

FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2017

FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:

FISCHER JOHN LAVELLE

MAILING ADDRESS:

45 FREELAND LN

PALM COAST FL 32137 FLAGLER

CITY: ZIP: COUNTY:

FLAGLER COUNTY SCHOOL BOARD

NAME OF AGENCY:

SCHOOL BOARD DISTRICT 2

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

RECEIVED

JUN 14 2018

FLAGLER COUNTY
SUPERVISOR OF ELECTIONS

COPY

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 12-31, 2017 was \$ 414,416.

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 \$ 50,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

1A	HOME	45 FREELAND LN	PALM COAST FL	32137	137000
1A	PO BOX	LIFE INS	PO BOX	1492 NEW HAVEN CT	28566
1A	INTL STONE	2 PERIMETER	BIRMINGHAM, AL	35243	27442
1A	INTL STONE (IRA)	2 PERIMETER	BIRMINGHAM, AL	35243	22848
1A	FRS	(IRA) 2300 DISCOVERY LN	PO BOX 95037	ORLANDO FL 32818	12852
1A	WILSON FALCO (IRA)	PO BOX 563969	CHARLOTTE NC	28256	19405
1A	WILSON FALCO (IRA)	PO BOX 563969	CHARLOTTE NC	28256	18123
1A	WILSON FALCO (Both IRAs)	PO BOX 563969	CHARLOTTE NC	28256	19865

PART C — LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

(NONE)

(N/A)

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

(NONE)

(N/A)

ity each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before ing 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.)**

OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
IAL SECURITY	600 WEST MADISON ST CHICAGO, ILL 60661-2474	19680
HTS OF COLUMBUS	P.O. BOX 1492 NEW HAVEN CT 06501	2635

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
		(N/A)	

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
ENTITY			
TY			
NESS		(N/A)	
NA 5% BUSINESS			
EST			

or officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

me appears at the
to depose on oath or affirmation
tion disclosed on this form
eto is true, accurate,

STATE OF FLORIDA
COUNTY OF

fla gler

Sworn to (or affirmed) and subscribed before me this 14th day of

June, 20 18 by John Fischer

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known

Type of Identification Produced

NG OFFICIAL OR CANDIDATE

nt licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, h
ving statement:

_____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true.