

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2005

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Zimmer Christie

MAILING ADDRESS:

P.O. Box 2144

Land O' Lakes Fla 34639 Pasco

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

Pasco County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner Dist 2

ID Code

ID No.

Conf. Code

P. Req. Code

SUPERVISOR OF ELECTIONS
 LAND O' LAKES, FLORIDA

05 JUL 20 PM 5:24

RECEIVED

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, 2005, 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 December 31, 2005 was \$ 242,300.⁰⁰

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.

The aggregate value of my household goods and personal effects (described above) is \$ 60,000.⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence @ 3615 Pinecone Ct Land O' Lakes, Fla 34639	265,000. ⁰⁰
Pitney Bowes PO Box 43081, Providence, RI 02940 (Stock)	4,500. ⁰⁰
Fidelity Investments, PO Box 77000/Cincinnati, OH 45277 (Stock)	2,800. ⁰⁰

PART C — LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Schools Federal Credit Union 1037 Callier Parkway Lutz, Fla 33549	90,000. ⁰⁰

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2005 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2005 federal income tax return. [If you check this box and attach a copy of your 2005 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
F.R.O.G. Realty Inc.	P.O. Box 2144, Land O' Lakes, Fla	21,000. ⁰⁰

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA	/	/	/

PART E -- INTERESTS IN SPECIFIED BUSINESSES

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

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

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 J Zimmer
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Pasco

Sworn to (or affirmed) and subscribed before me this 20 day of

July, 2006 by Christie J Zimmer

Eval Hardy
 (Signature of Notary Public - State of Florida)
EVAL HARDY
 MY COMMISSION # DD425550
 EXPIRES: May 04, 2009
 1-800-2-NOTARY FL. Notary Disc. Assoc. Co.

(Print, type, or stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced FDV 2560 110 618501

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
 OTHER FORMS you may need to file are described on page 6.