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:
Zembower William Jay

MAILING ADDRESS:
956East Altamonte Dr

CITY: Altamonte Springs ZIP: 32701 COUNTY: Seminole

NAME OF AGENCY:
Seminole County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
District 2 Commissioner

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PROCESSED

FLORIDA COMMISSION ON ETHICS
JUN 15 2022
RECEIVED

2617216

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 April 20, 20 22 was $ 5,755,835.05.

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 $ $590,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
1018 Pebble Beach Cr. Winter Springs,FL 32708	$385,000.00
2046 CR216 Clopton,AL 32710	$725,000.00
127 Big Oak Bend, Chuluota,FL 32766	$800,000.00
411 Lighthouse Dr. Palm Beach Gardens,FL 33410	$550,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo PO Box 14811 DesMoines IA	$117,938.42
First South Farm Credit 1434 Union Ave Ozark, AL	$228,822.15
Select Portfolio Svcs PO Box 65250 Salt Lake City UT	$393,456.81
Suntrust 205 Semoran Blvd Fern Park, FL 32730	$15,294.47

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Credit Union PO Box 11904 Tampa FL 33680	$26,630.32
NDCC Dept 15129 Palentine IL 60045	$6,259.14
Vystar Credit Union PO Box 45085 Jacksonville, FL	$42,642.07

(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 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
Frank Crum 2 Inc	100 S. Missouri Ave, Clerawater,FL	$88,042.24
Seminole County BCC	1101 East First Street,Sanford, FL	$82,771.76

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	Transmatic Inc	Nebraska Anglers LLC	
ADDRESS OF BUSINESS ENTITY	956 East Altamonte Dr	PO Box 89, ONeal Nebraska	
PRINCIPAL BUSINESS ACTIVITY	Transportation	Recreation	
POSITION HELD WITH ENTITY	CEO	Partner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	
NATURE OF MY OWNERSHIP INTEREST	Owner	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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 8th day of June, 2022 by _____.

Alexine C Gamble Barr
(Signature of Notary Public--State of Florida)

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

Personally Known X

Type of Identification Produced _____

ALEXINE C GAMBLE BARR
Notary Public - State of Florida
Commission # HH 72375
My Comm. Expires Jan 20, 2025
Bonded through National Notary Assn.

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

William Jay Zembower

Assets:

956 East Altamonte Drive, Altamonte Springs, Florida 32701	$1,700,000.00
445 Olmstead Jeffery's Lake Road, Haley Station Ontario	$850,000.00
50,000.00	
Vanguard Investments 455 Devon Park Drive Wayne, PA 19087-1815	$682,053.87
Vanguard Brokerage 455 Devon Park Drive Wayne, PA 19087-1815	$51,511.37
Folio Brokerage 8180 Greensboro Dr 8th Floor McClean VA 22102	$1883.12
American Funds P.O. Box 1148 Norfolk VA	$41,060.08
Suntrust Bank Acct	$14,431.28
Suntrust Bank Acct	$43,711.86
BB&T Bank Acct	$34,601.22
Central Florida Educators Credit Union	$ 4122.98
Suncoast Credit Union	$4302.65

Income

First South Farm Credit 1434 Union Ave, Ozark Alabama	$3227.55

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2021

RECEIVED SUPERVISOR OF ELECTIONS SEMINOLE COUNTY

2022 JUN 13 PM 1:55

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

FOR OFFICE USE ONLY:

PROCESSED

261726

LAST NAME — FIRST NAME — MIDDLE NAME:
Zembower William Jay

MAILING ADDRESS:
956East Altamonte Dr

CITY: Altamonte Springs ZIP: 32701 COUNTY: Seminole

NAME OF AGENCY:
Seminole County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
District 2 Commissioner

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, 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 April 20, 20 22 was $ 5,755,835.05

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127 Big Oak Bend, Chuluota,FL 32766	$800,000.00
411 Lighthouse Dr. Palm Beach Gardens,FL 33410	$550,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
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First South Farm Credit 1434 Union Ave Ozark, AL	$228,822.15
Select Portfolio Svcs PO Box 65250 Salt Lake City UT	$393,456.81
Suntrust 205 Semoran Blvd Fern Park, FL 32730	$15,294.47

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Credit Union PO Box 11904 Tampa FL 33680	$26,630.32
NDCC Dept 15129 Palentine IL 60045	$6,259.14
Vystar Credit Union PO Box 45085 Jacksonville, FL	$42,642.07

(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 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
Frank Crum 2 Inc	100 S. Missouri Ave, Clerawater,FL	$88,042.24
Seminole County BCC	1101 East First Street,Sanford, FL	$82,771.76

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	Transmatic Inc	Nebraska Anglers LLC	
ADDRESS OF BUSINESS ENTITY	956 East Altamonte Dr	PO Box 89, ONeal Nebraska	
PRINCIPAL BUSINESS ACTIVITY	Transportation	Recreation	
POSITION HELD WITH ENTITY	CEO	Partner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	
NATURE OF MY OWNERSHIP INTEREST	Owner	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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 12 day of June, 2022 by

(Signature of Notary Public--State of Florida)

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

Notary Public State of Florida
Deborah A Schafer
My Commission GG 953684
Expires 02/02/2024

Personally Known ✓ OR Produced Identification

Type of Identification Produced

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.

2022 JUN 13 PM 1:55

Signature Date

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FORM 6

Supplement

William Jay Zembower

Assets:

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50,000.00	
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Vanguard Brokerage 455 Devon Park Drive Wayne, PA 19087-1815	$51,511.37
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BB&T Bank Acct	$34,601.22
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Suncoast Credit Union	$4302.65

Income

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CITY: Altamonte Springs ZIP: 32701 COUNTY: Seminole

NAME OF AGENCY:
Seminole County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
District 2 Commissioner

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Received
FLORIDA COMMISSION ON ETHICS
JUN 07 2022
RECEIVED
261726

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SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 3 day of June, 2022 by Deborah A Schafer

(Signature of Notary Public--State of Florida)

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

Notary Public State of Florida
Deborah A Schafer
Commission GG 953684
Expires 02/02/2024

Personally Known ✓ OR Produced Identification

Type of Identification Produced

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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.

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FORM 6

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William Jay Zembower

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