

FORM 6**FULL AND PUBLIC DISCLOSURE****2021**

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

OF FINANCIAL INTERESTS**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

ZIEGLER BRIDGET ANNE

PROCESSED**254908**SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA

2022 JUN 15 PM 12:32

FILED FOR RECORD
SARASOTA COUNTY

MAILING ADDRESS:

85 MIMOSA DRIVE

CITY:

SARASOTA

ZIP:

FL

COUNTY:

34232

NAME OF AGENCY:

SCHOOL BOARD OF SARASOTA COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

SCHOOL BOARD MEMBER, DISTRICT 1

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 December 31, 20 21 was \$ 394,925.38**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 \$ 192,000**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
Roundpoint Mortgage Servicing: 5016 Pkwy Plaza, Ste 200, Charlotte NC 28217	\$173,131.52
GTE Financial: PO Box 172599, Tampa FL 36672	\$16,014.55
Congressional Federal Credit Union	\$62,704.29
Dept. of Education Loan Servicing: PO box 9635 Wilkes Barre PA 18773	\$34,847.82

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
School Board of Sarasota County	1960 Landings Blvd, Sarasota FL 34232	\$33,262.04
USI Insurance Services	100 Summit Lake Dr, Valhalla NY 10595	\$80,038.96

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

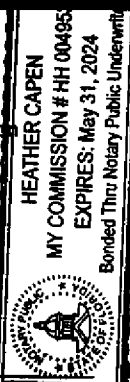
This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☒ 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.

Bridget Ziegler
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



STATE OF FLORIDA
COUNTY OF Sarasota
Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 15th day of June, 2022 by Bridget Ziegler
Heather Capen
Signature of Notary Public--State of Florida
Heather Capen
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known _____ OR Produced Identification ☒
Type of Identification Produced FL DCA

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 ☐

Bridget Ziegler
Form 6 - 2021

SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA

2022 JUN 15 PM 12:33

Assets:

FILED FOR RECORD
SARASOTA COUNTY

Real Property, Personal Residence: 85 Mimosa Dr, Sarasota FL 34232 - \$410,000.00

Chase Checking Account: \$3,006.53

Florida PrePaid College Savings Plan: PO Box 6567, Tallahassee, FL 32314 - \$4,209.04

Florida PrePaid 529 Savings Plan: PO Box 6567, Tallahassee, FL 32314 - \$5,823.98

Florida PrePaid 529 Savings Plan: PO Box 6567, Tallahassee, FL 32314 - \$1,238.00