours): **7**
 Divide line 6 by line 7. Enter result as a decimal amount: **8**
 Multiply line 8 by line 5: **9**
 Business percentage. For daycare facilities not used exclusively for business, add line 3 and line 9. All others, enter the amount from line 3: **10** 10.00 %

Part III Actual Expenses: Figure Your Allowable Deduction

Total wages from this business: **11** 50,125
 Percent of wages from the business use of this home: **12** 35.00 %
 Wages from the business use of home. Multiply line 11 by line 12: **13** 17,544
 Gain from business use of home shown on Schedule D or Form 4797: **14**
 Gross income from wages, Son D and Form 4797. Add line 13 and line 14: **15** 17,544
 Total employee expenses (excluding home office): **16** 4,118
 If there is more than one home office for this business, enter the amount of expenses from line 16 allocable to this home office: **b**
 Any losses from this business not derived from the business use of your home and shown on Schedule D or Form 4797: **17**
 Net income from business use of home. Line 15 less line 16 and line 17: **18** 13,426

See instructions for columns (a) and (b) before completing lines 19 - 29

Casualty losses: **19**

Part IV Actual Expenses: Depreciation of Your Home

Enter the smaller of your home's adjusted basis or its fair market value: **47**
 Value of land included on line 47: **48**
 Basis of building. Subtract line 48 from line 47: **49**
 Business basis of building. Multiply line 49 by line 10: **50**
 Depreciation percentage: **51**
 Depreciation attributable to business use of home. Multiply line 50 by line 51: **52**
 Depreciation for additions and improvements attributable to business use of home: **53**
 Total allowable depreciation. Add line 52 and line 53: **54**

Part V Actual Expenses: Carryover of Unallowed Expenses to 2018

Operating expenses. Subtract line 35 from line 34. If less than zero, enter -0-: **55**
 Excess casualty losses and depreciation. Subtract line 41 from line 40. If less than zero, enter -0-: **56**

See instructions for columns (a) and (b) before completing lines 19 - 29

Part VI Actual Expenses: Depreciation of Your Home

Enter the smaller of your home's adjusted basis or its fair market value: **47**
 Value of land included on line 47: **48**
 Basis of building. Subtract line 48 from line 47: **49**
 Business basis of building. Multiply line 49 by line 10: **50**
 Depreciation percentage: **51**
 Depreciation attributable to business use of home. Multiply line 50 by line 51: **52**
 Depreciation for additions and improvements attributable to business use of home: **53**
 Total allowable depreciation. Add line 52 and line 53: **54**

Part VII Actual Expenses: Carryover of Unallowed Expenses to 2018

Operating expenses. Subtract line 35 from line 34. If less than zero, enter -0-: **55**
 Excess casualty losses and depreciation. Subtract line 41 from line 40. If less than zero, enter -0-: **56**

See instructions for columns (a) and (b) before completing lines 19 - 29

WASY, F. SCHER
 5114 SW 12th Avenue
 33135

WASY, F. SCHER
 Social Security Number

Part III Vehicle Expenses

Section A—General Information (You must complete this section if you are claiming vehicle expenses.)

Table with 2 columns: (a) Vehicle 1, (b) Vehicle 2. Rows 11-21 detailing vehicle use statistics like miles driven, business use percentage, and availability for personal use.

Section B—Standard Mileage Rate (See the instructions for Part III to find out whether to complete this section or Section C.)

22 Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1 22 3,740

Section C—Actual Expenses

Table with 2 columns: (a) Vehicle 1, (b) Vehicle 2. Rows 23-29 detailing actual expenses like gas, repairs, insurance, and depreciation.

Section D—Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

Table with 2 columns: (a) Vehicle 1, (b) Vehicle 2. Rows 30-38 detailing depreciation calculations and adjustments.

Form 8283

Noncash Charitable Contributions

Rev. December 31, 01. Dept. of the Treasury Internal Revenue Service

Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

OMB No. 1545-0047

Attachment Sequence No. 155

Name (do not include your income tax return)

Mary Fischer

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section only items for groups of similar items for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property—If you need more space, attach a statement.

Table with 3 columns: (a) Date of the contribution, (b) Description of the property, (c) Fair market value. Rows A-E listing various items like clothing, shoes, and jewelry.

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

Table with 7 columns: (a) Date of the contribution, (b) Date acquired, (c) How acquired, (d) Donor's cost or adjusted base, (e) Fair market value, (f) Method used to determine the fair market value. Rows A-C listing securities.

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

Form with sections 2a-2e and 3a-3c detailing partial interests and restricted use property contributions.

SCHEDULE A
(Form 1040)

Itemized Deductions

CMB No. 1645-0074

Go to www.irs.gov/ScheduleA for instructions and the latest information.
Attach to Form 1040.

17
Attachment
Sequence No. 07

Department of the Treasury
Internal Revenue Service (IRS)
Use only when Form 1040

Caution: If you are claiming a net qualified disaster loss on Form 4694, see the instructions for line 28.

Mary Fischer

Caution: Do not include expenses reimbursed or paid by others.				
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1	0.	
	2 Enter amount from Form 1040, line 38 (2)	2	7,500.	
	3 Multiply line 2 by 7.5% (0.075)	3	5,625.	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid	5 State and local (check only one box):	5		
	a Income taxes, or			
	b <input checked="" type="checkbox"/> General sales taxes			
	6 Real estate taxes (see instructions)	6		
	7 Personal property taxes	7		
	8 Other taxes. List type and amount	8		
	9 Add lines 5 through 8	9	824.	
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	11	
Note: Your mortgage interest deduction may be limited (see instructions).				
12 Points not reported to you on Form 1098. See instructions for special rules		12		
13 Mortgage insurance premiums (see instructions)		13		
14 Investment interest. Attach Form 4962 if required. See instructions		14		
15 Add lines 10 through 14	15			
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	3,540.	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	1,200.	
	18 Carryover from prior year	18		
	19 Add lines 16 through 18	19	4,740.	
Casualty and Theft Losses	20 Casualty or theft losses (other than net qualified disaster losses. Attach Form 4694 and enter the amount from line 15 of that form. See instructions)	20		
	Job Expenses and Certain Miscellaneous Deductions			
21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. Employee business expenses.	21	4,778.		
22 Tax preparation fees	22	60.		
23 Other expenses—investment, safe deposit box, etc. List type and amount	23			
24 Add lines 21 through 23	24	4,838.		
25 Enter amount from Form 1040, line 38 (25)	25	7,577.		
26 Multiply line 25 by 2% (0.02)	26	1,515.		
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	3,323.		
Other Miscellaneous Deductions	28 Other—From list in instructions. List type and amount	28		
	Total	29		
29 Is Form 1040, line 38, over \$165,000?				
Itemized Deductions	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	30	8,807.	
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

Form 2106

Employee Business Expenses

CMB No. 1645-0074

Attach to Form 1040 or Form 1040NR.

17
Attachment
Sequence No. 129

Department of the Treasury
Internal Revenue Service (IRS)
Your name

Go to www.irs.gov/Form2106 for instructions and the latest information.

Mary Fischer

Occupation in which you incurred expenses
Elected Official

Social security number

Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expenses from line 20 of Form 2106-EZ that don't qualify for instructions	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	600.
5 Meals and entertainment expenses (see instructions)	5	1,250.
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,850.

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "E" in box 12 of your Form W-2 (see instructions).	7	100.	48.
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Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8).	8	4,750.	1,792.
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.	9	4,175.	896.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the Instructions for special rules on where to enter the total.)	10		

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

01-227510 T10

Form 2106 2012

1040 U.S. Individual Income Tax Return 2017

Header section containing filer name (Mary Fischer), address (3514 SW 12th Avenue, Cape Coral, FL 33914), and filing status (Single).

Exemptions section with checkboxes for Yourself, Spouse, and Dependents. Includes a table for dependent information.

Income section with lines 7 through 22. Includes sub-sections for Adjusted Gross Income (lines 23-36) and Total Income (line 37).

Adjusted Gross Income section (lines 23-36) detailing various deductions such as educator expenses, health savings account, and IRA deduction.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA 814 201718 710 Form 1040 (2017)

Tax and Credits section (lines 38-56) including Taxable Income (line 43), Alternative Minimum Tax (line 45), and Total Credits (line 56).

Other Taxes section (lines 57-63) including Self-employment tax, Unreported social security and Medicare tax, and Health care individual responsibility tax.

Payments section (lines 64-74) including Federal income tax withheld, 2017 estimated tax payments, and Earned income credit.

Refund section (line 75) for the amount of the refund to be received.

Amount You Owe section (line 78) for the total tax liability.

Third Party Designee section (lines 79-80) for designating a representative.

Sign Here section with signature lines for filer and preparer. Preparer: Self-Prepared.

Preparer Use Only section for firm name and address.



LEE COUNTY ELECTIONS 01-31-18

Primary Election on Tuesday, August 28, 2018

Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Tommy Doyle, Supervisor of Elections (239) LEE-VOTE (633-8683) www.lee.vote

I, Tommy Doyle, Supervisor of Elections for Lee County, Florida hereby give official notice of the Canvassing Board Meetings, and Logic and Accuracy Testing Schedule.

Table with columns: DATE, TIME, LOCATION, MEETING PURPOSE. Contains schedule for August 28, 2018, including machine testing, canvassing, and logic testing.

The Canvassing Board Meetings and Logic and Accuracy Testing are open to the public. Florida Statute 101.5612

By signing below, I acknowledge that I have received a copy of these Canvassing Board Meeting and Logic and Accuracy Testing Schedules. My attendance is not mandatory but welcome.

Signature: Mary Fischer Name: Mary Fischer



LEE COUNTY ELECTIONS 01-30-18

General Election on Tuesday, November 6, 2018

Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Tommy Doyle, Supervisor of Elections (239) LEE-VOTE (633-8683) www.lee.vote

I, Tommy Doyle, Supervisor of Elections for Lee County, Florida hereby give official notice of the Canvassing Board Meetings, and Logic and Accuracy Testing Schedule.

Table with columns: DATE, TIME, LOCATION, MEETING PURPOSE. Contains schedule for November 6, 2018, including machine testing, canvassing, and logic testing.

The Canvassing Board Meetings and Logic and Accuracy Testing are open to the public. Florida Statute 101.5612

By signing below, I acknowledge that I have received a copy of these Canvassing Board Meeting and Logic and Accuracy Testing Schedules. My attendance is not mandatory but welcome.

Signature: Mary Fischer Name: Mary Fischer Date: 6-22-18