

## FORM 6

FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS

2021

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Zimmer Christie

MAILING ADDRESS:

P. O. Box 2144

3615 Pinecone Ct., Land O Lakes, FL 34639

CITY :

ZIP :

COUNTY :

Land O Lakes

34639

Pasco

NAME OF AGENCY :

Pasco County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner District 2

CHECK IF THIS IS A FILING BY A CANDIDATE ☒RECEIVED  
22 JUN 15 AM 9:31  
SUPERVISOR OF ELECTIONS  
LAND O' LAKES, FLORIDA

## 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 June 6, 20 22 was \$ 526,684.

## 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 \$ 107,000

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

3615 Pinecone Ct., Land O Lakes, FL 34639

\$365,000

Autos: 2009 Mitsubishi Lancer \$5,000 2008 Nissan Xterra \$5,000

\$10,000

Centennial Bank Personal Account

\$4,891

Centennial Bank F.R.O.G. Realty Pros LLC

\$43,793

Loan to campaign

\$10,000

## PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Small Business Administration, 2 North 20th St Ste 320, Birmingham, AL 35203

\$14,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

# 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
F.R.O.G. Realty Pros LLC	P. O. Box 2144, Land O Lakes, FL 34639	\$20,100
Camp Idlewild of Florida Inc.	7602 Henry Dr., Land O Lakes, FL 34638	\$ 1,600

## 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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	F.R.O.G. Realty Pros LLC		
ADDRESS OF BUSINESS ENTITY	P. O. Box 2144, Land O Lakes, FL 34639		
PRINCIPAL BUSINESS ACTIVITY	Real Estate sales		
POSITION HELD WITH ENTITY	Broker Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	100% Owner		

# 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.

*Christie Zimmer*  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
COUNTY OF

Pasco

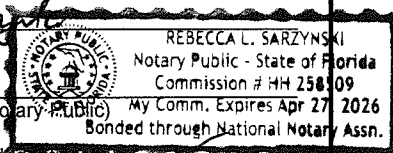
Sworn to (or affirmed) and subscribed before me by means of  
☒ physical presence or ☐ online notarization, this 15<sup>th</sup> day of

June, 2022 by Christie Zimmer  
Rebecca L Sarzynski  
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public) My Comm. Expires Apr 27, 2026

Personally Known \_\_\_\_\_ OR Produced Identification ☒

Type of Identification Produced FL DL



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, Christie Zimmer, 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 ☐