

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:

2022 JUN 15 AM 11:15

SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER

LAST NAME — FIRST NAME — MIDDLE NAME:

Zimmermann Carl Frederic

MAILING ADDRESS:

2160 Vance Ave.

CITY :
Palm HarborZIP :
34683COUNTY :
PinellasNAME OF AGENCY :
Pinellas County School BoardNAME OF OFFICE OR POSITION HELD OR SOUGHT :
School Board Member District 3 at largeCHECK 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 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 14, 2022 was \$ 596,944.66

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 \$ 25,000 (50% of joint ownership)

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence 2160 Vance Ave. Palm Harbor 34683 (owned jointly with spouse. reporting 50%)	325,000.00
1974 Bricklin car (100%)	25,000.00
2021 Chevrolet Bolt Premier (100%)	28,000.00
(See additional attached)	

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage with Achieva Credit Union on residence (50%)	(144,716.51)
33715 US Hwy 19 N Palm Harbor FL 34684	

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 2021 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
Social Security	1100 West High Rise 6401 Security Blvd Baltimore, Md 21235	26,664.00
FRS Pension	FRS Dept. of Management Services Div of Retirement PO Box 9000 Tallahassee, FL 32315	26,091.84

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	N/A		
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.

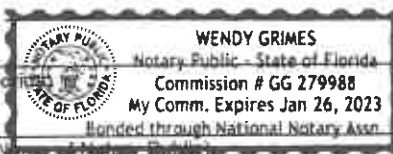
OATH

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 Pinellas

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 15 day ofJune, 20 20 byWendy Grimes
(Signature of Notary Public—State of Florida)

(Print, Type, or Stamp Commissioned Notary Public Name and Notary Seal)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 ☒

Carl Zimmermann Form 6 attachment

June 2022

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Assets (continued)

SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER

Vacant Land 8196 S. Hamilton Rd. Earlville NY
(Owned with siblings, 20%)

8000.00

Savings account Achieva Credit Union (50%)

14,773.75

Equi-vest Annuity (Equitable)

PO Box 4956 Syracuse NY 13221-4956

133,564.49

American National Ins Co. (annuity)

One Moody Plaza Galveston, Tx 77550

168,144.60

Metlife Life Insurance Johnstown, PA

Net cash surrender value

15,076.92

BrightHouse Life Insurance Nashville Tenn.

Net cash surrender value

4,352.96