FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2021

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

LAST NAME — FIRST NAME — MIDDLE NAME:
OVERMAN - KIMBERLY - DIANNE

MAILING ADDRESS:
4610 N CENTRAL AVE

CITY: TAMPA | ZIP: 33603 | COUNTY: HILLSBOROUGH

NAME OF AGENCY:
HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONE

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
COUNTY COMMISSIONER DISTRICT 7

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

FOR OFFICE USE ONLY:

PROCESSED

275069

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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 1, 20 22 was $ 1,353,882.

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 $ 1,934,873

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE - BOT	312595
MORTGAGE - CALIBER	249696
CREDIT - BOA	18700

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
BOCC SALARY	601 E KENNEDY BLVD	116793
RENTAL INCOME	4610 N CENTRAL AVE	36504

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	THE HEIGHTS EXCHANGE		
ADDRESS OF BUSINESS ENTITY	4610 N CENTRAL AVE		
PRINCIPAL BUSINESS ACTIVITY	RENTAL		
POSITION HELD WITH ENTITY	MANAGER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	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.

Kimberly Overman

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Hillsborough

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 15 day of June, 20 22 by Kimberly Overman.

Enjoli White
(Signature of Notary Public--State of Florida)

ENJOLI WHITE
MY COMMISSION # HH 171666
EXPIRES: August 31, 2025
Bonded Thru Notary Public Underwriters

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

Personally Known X 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.

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 ☐

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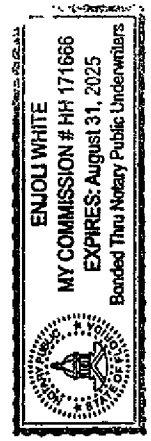
FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
HILLSBOROUGH COUNTY-ELECTED CONSTITUTIONAL OFFICER - KIMBERLY DIANNE OVERMAN ID CODE 275069
COUNTY COMMISSION EX OFFICIO
PART A NET WORTH

NET WORTH AS OF JUNE 1, 2022		**$1,353,882**

PART B - ASSETS	**Description of Asset**	**Value of Asset**
HOME	RESIDENTIAL OFFICE N CENTRAL AVE TPA	$879,000
AUTO	2017 GMC TERRAIN	$15,000
RV TRAILER	RECREATIONAL VEHICLE	$19,000
REAL ESTATE	JOINT INVESTMENT IN RESIDENTIAL PROPERTY NAVIN AVE TPA	$488,100
TIMESHARES	TIBC TIMESHARES	$5,000
IRA	IRA ASSETS: MSFT, DTN, BCOIX, HAINX, SSHFX, CASH	$28,156
BROKERAGE	CASH	$956
LEASE	LEASE OF OFFICE SPACE	$76,326
NOTE	NOTE FOR THE FINANCIAL WELL ASSET SALE	$210,000
BANK ACCOUNTS	CHECKING BANK OF TAMPA	$11,000
RENTAL BANK ACCOUNT	CHECKING BANK OF TAMPA	$3,805
BANK ACCOUNTS	CHECKING BANK OF AMERICA	$6,369
FSA DEP CARE ACCOUNT	FLEX SAVINGS ACCOUNT	$0
HEALTH SAVINGS ACCOUNT	CASH	$5,109
FRS PENSION	FLORIDA RETIREMENT SYSTEM PENSION PLAN	$43,962
COUNTY 457 PLAN	BLACKROCK LIFEPATH INDX 2035K	$93,090
HOUSEHOLD GOODS/FURNISHING	FURNISHINGS AND PERSONAL ASSETS	$50,000
TOTAL ASSETS		**$1,934,873**

PART C - LIABILITIES		**Amount of Liability**
RESIDENTIAL MORTGAGE	BANK OF TAMPA MORTGAGE ON RESIDENTIAL OFFICE	$312,595
MORTGAGE	CALIBER MORTGAGE ON JOINT RESIDENTIAL PROPERTY	$249,696
CREDIT CARDS	BANK OF AMERICA CREDIT CARD	$18,700
TOTAL LIABILITIES		**$580,991**

PART D	**Name of Source of Income**	
INCOME	HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS INCOME	$116,793
INCOME	CONCIERGE FINANCIAL GROUP INCOME - ESTIMATE	$0
INCOME	CUMMINGS FINANCIAL ORGANIZATION INC RENTAL INCOME	$36,504
TOTAL INCOME		**$153,297**



6/15/22