

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

FISCHER, JASON MICHAEL

PROCESSED

247497

MAILING ADDRESS:

2630 Stonegate Drive

HAND DELIVERED

LEGISLATIVE OPERATIONS
SECRETARIAT OF STATE

18 JUN 19 PM 2:58

CITY: ZIP: COUNTY:
Jacksonville 32223 Duval

NAME OF AGENCY:
STATE HOUSE OF REPRESENTATIVES

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
STATE REPRESENTATIVE, DISTRICT 16

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, 2017 was \$ 187,156.

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 \$ See Attachment

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Row 1: See Attachment

PART C -- LIABILITIES

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

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Row 1: See Attachment

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and 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
See Attachment		

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			
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

STATE OF FLORIDA
 COUNTY OF DUAL

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

Sworn to (or affirmed) and subscribed before me this 4 day of

and any attachments hereto is true, accurate, and complete.

LEIMOMI CRUZ MALSPERIS
 Commission # GG 104639
 Expires September 15, 2021
 Bonded Thru Budget Notary Sept 15, 2021
 (Signature of Notary Public--State of Florida)

Personally Known OR Produced Identification

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

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, NICHOLAS T. SIMONIC, 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.

Nicholas T. Simonic
 Signature

6/4/18
 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 A - Net Worth

My networth as of December 31, 2017 is \$187,156

Part B - Assets

Household Goods \$36,000

2630 Stonegate Dr, Jacksonville FL 32223 \$284,452

Thrift Savings Plan - C Fund \$47,799 \$47,799

HNTB Retirement Fund-113 shr Schwab S&P 500 \$4,673

HNTB Ownership Plan-Company Stock \$964

CSX Stock Fund - 1,412.947 Shares \$36,305

Bank of America - Checking \$15,204 \$17,592

Bank of America - Savings \$2,388

Total Assets \$427,785

Part C - Liabilities

Loan Care \$194,175

Navient - Student Loan \$16,355

World Omni Financial Corp \$30,099

Total Liabilities \$240,629

Part D - Income

HNTB \$73,922

State of Florida \$27,169

Total Income \$101,091

12210 Fairfax Town Center, Fairfax VA 22033 \$47,799

4150 Kinross Lakes Pkwy Richfield, OH 44286 \$4,673

4150 Kinross Lakes Pkwy Richfield, OH 44286 \$964

500 Water Street, Jacksonville, FL 32202 \$36,305

1950 N Stemmons Fwy, Dallas, TX 75207 \$17,592

PO Box 8068 Virginia Beach, VA 23450 \$194,175

PO Box 9500 Wilkes-Barre, PA 18773 \$16,355

190 Jim Noran Blvd Deerfield Bch, FL 33442 \$30,099

715 Kirk Drive Kansas City, MO 64105 \$73,922

200 E Gaines St, Tallahassee, FL 32399 \$27,169

\$101,091