CANDIDATE OATH SCHOOL BOARD NONPARTISAN OFFICE

Check box *only* if you are seeking to qualify as a write-in candidate:

Write-in candidate

2022 JUN 13 PM 12: 00

BROWARD COUNTY SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

(Section	99.021(1)(a) and 105.031, Flor	ida Statutes)	
I, Allen Zeman			
(Print name above as you wish it to app hyphen, check box [] (see page 2 - C Although a write-in candidate's name is n	Compound Last Names). No	o change can be made after the	end of qualifying.
am a candidate for the nonpartisan office of	Broward County	School Board	,
		(Office)	(District #)
(Circuit #) , (Group or Seat #) ; I am a	qualified elector of Brow	ard	County, Florida;
I am qualified under the Constitution and the have qualified for no other public office in office I seek; and I have resigned from any Statutes; and I will support the Constitution	the state, the term of which y office from which I am re	n office or any part thereof runs quired to resign pursuant to Sec	concurrent with the tion 99.012, Florida
Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.			
Candidate's Florida Voter Registration Number (located on your voter information card): 122320493			
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] Allen Zee-man			
X Allin R. Zimesignature of Candidate 3200 NE 19th St	(954) 758-8556 Telephone Number Fort Lauderdale	allenzeman@electal Email Addre	33305
STATE OF FLORIDA COUNTY OF PROMISE		State ture of Notary Public type, or Stamp Commissioned Name of Notary	ZIP Code otary Public below:
Sworn to (or affirmed) and subscribed before me online notarization \(\sum OR \) physical produced light (b) \(\sum OR \) Personally Known \(\sum OR \) Produced light (b) \(\sum OR \) Produced light (c) \(\sum OR \) Produced (c) \(\sum OR \) Type of Identification Produced:	resence , 20 <u>2</u> 2.	CLAUDETTE HAMILTON Commission # GG 303995 Commission Expires 02-20-20; Bonded Through - Cynanotan Florida - Notary Public	

Candidate Oath

FORM 6 FULL AND PUBLIC DISC	LOSURE	2021
Please print or type your name, mailing address, agency name, and position below:	RESTS	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:		
ZEMAN, Allen Ridgdill MAILING ADDRESS:	2022 JUN -8	3 PM 2: 45
3200 NE 19 ST	20084	r. commercial
	SUPERVISOR	D COUNTY OF ELECTIONS
CITY: ZIP: COUNTY:		
Ft. Lauderdale FL 33305		
NAME OF AGENCY: Broward County School Board		
NAME OF OFFICE OR POSITION HELD OR SOUGHT:		
School Board Member, District 8		
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, 2021 or a modulated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, s		
My net worth as of $\frac{12/31}{}$, 20 $\frac{21}{}$ was s	\$10,141,210	
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate following, if not held for investment purposes: jewelry; collections of stamps, guns, and furnishings; clothing; other household items; and vehicles for personal use, whether owned	numismatic items; art	
The aggregate value of my household goods and personal effects (described above) is \$ _		77,000.00
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instru	ctions n 4)	VALUE OF ASSET
Center for Human Capital Innovation, Inc.	otiono p.4)	\$ 4,000,000
Fidelity Investment Account	•	\$ 2,779,000
Property at 3200 NE 19 ST, Ft Lauderdale, FL 33305		\$ 1,625,000
Cash		\$ 1,035,000
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	•	AMOUNT OF LIABILITY
Shellpoint Mortgage, PO Box 10826, Greenville, SC 29603		\$ 868,000
US Bank, PO Box 21948, Eagan, MN 55121		\$ 352,018
WellsFargo Bank, PO Box 14411, Des Moines, IA 50306		\$ 211,772
LOWE AND OF VERM AND DEPOSITED ADDVE		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		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 2021 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.					
			's, schedules, and attachments. need not complete the remainder of Pa	rt D.]	
PRIMARY SOURCES OF INCOM		ige 5):			•
NAME OF SOURCE OF INCOM		2200 NE 1	ADDRESS OF SOURCE OF INCOME	-	AMOUNT
Center for Human Capital	Center for Human Capital Income (CHCI) 3200 NE 19 ST, Ft Lauderdale, FL 33305 \$ 306,538.32			\$ 306,538.32	
NAME OF	NAME OF MAJOR	SOURCES	isinesses owned by reporting persons	, 1	PRINCIPAL BUSINESS
BUSINESS ENTITY CHCI	OF BUSINESS' INCOME Department of the Navy 10		OF SOURCE 1000 Navy Pentagon, Wash DC 2035		ACTIVITY OF SOURCE
CHCI	PBDC	•	3215 W State St #300, Milwaukee, WI 5320		nment Contracting
		N SPECIFIE	D BUSINESSES [Instructions on]		
14	BUSINESS ENTITY:		BUSINESS ENTITY # 2	0 .	NESS ENTITY # 3
NAME OF BUSINESS ENTITY	4				•
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 - '	ΓRAINING		
This section applies only to of	ficers required to comple		ics training pursuant to section 112	3142, F.S.	[See instructions p. 6]
	CERTIFY THAT I H	AVE COM	PLETED THE REQUIRED T	RAINING	3 .
OA	rH		OF FLORIDA		
		COUNT	to (or affirmed) and subscribed before it		ne of
I, the person whose name appea beginning of this form, do depose			sical presence or and online notarization		day of
and say that the information discl		7	we , 2022 by An	. 7	Lanca
and any attachments hereto is tru	ue, accurate,		2022 07 131		-CIVIQVI
and complete.		(Signat	ure of Notary Public-State of Florida)		
CLAUDETTE HAMILTON					
Wo, 113		(Print, 7	Type, of Seminosoft Commission Expire	G 803995 Pul s 02-20-2023	(C) +
Maria of the same	ESIGNAL OR CAMPIDATE	Person	The second	Caragelanic	ation
SIGNATURE OF REPORTING O	FFICIAL OR CANDIDATE		Identification reduced	0	<u> </u>
If a certified public accountant li	censed under Chapter 47	3, or attorney	in good standing with the Florida Ba	r prepared	this form for you, he or
she must complete the following	statement:				
I, Section 112.3144. Florida Statut	es, and the instructions t	, prepared to the form. Up	the CE Form 6 in accordance with Ar oon my reasonable knowledge and be	t. II, Sec. 8 elief, the dis	, Florida Constitution, sclosure herein is true
and correct.					
Signature	•			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 T	HROUGH E ARE CO	ONTINUED	ON A SEPARATE SHEET, PLE	ASE CHE	CK HERE 🔽

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET	VALUE OF ASSET
Sailing the Seven Z's, Inc.	\$ 808,000
Property at 3206 NE 19 ST, Ft Lauderdale, FL 33305	\$ 800,000
Property at 501 Slater's Lane, Unit 1116, Alexandria, VA 22314	\$ 412,000
Accenture Retirement Account	\$ 27,000

2022 JUN -8 PM 2:49

BROWARD COUNTY SUPERVISOR OF ELECTIONS

RECEIVED FROM THE N	June 8, 2022 No. 279162 Zernan \$1887.56
OFOR RENT QUALIFIC	gut Hondred Egyny Sen DOLLARS
ACCOUNT 1980 CASH PAYMENT 1887 56 MONEY ORDER CREDIT CARD	DEPUTY OF SUPERVISOR OF ELECTIONS TO BY 3-11