

**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS**

**RECEIVED 2017**

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

**FOR OFFICE USE ONLY:**

2018 JUN 18 PM 12:05

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

LAST NAME — FIRST NAME — MIDDLE NAME:

Zimmermann, Carl Frederic

MAILING ADDRESS:

2160 Vance Ave

CITY :

Palm Harbor

ZIP :

34683

COUNTY :

Pinellas

NAME OF AGENCY :

Pinellas County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

School Board Member Seat 3

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, 2017 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 March 1, 20 18 was \$ 507,796.07

**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 \$ 35,000

**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	350,000.00
5.59 acres of 26.14 jointly owned acres at 100A S. Hamilton Rd., Earlville, NY	6000.00
Vehicles: 2017 Chevy Volt (28K), 2002 Expedition (2K)	30,000.00
403B retirement account Equi-Vest PO Box 4956 Syracuse NY 13221-4956	276,072.45

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage Achieva Credit Union 12580 Seminole Blvd. Largo, Fl 33778	\$174933.38
GM Financial PO Box 78143 Phoenix Az 85062-8143	\$27712.86
American Express (Blue) PO Box 650448 Dallas Tx 75265-0448	\$5587.81
American Express (Gold) PO Box 650448 Dallas Tx 75265-0448	\$762.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>N/A</u>	

**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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2017 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 <sup>Baltimore</sup> 21235	\$2135.00 mo
Florida Division of Retirement	1317 Winewood Blvd #8, Tallahassee, FL 32399	\$2033.92 mo

**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			

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**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 this 11 day of

June, 2018 by Carl Zimmermann

Wendy Grimes  
 (Signature of Notary Public—State of Florida)

**Wendy Grimes**  
**NOTARY PUBLIC**  
**STATE OF FLORIDA**

Wendy Grimes  
 (Print, Type, or Stamp Commissioned Name) Public # FF192663

**Expires 1/26/2019**

Personally Known \_\_\_\_\_ OR Produced Identification X

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced Driver License

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**

Additional Assets for Carl Zimmermann running for  
Pinellas County School Board Seat 3

**PART B - ASSETS**

<u>DESCRIPTION OF ASSET</u>	<u>VALUE OF ASSET</u>
Savings account Achieva Credit Union	\$12,069.67
Checking account Achieva Credit Union	\$7650.00

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ELECTION SERVICE CENTER