CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE

'14JUN1?PM1250 SOE LEE (0) F1

OFFICE USE ONLY

	OATH OF CAN		
	(Sections 99.021 and 105.031	, Florida Statutes)	
I, Mary Fischer			
(PLEASE PRINT NAME AS YOU WISH IT TO	APPEAR ON THE BALLOT * - N/	ME MAY NOT BE CHANGED	AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan of	. 1 .		
		(office)	(district #)
	I am a qualified elector of	Lee	County, Florida;
(circuit #) (group or seat #)	• • •		
I am qualified under the Constitution elected; I have qualified for no othe concurrent with the office I seek; and Section 99.012, Florida Statutes; and State of Florida.	r public office in the state I have resigned from any	e, the term of which o office from which I am	office or any part thereof runs required to resign pursuant to
Section 876.05, Florida Statutes, o State of Florida and of the United Sta reciplent of public funds as such em Constitution of the United States and	ites of America, and being ployee or officer, do here	employed by or an off	ficer of the school board and a
X Mariel toches	239) 849-6552 (ل	2 maryfischer	r@embarqmail.com
Signature of Candidate	Telephone Number		Email Address
5514 SW 12th Avenue	Cape Coral	FL	33914
Address	City	State	ZIP Code
Candidate's Florida Voter Registration			
 Please print name phonetically on th with disabilities (see instructions on page) 		to be pronounced on t	he audio ballot for persons
STATE OF FLORIDA			
COUNTY OF LCL			
	_	-	,
Sworn to (or affirmed) and subscrib	bed before me this <u>/7</u>	_day of UNE	, 20 <u>/4</u>
)	11	7~
Personally Known: or		- SA	Lut
		Signature of Notary P	
Produced Identification:		Print, Type/or Stamp C	Commissioned Name of Notary Public
Type of Identification Produced:			CHERYL FUTCH Diary Public - State of Floride
D8-DE 25A (Rev. 5/11)			Commission # EF Store 1, F.A.C.
		And the second	Victional Notary Asen

FORM 6	FULL AND PUBLIC DI	SCLOSURE	2013
Please print or type your name, mailing address, agency name, and position below:	ease print or type your name, mailing OF FINANCIAL INTEREST		FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDL Fischer Mary			LH\1'7P
MAILING ADDRESS: 5514 SW 12th Avenue			H1250 S
CITY : Cape Coral	ZIP: COUNTY: 33914 Lee		JN17PM1250 SOE LEE OP FI
NAME OF AGENCY : School District of Lee County			<u> </u>
NAME OF OFFICE OR POSITION HELD Board Member District1	OR SOUGHT :		
CHECK IF THIS IS A FILING BY A CAN			
	PART A NET WORT		
reported liabilities from your reported asse	is of December 31, 2013, or a more current da its, so please see the instructions on page 3.]		
My net worth as c	of <u>December 31,</u> , 20 <u>13</u>	was \$ <u>50,500.00</u>	
following, if not held for investment pu furnishings; clothing; other household it The aggregate value of my household g ASSETS INDIVIDUALLY VALUED AT OV	goods and personal effects (described above)	and numismatic items; is \$ <u>30,000.00</u>	000. This category includes any of the art objects; household equipment and VALUE OF ASSET
Cape Coral, FL Property Unit 31, I	BL 2053, Lots 23&24 (1/2 interest)		\$ 9,500.00
2006 Toyota Camry Solara Convert	ible		\$ 11,000.00
		·	
			·····································
LIABILITIES IN EXCESS OF \$1,000 (See	PART C LIABILITII instructions on page 4):	ES	
NAME AND ADDRESS	OF CREDITOR		
Suncoast Schools Credit Union			\$20,000.00
JOINT AND SEVERAL LIABILITIES NOT NAME AND ADDRESS			AMOUNT OF LIABILITY
N/A			

	PART D INCOME						
You may EITHER (1) file a con statement identifying each sepa remainder of Part D, below.	nplete copy of your 2013 fed arate source and amount of	leral income ta: income which	ax return, including all W2's, schedules, o exceeds \$1,000, including secondary s	and attachments, OR (2) file a sworn sources of income, by completing the			
I elect to file a copy of m (If you check this box an	ry 2013 federal income tax re id attach a copy of your 2013	itum and all W2 I tax return, you	2's, schedules, and attachments. u need not complete the remainder of Pa	ırt D.]			
PRIMARY SOURCES OF INCO	•	₃ge δ):					
NAME OF SOURCE OF INCO		+	ADDRESS OF SOURCE OF INCOME				
Social Security Administrat			Center Plaza, Jamaica, NY	\$ 20,705.00			
Florida Retirement System			9000, Tallahassee, FL	\$ 18,489.84			
The School District of Lee		L	nial Boulevard, Fort Myers, FL	\$ 38,489.33			
			usinesses owned by reporting person-se				
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
N/A							
·			T	*14			
				4. 			
P	ART E - INTERESTS II	N SPECIFIE	D BUSINESSES [Instructions on p	page 6]			
	BUSINESS ENTITY	<u># 1</u>	BUSINESS ENTITY # 2	BUSINESS ENTRY # 3			
NAME OF BUSINESS ENTITY	N/A		N/A	NA			
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS							
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 CC	INTINUED	ON A SEPARATE SHEET, PLEA	ASE CHECK HERE			
OATH STATE OF FLORIDA COUNTY OF Lee							
I, the person whose name appe	ears at the	Sworn	to (or affirmed) and subscribed before m	ne this <u>3</u> day of			
beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form							
and say that the information disclosed on this form			MARAAAAAAAAAAAA				
and any attachments hereto is t and complete	true, accurate,	(Signat	ture of Notary Public-State of Cloreda	e Notary Public State of Florida			
and complete.	and complete. (Signature of Notary Public-State of Notary Public-Sta						
		(Print, 1	Type, or Stamp Commissioned Name of	Excise 02/00/00 2			
mr. A.			Personally Known OR Produced Identification				
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Type of	f Identification Produced				
If a certified public accountant li she must complete the following		I, or attorney a	in good standing with the Florida Bar p	prepared this form for you, he or			
I	the instructions is	prepared th	he CE Form 6 in accordance with Art. on my reasonable knowledge and beli	II, Sec. 8, Florida Constitution,			
Section 112.3144, Fionda Statu correct.	des, and the instructions to	the torm. Upo	on my reasonable knowledge and beil	ef, the disclosure herein is true and			

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.