UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

Amendment											
Last Name	First Name and Middle Init	tial	•	Annual Report							
Fischer	Debra S.			Calendar Year Covered by Report 2012	Senate Office / Agency in Which Employed United States Senate		v. v. 2				
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone I	Number (Inci	lude Area Co	(e) Termination Report	Termination Report						
825B Hart Senate Office Building Washington, DC 20510	202-224-6551			Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed						
AFTER READING THE INSTRUCT	TIONS – ANSW	ER EA	CH O	F THESE QUESTIONS A	ND ATTACH THE RELEV	ANT P	ART				
		YES	NO			YES	NO				
Did any individual or organization make a donation to paying you for a speech, appearance, or article in the If Yes, complete and attach PART I.	,		X	Did you, your spouse, or dependent reimbursements for travel in the reposition of the source of the second stack of the second			X				
Did you or your spouse have earned income (e.g., sale investment income of more than \$200 from any report reporting period? If Yes, complete and attach PART II.		X		Did you, your spouse, or dependent (more than \$10,000) during the report of Yes, complete and attach PART V	orting period?	X					
Did you, your spouse, or dependent child hold any rep more than \$1,000 at the end of the period, or receive of investment income of more than \$200 in the reporting If Yes, complete & attach PART IIIA and/or IIIB.	unearned or	X		Did you hold any reportable position current calendar year? If Yes, complete and attach PART V	s on or before the date of filing in the	X					
Did you, your spouse, or dependent child purchase, so reportable asset worth more than \$1,000 in the reporting of the second sec			X	Do you have any reportable agreementity? If Yes, complete and attach PART IX			X				
Did you, your spouse, or dependent child receive any reporting period (i.e., aggregating more than \$350 and exempt)? If Yes, complete and attach PART V.			X	If this is your FIRST Report: Did you \$5,000 from a single source in the two If Yes, complete and attach PART X	u receive compensation of more than wo prior years?		X				
Each question must b	e answered ar	nd the	appro	priate PART attached for	r each "YES" response. 🥫	CRET					
					FOR OFFICIAL Do Not Write B	_					

00000622641

Reporting Individual's Name	lual's Name				Page Number
Debra S. Fischer		PARTI	I. EARNED AND NON	I-INVESTMENT INCOM	E 2

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		Add	dress (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	EXAMPLE	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	EXAMPLE	Salary	Over \$1,000
1 Sunny	Slope Ranch, Inc. (Spouse)	Valentine, NE		Salary	Over \$1,000
2 Nebra	ska State Senator	Lincoln, NE	•	Salary	\$12,000
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13		,			

00000622642 Reporting Individual's Name Amendment PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES Debra S. Fischer **BLOCK A BLOCK B BLOCK C** Valuation of Assets Type and Amount of Income Identity of Publicly Traded Assets **And Unearned Income Sources** At the close of reporting period. If None, or less than \$1,001, Report the complete name of each publicly Check the first column. traded asset held by you, your spouse, or Type of Income Amount of Income 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

Actual \$1,001) - \$50,000,000 Excepted Investment Fund Other Amount \$25,000,000 (2) generated over \$200 in "unearned" - \$5,000,000 \$5,000,000 \$1,000,000 \$100,001 - \$1,000,000 income during the reporting period. Required \$250,001 - \$500,000 - \$250,000 Qualified Blind Trust \$100,000 \$100,000 Include on this PART IIIA a complete Over \$1,000,000*** (Specify Type) - \$50,000 - \$50,000 None (or less than None (or less than Over \$1,000,000** \$15,000 \$15,000 \$5,000,000 identification of each public bond, mutual "Other" \$5,000 \$1,001 - \$2,500 Excepted Trust - \$1,000 Specified Capital Gains fund, publicly traded partnership interest, \$5,000,001 -\$25,000,001 \$1,000,001 \$1,000,001 Dividends excepted investment funds, bank \$500,001 \$100,001 \$5,001 -\$15,001 \$15,001 \$50,001 \$50,001 Interest \$1,001 \$2,501 accounts, excepted and qualified blind None \$201 Rent trusts, and publicly traded assets of a retirement plan. X IBM Corp. (stock) Example Example Example: DC, Example (S) Keystone Fund Example Wells Fargo (checking)

Page Number

3

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.

1 **J**

	000006	22643										-			•																					
Repo	orting Individual's Name	☐ Amendment	_		- 11					~ 11	1						_ ,		~ ==			-	- 4.												Par	ige Number
D	Debra S. Fischer		۲ <i>/</i>	AK] [[IB.	N	101	N-r	'Ut	3L1	CL.	Υı	[R/	AU)El) F	15	SE	TS	1A	4D	Ur	NEARN	łĘL) 11	1C(ЭM	E	50 1	UR	CE	.S			4
Rep		Publicly Traded ed Income Sources ress (city, state and			At	t the d	luat close ne, o		repor	Ass orting an \$1	perio 1,001	od.									- 1 ,			ype and			K C	of I				- 1-				
you	ur spouse, or your d	dependent child (See					 			_				_	╬	_	$\overline{}$	┽	ype T	OT	f Inc	;om	le		┞			_	Am	iour	nt o	of In	TOOI	me T		
Inst or ir bus (1 (2 Incl und the ass	tructions) for the pro- investment in a <u>non-</u> siness which: 1) had a value exce- close of the reporti 2) generated over \$1 income during the lude the above report	eding \$1,000 at the ing period; and/or 200 in "unearned" reporting period. ort for each this not incidental to Publicly traded	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	\$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,000	Nland	6	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	/er \$5,000,000	Actual Amount Required if "Other" Specified
Exa	imple: DC, Wash DC					х										<u> </u>	×			!				Example		х										Example
F		nov Slone Ranch, Inc. Stock	-	-	—	—	X	 	 '	 '		 	_	_	₩	4	+	-	 		\longrightarrow	\dashv		Example	Х				—	'	<u></u>		₩		<u></u> '	Example
1 S	S Valentine, NE	iny Slope Ranch, Inc. Stock								X					×	۲									×										1	
2	513.35 Shares Sunr Valentine, NE	ny Slope Ranch, Inc. Stock									×				×		T								×											
3 S	Jackson Life flexible	e premium deferred Annuity -			×										×										×											
4	Jackson Life flexible IRA	e premium deferred Annuity -			×										×	?									×											
5 S	Ohio Life Splif	t Dollar Life Insurance					×								×										×											
6	Lincoln Liberty Split (previously reported	t Dollar Life Insurance d as Ohio Life)					×								×	٢									×											
7 J	Rocky Ford	Land - Valentine NE			×										×	,									×											
8	***Note - 2011 re	eport included Prairie Club																																		
9	Membership, this	s is not an investment and														T	T						,	1												
10	should not be reporte	ed therefore it is not on this report	,														1	1							\prod											
EXEN	APTION TEST (see instructions category applies only if	ctions before marking box): If the asset is/was held indeper	you i	omitte	ed an	ny as: spou	set b	n det	use it pend	. mee ent c	ts th	e thre	ee-p:	art te set is	est fo	or ex s eitl	kem her l	ptior held	n des by t	scrib he fil	ed in ler or	the i	instru Ily he	uctions, ple ald, use the	ase	checi er cat	k box tegor	to ti	he riç of val	jht. ue, a	s ap	prop	riate			

Reporting In	ndividual's	Name Amenda	nent			_									F	Page Nu	ımber		
Debra	S. Fis	cher		PART V	II. LI	ABILI'	TIES										5	;)	
•									(Cat	ego	ry c	f A	moi	unt	of V	alue	= (x	
p.3, CO time dua reportin rented (furniture	NTEN ring the g perion except e or ap	TS OF REPORTS, e reporting period. od. Exclude: (1) mo t for Senators); (2 pliances; and (3) lia	Part B of Instruction Check the highest a ortgages on your per loans secured by a	use, or dependent child (See is), to any one creditor at any amount owed during the sonal residences unless automobiles, household ain relatives listed in charge accounts.	Date Incurred	Interest Rate	scount Points Paid for tgage (Senators Only)	Term if Applicable	001 - \$15,000	001 - \$50,000	001 - \$100,000	001 - \$250,000	001 - \$500,000	001 - \$1,000,000	\$1,000,000***	0,001 - \$5,000,000	,001 - \$25,000,00	000,000, - \$50,000,000	550.000.000
	Name (of Creditor	Address	Type of Liability			Dis		\$10,0	\$15,0	\$50,0	\$100,	\$250,	\$500	Over	\$1,00		\$25,0	
Example	S, e: DC.	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			Х		Ε	X	Α	M	Р		Ε
	or J	(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X	Е	X	Α	М	Р	L	E
1 J	Wells	Fargo	Des Moines, IA	Mortgage on personal residence	2010	4.5%	n/a	15 Year				×	:						
2 S	Sunn	y Slope Ranch, Inc	Valentine, NE	Premiums of Split Dollar Life Insurance	1987	N/A		Pay on death of insured				×							
3	Sunn	y Slope Ranch, Inc	Valentine, NE	Premiums of Split Dollar Life Insurance	1991	N/A		Pay on death of insured				×							
4 J	Sunn	y Slope Ranch, Inc	Valentine, NE	Promissory Note	2006	6%		On demand			×							\exists	
5 J	Cedai	Rapids State Bank	Cedar Rapids, NE	Owed by Sunny Slope Ranch to Bank - Personally guaranteed	2005	6%		On Demand								×			
6 J	Farm	Credit Services	Valentine, NE	Owed by Sunny Slope Ranch to FCS - personally guaranteed	2003	4.59+		20 Yrs						×					
7 J	Jidc	redit	Madison, WI	Owed by Sunny Slope Ranch to John Deere Credit	2010	0%		4 Yr		X								\Box	
8 J				-															
9																	\neg	\exists	
10												_					$\overline{}$	寸	
11							, <u>. </u>										\top	\dashv	
12	<u>-</u>																+	十	
EXEMPTIO	<u></u>				L	!					<u> </u>	:							_

00000622645

Reporting Individual's Name	Amendment
Debra S. Fischer	

PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Page Number

6

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.

	N	ame of Organization	Address (City, S	State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Ε,	cample:	National Assn. of Rock Collectors	NY,NY EXAMPL	.E	Non-profit education	President	6/91	Present
		Jones & Smith	Hometown, USA EXA	MPLE	Law Firm	Partner	7/96	11 / 1X
1	Board of Dir	ectors of the Nebraska Public Leadership Foundation	Lincoln, NE		Non-profit education	Board Member	8/11	11/12
2	Sunny S	Slope Ranch, Inc	Valentine, NE		Family Ranch	Board Member	1/86	12/12
3								
4						- · · · · · · · · · · · · · · · · · · ·		
5								· " · · · · · · · · · ·
6								
7								
8								
9								
10								
11			•					
12								
13								

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 Debra S. Fischer for 2012. Senate Financial Disclosure Report for Nebraska Senator

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

Sincerely,

DEB FISCHER FOR JUS. SENATE, INC.

James D. Watts, CPA/President