# CANDIDATE OATH

### SCHOOL BOARD NONPARTISAN OFFICE

22.11N13PM0411 SOE Lee Co F1 Check box only if you are seeking to qualify as a write-in candidate: Write-in candidate OFFICE USE ONLY Candidate Oath (Section 99.021(1)(a) and 105.031, Florida Statutes) I, Sam Fisher (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 Lee County School Board (Office) ; I am a qualified elector of Lee County, Florida; 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): 115399847

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio

pallot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]							
x St	(239)405-9504	Sam@	Sam@VoteSamFisher.com				
Signature of Candidate	Telephone Number		Email Address				
2228 Cape Heather Cir	Cape Coral	FL	33991				
Address	City	State	ZIP Code				
STATE OF FLORIDA	<del></del>	Piley de	isman				

Sworn to (or affirmed) and subscribed before me by means of

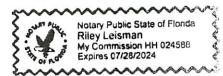
online notarization physical presence OR this \_\_\_\_\_ day of \_

Personally Known OR Produced Identification

Type of Identification Produced:\_

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



FORM 6	FULL AND PUBLIC DISCL	LOSURE	2021
Please print or type your name, mailing address, agency name, and position below:	OF FINANCIAL INTERI	ESTS	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDD		T	ı
FISHER SAMUEL JEF MAILING ADDRESS:	FFREY	_	
MAILING ADDRESS:  2228 CAPE HEATHER CI	ID QI		လုံ
ZZZO OM EMERTINEM	IK.	4	Ę
OD':		1	رين الم
CITY: CAPE CORAL	ZIP: COUNTY: 33991 LEE		MO41
NAME OF AGENCY: LEE COUNTY SCHOOL DIS	STRICT	1	22JUN13PM0411 SOE Lee Co Fi
NAME OF OFFICE OR POSITION HEL SCHOOL BOARD MEMBER	•	1	 8
CHECK IF THIS IS A FILING BY A CAN		1	S I
	DADT A MET WODTH		
Please enter the value of your r	PART A NET WORTH		the tare black would be made and
culated by subtracting your repo	net worth as of December 31, 2021 or a more orted liabilities from your reported assets, so p	olease see the	<ol> <li>[Note: Net worth is not cal- he instructions on page 3.1</li> </ol>
My net worth as οι <u>υ</u>	June 9th, 20 <u>22</u> was \$ _	501,085.00	
	PART B ASSETS		
HOUSEHOLD GOODS AND PERSONA	AL EFFECTS:		
following, if not held for investment p	cts may be reported in a lump sum if their aggregate va purposes: jewelry; collections of stamps, guns, and nu d items; and vehicles for personal use, whether owned or	umismatic items:	,000. This category includes any of the ; art objects; household equipment and
	ld goods and personal effects (described above) is \$		
ASSETS INDIVIDUALLY VALUED AT C	OVER \$1,000:		
_	SSET (specific description is required - see instruction is required - see instructions is required in the second instruction in the second instruction is required in the second instruction in the second instruction is required in the second instruction in the second instruction is required in the second instruction in the second instruction is required in the second instruction in the second in the second instruction is required in the second in the s	ons p.4)	VALUE OF ASSET
See attached s	sheet		
	PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (Se NAME AND ADDRESS			AMOUNT OF LIABILITY
Crosscountry Mortgage, 6850	Miller Road, Brecksville, OH 44141		\$236,744.00
Wells Fargo Auto, P.O. Box 1	168048, Irving, TX 75016-8048		\$36,929.65
Navient, P.O. Box 9000, Wilk	kes-Barre, PA 18773-9000		\$16,125.00
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRESS			AMOUNT OF LIABILITY
			AMOUNT OF BIADING.
*			

		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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]						
PRIMARY SOURCES OF INCO	•	ge 5): '	ADDRESS OF SOURCE OF MICOME	AMOUNT		
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000	120 Del Bro	ADDRESS OF SOURCE OF INCOME	\$51,546.00		
Cape Coral Pet Vet						
Law Office of Samuel J. Fi	sher	2228 Cape I	Heather Cir., Cape Coral, FL 33991	\$3,110.60		
SECONDARY SOURCES OF I	NCOME (Major customers, cli	ents, etc., of bu	sinesses owned by reporting person-sec			
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
Law Office of Samuel J. Fish	ner Jason Maug	han	15750 New Hampshire Ct Suito A Fort Myors, FL 33908	Consulting 4		
				1 50		
I	PART E - INTERESTS II	N SPECIFIE	D BUSINESSES [Instructions on page 1]	age 6]		
	BUSINESS ENTITY:		BUSINESS ENTITY # 2	BUSINESS ENTITY #23		
NAME OF BUSINESS ENTITY				IJ		
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD				· · · · · · · · · · · · · · · · · · ·		
I OWN MORE THAN A 5%						
NATURE OF MY OWNERSHIP INTEREST						
OWNERSHIP HATEREST	I .	DADTE (	ED A INVINC			
This section applies only to	officers required to compl		TRAINING nics training pursuant to section 112.3	2142 ES (See instructions n. 6)		
	·		PLETED THE REQUIRED TR	•		
0	ATH	STATE	OF FLORIDA			
		COUNT		<u> </u>		
I, the person whose name app			to (or affirmed) and subscribed before m sical presence or   online notarization			
beginning of this form, do dep			. · ·	.,		
and say that the information d			June 20 12 by Samuel Fisher			
and any attachments hereto is true, accurate,			~~~~~~~			
and complete.		(Signat	ure of Notary Public-State of Florida)	Notary Public State of Florida  Elaine P Sario		
	<u></u>	/D-i-A 3	Turn or Storm Commissioned New York	My Commission HH 007563		
A		•	(Print, Type, or Stamp Commissioned Name 京加語中語 (Print, Type, or Stamp Commissioned Name 京加語 (Print, Type, or Stamp Commissioned Name (Print, Type, o			
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE			Personally Known OR Produced Identification			
			f Identification Produced			
If a certified public accountant	it licensed under Chapter 47	73, or attorney	in good standing with the Florida Bar	prepared this form for you, he or		
she must complete the follow	ing 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.						
Cianotic				 Date		
Signature  Preparation of this form by a CPA or attorney does not relie			we the filer of the reenancibility			
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						
IF ANY OF PARTS A	A THROUGH E ARE CO	JNTINUED !	UN A SEPARATE SHEET, PLE <i>A</i>	ASE CHECK HERE 🔼		

# 722JUN13PM0411 SDE Lee Co F1

## Samuel Fisher - Form 6 2021 Additional Page

## Assets

Description of Asset	Value of Asset
Real Estate, 2228 Cape Heather Circle, Cape Coral FL (LEEPA) Bank Accounts, Wells Fargo Retirement, Vanguard Simple IRA Retirement, Florida Retirement System, Investment Plan	\$467,332.00 \$105,222.31 \$42,815.55 \$29,921.33
Life Insurance, Allianz Life Insurance (cash surrender) 529 Plans, Bloomwell 529 Education Savings Plans Campaign Loan, Sam Fisher Campaign	\$1,141.09 \$39,788.37 \$10,000.00
Campaign Edan, Cam risher Campaign	\$10,000.00