

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
ZEMAN, Allen Ridgdill

MAILING ADDRESS:
3200 NE 19 ST

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

2022 JUN -8 PM 2:45

BROWARD COUNTY
 SUPERVISOR OF ELECTIONS

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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, 20 21 was \$ 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 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 \$ 77,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Center for Human Capital Innovation, Inc.	\$ 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

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.

I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Center for Human Capital Income (CHCI)	3200 NE 19 ST, Ft Lauderdale, FL 33305	\$ 306,538.32

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
CHCI	Department of the Navy	1000 Navy Pentagon, Wash DC 20350	National Defense
CHCI	PBDC	3215 W State St #300, Milwaukee, WI 53208	Government Contracting

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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 - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Broward
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 8 day of

June, 2022 by Allen Zeman
 (Signature of Notary Public--State of Florida)

Allen R Zeman
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

CLAUDETTE HAMILTON
 (Print, Type, or Stamp Commission Expires 02-20-2023)
 Personally Known Bonded Through Cyanotary Florida - Notary Public
 Type of Identification Produced FLDL

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure 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 THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK 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

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BROWARD COUNTY
SUPERVISOR OF ELECTIONS

RECEIPT		DATE <u>June 8, 2022</u>	No. <u>279162</u>
RECEIVED FROM <u>Allen Zeman</u>		\$ <u>1887.56</u>	
<u>One Thousand Eight Hundred Eighty Seven</u>		<u>56/100</u> DOLLARS	
<input type="radio"/> FOR RENT		<input checked="" type="radio"/> <u>Qualifying Fee</u>	
ACCOUNT	<u>#99800</u>	<input type="radio"/> CASH	DEPUTY OF SUPERVISOR OF ELECTIONS
PAYMENT	<u>1887.56</u>	<input checked="" type="radio"/> CHECK	
BAL. DUE	<u>—</u>	<input type="radio"/> MONEY ORDER <input type="radio"/> CREDIT CARD	
		FROM	TO
		BY	<u>[Signature]</u>