

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF LEE

OFFICE USE ONLY

I, <u>MARY</u>	<u>B</u>	<u>FISCHER</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Mary Fischer
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the non-partisan office of LEE COUNTY SCHOOL BOARD, 1
(office) (district)
; I am a qualified elector of LEE County, Florida;
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

X Mary Fischer (239) 849-6552 maryfischer@embarrasmail.com
 Signature of Candidate Telephone Number Email Address
4902 SW 20th PLACE, CAPE CORAL, FL. 33914
 Address City State ZIP Code

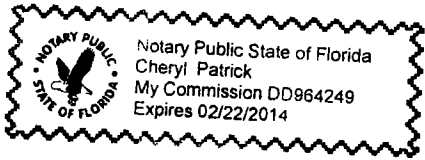
Sworn to (or affirmed) and subscribed before me this 11 day of June, 2010

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced:
FL DL

C. J. Patrick
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public



10JUN11PM0257 SDE Lee Co FI

10JUN14PM0226 SDE Lee Co FI

For the year Jan 1 - Dec 31, 2009, or other tax year beginning , 2009, ending , 20

OMB No. 1545-0074

Label (See instructions.)
Your first name MI Last name
Mary B Fischer
Your social security number

If a joint return, spouse's first name MI Last name
Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
4902 SW 20th Place

City, town or post office. If you have a foreign address, see instructions. State ZIP code
Cape Coral FL 33914-6764

Use the IRS label. Otherwise, please print or type.
You must enter your social security number(s) above.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above & full name here

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here

5 Qualifying widow(er) with dependent child (see instructions)

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b

No. of children on 6c who:
 lived with you
 did not live with you due to divorce or separation (see instrs)

Dependents on 6c not entered above

Add numbers on lines above 1

d Total number of exemptions claimed 1

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	56,088.
8a	Taxable interest. Attach Schedule B if required	8a	71.
8b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
9b	Qualified dividends (see instrs)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received.	11	
12	Business income or (loss). Attach Schedule C or C-EZ.	12	
13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
15b	Taxable amount (see instrs)	15b	
16a	Pensions and annuities	16a	16,553
16b	Taxable amount (see instrs)	16b	16,553
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation in excess of \$2,400 per recipient (see instructions)	19	
20a	Social security benefits	20a	22,650.
20b	Taxable amount (see instrs)	20b	19,253
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	91,965

Adjusted Gross Income

23	Educator expenses (see instructions)	23	250.
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903.	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instructions)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903.	35	
36	Add lines 23 - 31a and 32 - 35	36	250.
37	Subtract line 36 from line 22. This is your adjusted gross income	37	91,715.

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	91,715.
Standard Deduction for - • People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$5,700 Married filing jointly or Qualifying widow(er), \$11,400 Head of household, \$8,350	39a Check if: <input checked="" type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a 1 <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind.		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ▶ 39b		
	40a Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	15,275.
	b If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see instructions) ▶ 40b		
	41 Subtract line 40a from line 38	41	76,440.
	42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see instructions	42	3,650.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	72,790.
	44 Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	14,381.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Add lines 44 and 45 ▶ 46	46	14,381.
	47 Foreign tax credit. Attach Form 1116 if required 47		
	48 Credit for child and dependent care expenses. Attach Form 2441 48		
	49 Education credits from Form 8863, line 29 49		
	50 Retirement savings contributions credit. Attach Form 8880 50		
	51 Child tax credit (see instructions) 51		
	52 Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695 52		
	53 Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> 53		
	54 Add lines 47 through 53. These are your total credits 54		
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶ 55		14,381.
Other Taxes	56 Self-employment tax. Attach Schedule SE 56		
	57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 57		
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58		
	59 Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H 59		
	60 Add lines 55-59. This is your total tax ▶ 60		14,381.
Payments	61 Federal income tax withheld from Forms W-2 and 1099 61		10,010.
	62 2009 estimated tax payments and amount applied from 2008 return 62		
	63 Making work pay and government retiree credit. Attach Schedule M 63		66.
	64a Earned income credit (EIC) 64a		
	b Nontaxable combat pay election . . . ▶ 64b		
	65 Additional child tax credit. Attach Form 8812 65		
	66 Refundable education credit from Form 8863, line 16 66		
	67 First-time homebuyer credit. Attach Form 5405 67		
	68 Amount paid with request for extension to file (see instructions) 68		
	69 Excess social security and tier 1 RRTA tax withheld (see instructions) 69		
	70 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 70		
	71 Add lns 61-63, 64a, & 65-70. These are your total pmts ▶ 71		10,076.
Refund	72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid 72		
	73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . . ▶ <input type="checkbox"/> 73a		
	▶ b Routing number XXXXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account number XXXXXXXXXXXXXXXXXXXX		
	74 Amount of line 72 you want applied to your 2010 estimated tax ▶ 74		
Amount You Owe	75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see instructions ▶ 75		4,326.
	76 Estimated tax penalty (see instructions) 76		21.

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <i>Mary B Fischer</i>	Date 3-25-10	Your occupation School Counselor	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature Self-Prepared	Date 3-25-10	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTEREST

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

FISCHER, MARY

MAILING ADDRESS:

4902 SW 20th PLACE

CAPE CORAL 33914 LEE

CITY: ZIP: COUNTY:

NAME OF AGENCY:

LEE COUNTY SCHOOL BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

SCHOOL BOARD DISTRICT 1

CHECK IF THIS IS A FILING BY A CANDIDATE

ID Code

ID No.

Conf. Code

P. Req. Code

10JUN11PM025750 Lee Co-F1

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, 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 APRIL, 20 10 was \$ 79,000.⁰⁰

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.

The aggregate value of my household goods and personal effects (described above) is \$ 40,000.⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home - 4902 SW 20 th PLACE, CAPE CORAL, FL. 33914	\$ 190,000
VACANT LOT - 10116 ANNA LUCIA BLVD, CAPE CORAL 1/2 th	\$ 5,500
BANK ACCOUNT - SUNCOAST SCHOOLS FED CREDIT UNION	\$ 22,000
2006 TOYOTA SOLARA	15,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SUNCOAST SCHOOLS FEDERAL CREDIT UNION MORTGAGE	\$ 148,000
" " " " EQUITY LINE	39,000
CAPITAL ONE MASTER CARD	6,500

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SCHOOL DISTRICT OF LEE COUNTY		
FLORIDA RETIREMENT SYSTEM		
SOCIAL SECURITY		

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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			

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

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 LEE

Sworn to (or affirmed) and subscribed before me this 11 day of MARY FISCHER
JUNE, 2010 by Cheryl Patrick

[Signature]
(Signature of Notary Public, State of Florida)

Notary Public State of Florida
Cheryl Patrick
My Commission DD964249
(Print, Type, or Stamp Commission Number of Notary Public)

Mary Fischer
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

Type of Identification Produced

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.