FORM 6	FULL AND PUBLIC DISCLOSURE	2013
Please print or type your name, mailing address, agency name, and position below:	OF FINANCIAL INTEREST	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDD Fischer, Jason Michael	LE NAME: HAND DELIVE	
MAILING ADDRESS: 2630 Stonegate Dr	gi No Mar 18 Mar Beccar Court Marcon Stand S. M. So	FLORIDA
		COMMISSION ON ETHICS
CITY : Jacksonville	ZIP: 32223 Duval	JUN 2 5 2014
NAME OF AGENCY : Duval County School Board		RECEIVED
NAME OF OFFICE OR POSITION HEL School Board Member - District 7	! !	34 1491 1
CHECK IF THIS IS A FILING BY A CAN	NDIDATE 🔲	
Please enter the value of your net worth reported liabilities from your reported as My net worth as	PART A NET WORTH In as of December 31, 2013, or a more current date. [Note: Net worth is sets, so please see the instructions on page 3.] Is of December	s not calculated by subtracting your
following, if not held for investment furnishings; clothing; other household. The aggregate value of my household ASSETS INDIVIDUALLY VALUED AT (cts may be reported in a lump sum if their aggregate value exceeds \$ purposes: jewelry; collections of stamps, guns, and numismatic items ditems; and vehicles for personal use. d goods and personal effects (described above) is \$ 22,000 OVER \$1,000:	1,000. This category includes any of the s; art objects; household equipment and
Home, 2630 Stonegate Dr	SSET (specific description is required - see instructions p.4)	185,000
Car, Toyota		14,000
TSP		43,300
JP Morgan		16,400
Bank of America		18,000
LIABILITIES IN EXCESS OF \$1,000 (S NAME AND ADDRES		AMOUNT OF LIABILITY
Home Loan, 2630 Stonegate Dr		209,000
Student Loan		23,400
Car, Toyota		14,000
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRES		AMOUNT OF LIABILITY

	PART 1	D INCOME		
You may EITHER (1) file a complete copy o statement identifying each separate source remainder of Part D, below.	f your 2013 federal income and amount of income whi	tax return, including all W2's, scheduch exceeds \$1,000, including second	ules, and attachi lary sources of i	ments, OR (2) file a sworn income, by completing the
I elect to file a copy of my 2013 feder [If you check this box and attach a co	al income tax return and all py of your 2013 tax return, y	W2's, schedules, and attachments. you need not complete the remainder	of Part D.]	
PRIMARY SOURCES OF INCOME (See ins				
NAME OF SOURCE OF INCOME EXCEE	···	ADDRESS OF SOURCE OF INC	- I III - I III - I III III III III III	AMOUNT
CSX	500 Wat	500 Water St., Jacksonville, Florida 32202		33,700
Duval County School Board		1701 Prudential Dr, Jacksonville, 32207		37,861
Uretek Holdings	4759 Dra	4759 Drane Field Rd, Lakeland, FL 33811		21,600
SECONDARY SOURCES OF INCOME [Maje			onsee instruction	
NAME OF N. BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	S ADDRESS OF SOURCE	politica de la constanta de la	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
PART E 1	NTERESTS IN SPECIF	TIED BUSINESSES [Instructions	s on page 6	
	SINESS ENTITY # 1	BUSINESS ENTITY # 2		NESS ENTITY # 3
NAME OF				
BUSINESS ENTITY ADDRESS OF				
BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD			E	
I OWN MORE THAN A 5%				
INTEREST IN THE BUSINESS NATURE OF MY				
OWNERSHIP INTEREST	N			
IF ANY OF PARTS A THROUG	H E ARE CONTINUE	ED ON A SEPARATE SHEET,	PLEASE CH	ECK HERE 🔲
ОАТН	CO	ATE OF FLORIDA DUVA		
I, the person whose name appears at the	Sw	orn to (or affirmed) and subscribed be	efore me this \mathcal{D}	HH day of
beginning of this form, do depose on oath o	or affirmation	Juno 2014 by	70 00	
and say that the information disclosed on the	nis form	, 2011 by		1 Sarras.
and any attachments hereto is true, accura	te,	gnature of Notary PublicState of Flo		
and complete.			(Tida)	10
		int, Type, or Stamp Commissioned	ame of Notary P	ublic)
	,			IIE SUSAN COLE
	Pe	rsonally Known OR	Produced Identin	#setion# FF 058880 s November 22, 2017
SIGNATURE OF REPORTING OFFICIAL	OR CANDIDATE Typ	oe of Identification Produced		hru Troy Fain Insurance 800-385-7019
If a certified public accountant licensed un she must complete the following statemen		ney in good standing with the Florid	a Bar prepared	this form for you, he or
I,	, prepar	ed the CE Form 6 in accordance w Upon my reasonable knowledge a	ith Art. II, Sec. 8 nd belief, the di	3, Florida Constitution, isclosure herein is true and
0:			Date	
Signature Preparation of this form by a CPA of	or attorney does not re	elieve the filer of the responsib		he form under oath.
p				

FORM 6 FULL AND PUBLIC DISCL	OSURE	2013
Please print or type your name, mailing address, agency name, and position below:		SE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Fischer, Jason Michael		
MAILING ADDRESS: 2630 Stonegate Dr	COMMISSION ON ETH	IICS
	JUN 3 0 2014	
CITY: ZIP: COUNTY: Jacksonville 32223 Duval	RECEIVED	
NAME OF AGENCY : Duval County School Board	£ 24749	7
NAME OF OFFICE OR POSITION HELD OR SOUGHT : School Board Member - District 7	9	,
CHECK IF THIS IS A FILING BY A CANDIDATE		
PART A NET WORTH	The second secon	
Please enter the value of your net worth as of December 31, 2013, or a more current date. [Not reported liabilities from your reported assets, so please see the instructions on page 3.]	e: Net worth is not calculated by subtracti	ng your
My net worth as of <u>December 31st</u> , 20 <u>13</u> was	\$ 30,300	
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate va following, if not held for investment purposes: jewelry; collections of stamps, guns, and nur furnishings; clothing; other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 22 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction to the personal effects (described above) is \$ 25 Home, 2630 Stonegate Dr Car, Toyota TSP JP Morgan Bank of America	nismatic items: art objects; household eq	
	1.5,553	
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	AMOUNT	OF LIABILITY
Home Loan, 2630 Stonegate Dr	209,000	
Student Loan	23,400	
Car, Toyota	14,000	•
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT	OF LIABILITY

		PART D	INCOME		
You may EITHER (1) file a comple statement identifying each separat remainder of Part D, below.	te copy of your 2013 fed e source and amount of	eral income to income to	ax return, including all W2's, schedules, h exceeds \$1,000, including secondary	and attachn sources of in	nents, OR (2) file a sworn ncome, by completing the
			V2's, schedules, and attachments. ou need not complete the remainder of P	art D.]	
PRIMARY SOURCES OF INCOME	(See instructions on pa	ıge 5):			
NAME OF SOURCE OF INCOM	E EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOME	-	AMOUNT
CSX		500 Water St., Jacksonville, Florida 32202		2	33,700
Duval County School Board		1701 Prudential Dr, Jacksonville, 32207			37,861
Uretek Holdings		4759 Drar	4759 Drane Field Rd, Lakeland, FL 33811 21,600		
SECONDARY SOURCES OF INCO	DME [Major customers, cli	ents, etc., of I	businesses owned by reporting person	see instructio	ns on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
		· · · · · · · · · · · · · · · · · · ·			
ΡΔΓ	T F INTERFSTS II	N SPECIFII	ED BUSINESSES [Instructions on	nage 61	
1735	BUSINESS ENTITY:		BUSINESS ENTITY # 2		NESS ENTITY #3
NAME OF BUSINESS ENTITY	DOGINEOS LIVITITA		BUSINESS ENTITE # 2	1	VESS ENTITE # 5
ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS				<u> </u>	
ACTIVITY			The second secon		MACONO .
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY			A A A A A A A A A A A A A A A A A A A		
OWNERSHIP INTEREST					
IF ANY OF PARTS A TI	HROUGH E ARE CO	ONTINUED	O ON A SEPARATE SHEET, PLE	EASE CHE	CK HERE 🔲
OAT	ГН		TE OF FLORIDA NTY OF <u>DUVAL</u>		
I, the person whose name appear	s at the	Swor	n to (or affirmed) and subscribed before	me this 2	6th day of
beginning of this form, do depose	on oath or affirmation				
and say that the information disclo	sed on this form	77	une , 20 <u>14</u> by <u>Ja</u>	son M.	<u>Fischer</u> .
and any attachments hereto is true	e, accurate,		Rinda S. Nealorce		
and complete.	LINDA S. DEABREU	, ·	ature of Notary PublicState of Florida)		
	Commission # FF 05888 Expires November 23, 20	N17 🗜 — — -	inda S. DeAbreu		
	Bonded Thru Troy Fain Insurance 800-		t, Type, or Stamp Commissioned Name	of Notary Pu	blic)
		Perso	onally Known <u>X</u> OR Prod	uced Identific	cation
SIGNATURE OF REPORTING OF	FICIAL OR CANDIDATE	Туре	of Identification Produced		
A a certified public accountant lice	ensed under Chanter 47	3. or attorney	y in good standing with the Florida Ba	r prepared t	his form for you, he or
she must complete the following s	· ·	-,	, g		,
I,Section 112.3144, Florida Statute correct.	s, and the instructions to	, prepared the form. U	the CE Form 6 in accordance with Ailpon my reasonable knowledge and b	t. II, Sec. 8, elief, the dis	Florida Constitution, closure herein is true and
Signature				 Date	
Signature				Date	