

# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

☐ Amendment

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report	Senate Office / Agency in Which Employed
Fischer	Debra S.	2012	United States Senate
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed
825B Hart Senate Office Building Washington, DC 20510	202-224-6551		

## AFTER READING THE INSTRUCTIONS – ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, complete and attach PART I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$350 from one source)? If Yes, complete and attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete & attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, complete and attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, complete and attach PART IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If Yes, complete and attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, complete and attach PART X.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Each question must be answered and the appropriate PART attached for each "YES" response.**

<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div>	<p><b>FOR OFFICIAL USE ONLY</b> Do Not Write Below this Line</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">3 MAR 09 AM 11:00</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SECRETARY OF THE SENATE</p>
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**PART II. EARNED AND NON-INVESTMENT INCOME**

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Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

**Individuals not covered by the Honoraria Ban:**

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1	Sunny Slope Ranch, Inc. (Spouse)	Valentine, NE	Salary	Over \$1,000
2	Nebraska State Senator	Lincoln, NE	Salary	\$12,000
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**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

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**BLOCK A****Identity of Publicly Traded Assets  
And Unearned Income Sources**

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, *CONTENTS OF REPORTS Part B of Instructions*) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or  
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

**BLOCK B****Valuation of Assets**

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

**BLOCK C****Type and Amount of Income****Type of Income****Amount of Income**

		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																						
		At the close of reporting period. If None, or less than \$1,001, Check the first column.										Type of Income							Amount of Income															
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock)					X										X						Example		X										Example	
DC, (S) Keystone Fund						X													X		Example	X											Example	
1	J Wells Fargo (checking)	X												X									X											
2																																		
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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**PART VII. LIABILITIES**

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Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) mortgages on your personal residences unless rented (**except for Senators**); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

Name of Creditor		Address	Type of Liability			Dis Mor		\$10,000	\$15,000	\$50,000	\$100,000	\$250,000	\$500,000	Over \$1,000,000	\$1,000,000	\$5,000,000	\$25,000,000	Over \$25,000,000
Example:	S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			X	E	X	A	M	P	L	E
		(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X	E	X	A	M	P	L
1	J	Wells Fargo	Des Moines, IA	Mortgage on personal residence	2010	4.5%	n/a	15 Year				X						
2	S	Sunny Slope Ranch, Inc	Valentine, NE	Premiums of Split Dollar Life Insurance	1987	N/A		Pay on death of insured				X						
3		Sunny Slope Ranch, Inc	Valentine, NE	Premiums of Split Dollar Life Insurance	1991	N/A		Pay on death of insured				X						
4	J	Sunny Slope Ranch, Inc	Valentine, NE	Promissory Note	2006	6%		On demand			X							
5	J	Cedar Rapids State Bank	Cedar Rapids, NE	Owed by Sunny Slope Ranch to Bank - Personally guaranteed	2005	6%		On Demand							X			
6	J	Farm Credit Services	Valentine, NE	Owed by Sunny Slope Ranch to FCS - personally guaranteed	2003	4.59+		20 Yrs					X					
7	J	J D Credit	Madison, WI	Owed by Sunny Slope Ranch to John Deere Credit	2010	0%		4 Yr		X								
8	J																	
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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**PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT**

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Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

**Exclude:** Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
<b>Example:</b>	National Assn. of Rock Collectors	NY,NY <b>EXAMPLE</b>	Non-profit education	President	6 / 91	Present
	Jones & Smith	Hometown, USA <b>EXAMPLE</b>	Law Firm	Partner	7 / 96	11 / 1X
1	Board of Directors of the Nebraska Public Leadership Foundation	Lincoln, NE	Non-profit education	Board Member	8/11	11/12
2	Sunny Slope Ranch, Inc	Valentine, NE	Family Ranch	Board Member	1/86	12/12
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Compensation in excess of \$200 from any position must be reported in Part II.



SECRETARY OF THE SENATE  
13 MAY 15 AM 11:00

May 10, 2013

Secretary of the Senate  
Office of Public Records  
Room 232  
Hart Senate Office Building  
U.S. Senate  
Washington, DC 20510

Madam Secretary:

Enclosed is the United States Senate Financial Disclosure Report for Nebraska Senator Debra S. Fischer for 2012.

If you have any questions, feel free to contact me at 402-483-7512.

Sincerely,

DEB FISCHER FOR U.S. SENATE, INC.

James D. Watts, CPA/President

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