FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2018

FOR OFFICE USE ONLY:
FLORIDA COMMISSION ON ETHICS
JUN 24 2019
RECEIVED

********AUTO**ALL FOR AADC 328 T5 P1 90 703
Jay Zembower
Commissioner District 2
Seminole County
Elected Constitutional Officer
3771 Eagle Preserve Pt
Sanford, FL 32773-4347

PROCESSED

ID Code

ID No. 261726

Conf. Code

Zembower, Jay

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, 2018 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 1, 20 19 was $ 4,432,767.72.

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 $ 325,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2490 CR 419 Chuluota, FL	395,000.00
3771 Eagle Preserve Point, Sanford, FL	215,000.00
627 Big oak Blvd Chuluota	75,000.00
2046 CR 216 Clanton Alabama	585,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo P.O. Box 14411 Des Moines Iowa	198,000.00
First South Farm Credit 1434 Univ Ave Ozark AL	252,612.32

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BB&T P.O. Box 58022 Charlotte N.C. 28258	30,208.21
Suntrust 205 Semoran Blvd, Fern Park FL 32730	26,201.54

(Continued on reverse side)

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 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
Frank Crum 2 INC.	100 S. Missouri Ave Clermont FL	$8,044.08
Seminole County BoCC	1101 E. 1st Street Sanford, FL	$3,550.37

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

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

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me this 20th day of June, 2019 by W. Jay Zembower.

Lori A Forrest
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ OR Produced Identification

Type of Identification Produced

Notary Public State of Florida
Lori A Forrest
My Commission FF 993138
Expires 07/09/2020

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 ☐

FORM 6 Supplement

2019

William Jay Zembower

Assets:

956 East Altamonte Drive, Altamonte Springs, Florida 32701	$1,500,000.00
Vanguard Investments 455 Devon Park Drive Wayne, PA 19087-1815	$783,679.18
Vanguard Brokerage 455 Devon Park Drive Wayne, PA 19087-1815	$257,687.66
American Funds P.O. Box 1148 Norfolk VA	$26,052.09
Suntrust Bank Acct	$40,987.18
Suntrust Bank Acct	$11,224.83
BB&T Bank Acct	$22,016.34
Central Florida Educators Credit Union	$ 3142.51

Income

First South Farm Credit	1434 Union Ave Ozark, Alabama	$2,628.42