

# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS

Last Name	First Name and Middle Initial	New Employee Report Date of Employment (mm/dd/yy):	Senate Office / Agency in Which Employed
Fischer	Debra S		
Senate/Candidate Office Address (Number, Street, City, State, and ZIP)	Senate/Candidate Office Telephone No.	Candidate Report Commencement of Candidacy (mm/dd/yy):	State in which you are a candidate
1620 N St., Lincoln, NE 68508	402-742-0084	07/11/11	Nebraska


## AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

	YES	NO		YES	NO
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 hold any reportable positions during the reporting period? If Yes, Complete and Attach PART VIII.	<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 and Attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have any reportable agreement or arrangement with an outside entity on the filing date? If Yes, Complete and Attach PART IX.	<input type="checkbox"/>	<input checked="" 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 receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, Complete and Attach PART X.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4, § 104, and 18 U.S.C. § 1001.)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		4/24/2012
<b>For Official Use Only - Do Not Write Below This Line</b>		
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)

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Reporting Individual's Name

Débra S. Fischer

**PART II. EARNED AND NON-INVESTMENT INCOME**

Page Number

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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 <i>Example</i>	Salary <i>Example</i>	\$15,000
	MCI (Spouse)	Arlington, VA <i>Example</i>	Salary <i>Example</i>	Over \$1,000
1	Sunny Slope Ranch, Inc. (spouse)	Valentine, NE	Salary	Over \$1,000
2	Sunny Slope Ranch, Inc (Personal)	Valentine, NE	Salary	\$0.00
3	Nebraska State Senator	Lincoln, NE	Gross Annual Salary	\$12,000
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Reporting Individual's Name

Debra S. Fischer

**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

Page Number

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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**

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

		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
Example:	S, DC, or J				X										X							Example		X										Example
	(S)					X												X				Example	X											Example
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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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Reporting Individual's Name

Debra S. Fischer

**PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

Page Number

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**BLOCK A****Identity of Non-Publicly Traded Assets and Unearned Income Sources**

Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a non-public trade or business 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 the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.

**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**

		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
Example:	S, DC, or J				X										X							Example	X										Example	
	JP Computer, Software Design, Wash DC																					Example											Example	
	Undeveloped land, Dubuque, Iowa					X								X								Example	X										Example	
1	S								X					X									X											
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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

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; (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			T	\$10,00	\$15,00	\$50,00	\$100,0	\$250,0	\$500,0	Over \$	\$1,000	\$5,000	\$25,00	Over \$
Example: S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	25yrs			X		E	X	A	M	P	L	E
	(J) John Jones	Wash., DC	Promissory Note	2000	10%	On dmd				X	E	X	A	M	P	L	E
1	S Sunny Slope Ranch, Inc.	Valentine, NE	Premiums of Split Dollar Life Insurance	1987	N/A	Pay on Death of Insured				X							
2	Sunny Slope Ranch, Inc.	Valentine, NE	Premiums of Split Dollar Life Insurance	1991	N/A	Pay on death of insured			X								
3	J Sunny Slope Ranch, Inc.	Valentine, NE	Promissory Note	2006	6%	On Demand			X								
4	J Cedar Rapids State Bank	Cedar Rapids, NE	Owned by Sunny Slope to Bank - Personally Guaranteed	2005	6%	On Demand								X			
5	J Farm Credit Services	Valentine, NE	Owed by Sunny Slope Ranch to FCS - Personally Guaranteed	2003	4.59%	20 Yrs+						X					
6	J JD Credit	Madison, WI	Owed by Sunny Slope Ranch to John Deere Credit	2008	2.9%	5 yr		X									
7	J JD Credit	Madison, WI	Owed by Sunny Slope Ranch to John Deere Credit	2010	0%	4 yr		X									
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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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Reporting Individual's Name

Debra S. Fischer

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

Page Number

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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)
Example:	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	Present
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Compensation in excess of \$200 from any position must be reported in Part II.

**PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Debra S. Fischer

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**FIRST TIME FILERS ONLY:**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties
Example:	Jones & Smith	Hometown, TX	Legal Services <b>EXAMPLE</b>
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction <b>EXAMPLE</b>
1	Nebraska Legislature	Lincoln, NE	Legislative Services
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