FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2020

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

FOR OFFICE USE ONLY:

PROCESSED

FLORIDA COMMISSION ON ETHICS

JUL 06 2021

RECEIVED

288309

LAST NAME — FIRST NAME — MIDDLE NAME:
Richardson Jennifer Anne

MAILING ADDRESS:
613 SW Nichols Terrace

CITY: Port St. Lucie | ZIP: 34953 | COUNTY: St Lucie

NAME OF AGENCY:
St Lucie County School Board, Department of Education

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
School Board Member, District 4

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, 2020 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 20, 20 21 was $ 74,307.74.

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 $ _____

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real Prorperty: 613 SW Nichols Terrace, Port St. Lucie, Fl 34953	196,400.00
Auto: 2010 Toyota Camry	4,354.00
Auto: 2008 Toyota Scion XB	2,874.00
Bank Account: Wells Fargo	428.42

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Real Property: Fay Servicing, P.O. Box 619063, Dallas TX 75261	50,346.05
Student Loan: Great Lakes Higher Ed. Corp, 2401 International Lane, Madison, WI 53704	38,664.43
Loan: Small Business Admin., 2 North 20th Street, Suite 320, Birmingham, AL 35202	40,738.20

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

(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 2020 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 2020 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

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			

NEWLY ELECTED

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]

N/A ☐ **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 St Lucie

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 25th day of June, 2021 by Jennifer Richardson.

Jessica Harp
State of Florida
My Commission Expires 11/13/2022
Commission No. GG 276283

(Signature of Notary Public--State of Florida)

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

Personally Known _____ *OR* Produced Identification X

Type of Identification Produced FL DL

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 **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2020** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial	Last name	Your social security number
JENNIFER A	RICHARDSON	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign
613 SW NICHOLS TER		Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.	State / ZIP code	
PORT SAINT LUCIE	FL / 34953-1942	
Foreign country name / Foreign province/state/county / Foreign postal code		

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ▶ ☐	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✔ if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	22253
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7	
8	Other income from Schedule 1, line 9			8	20475
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9	42728
10	Adjustments to income:				
a	From Schedule 1, line 22	10a			
b	Charitable contributions if you take the standard deduction. See instructions	10b			
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶			10c	
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶			11	42728
12	**Standard deduction or itemized deductions** (from Schedule A)			12	12400
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	12400
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	30328

Standard Deduction for—
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2020)

QNA

	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	3442
	17	Amount from Schedule 2, line 3	17	1350
	18	Add lines 16 and 17	18	4792
	19	Child tax credit or credit for other dependents	19	
	20	Amount from Schedule 3, line 7	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4792
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0
	24	Add lines 22 and 23. This is your **total tax** ▶	24	4792
	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 2353		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	2353
• If you have a qualifying child, attach Sch. EIC. • If you have nontaxable combat pay, see instructions.	26	2020 estimated tax payments and amount applied from 2019 return	26	
	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit. Attach Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Recovery rebate credit. See instructions — 30:		
	31	Amount from Schedule 3, line 13 — 31:		
	32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶	32	
	33	Add lines 25d, 26, and 32. These are your **total payments** ▶	33	2353
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	35a	
Direct deposit? See instructions.	▶b	Routing number X X X X X X X X X ▶c Type: ☐ Checking ☐ Savings		
	▶d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2021 estimated tax** ▶ 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe now** ▶	37	2439
For details on how to pay, see instructions.		**Note:** Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38	Estimated tax penalty (see instructions) ▶ 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
	03/03/21	ADMINISTRATION	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Joint return? See instructions. Keep a copy for your records.

Phone no. (772) 361-5438 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
		03/03/21	S26011230	☐ Self-employed

Firm's name ▶ KEISER UNIVERSITY | Phone no. 772-464-5300

Firm's address ▶ 9400 SW DISCOVERY WAY ROOM 103 PORT SAINT LUCIE FL 34987 | Firm's EIN ▶ –

QNA

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JENNIFER RICHARDSON

Your social security number [redacted]

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	20475
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	20475

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

QNA

SCHEDULE 2 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JENNIFER RICHARDSON

Your social security number [redacted]

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	1350
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	1350

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919.	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960 **c** ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	

For Paperwork Reduction Act Notice, see your tax return instructions.

QNA

Schedule 2 (Form 1040) 2020

STATE OF FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY SPECIAL PAYMENTS UNIT PO BOX 5350 TALLAHASSEE, FL 32314-5350 1-800-204-2418		CERTAIN GOVERNMENT PAYMENTS FORM 1099-G
PAYER'S Federal Identification number 36-4706134	RECIPIENT'S Identification Number [redacted]	TAX YEAR **2020**

1. REEMPLOYMENT ASSISTANCE **$20,475.00**	4. Total Federal income tax withheld **$0.00**
5. ATAA/RTAA payments **$0.00**	
RECIPIENT'S NAME JENNIFER A RICHARDSON	

INSTRUCTIONS TO CLAIMANT

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

(KEEP FOR YOUR RECORDS)

DEO FORM 1099-G (Rev. 9/2006)

INSTRUCTIONS FOR RECIPIENT

BOX 1. - Shows total reemployment assistance paid to you this year. This amount is considered taxable income. For details, see the instructions for filing Federal income tax returns. A request can be made for the payer to withhold Federal income tax from each payment on any future benefits, or estimated tax payments can be made by using FORM 1040-ES, Estimated Tax for Individuals.

BOX 4. - Shows total Federal income tax withheld. **INCLUDE THIS ON YOUR INCOME TAX RETURN AS TAX WITHHELD.**

BOX 5. - Shows taxable Alternative Trade Adjustment Assistance (ATAA) Or Reemployment Trade Adjustment Assistance (RTAA) payments.

Additional Recipient information - Please read

Repayments of any overpayment of reemployment assistance in the tax year indicated above should be subtracted from the total amount of reemployment assistance received. Include the adjusted amount on the appropriate line of the income tax form. Enter "Repaid" and the amount repaid in the space to the left of the appropriate line. Any repayments of reemployment assistance in the above tax year that were included in an earlier year may be deducted from the amount repaid. Any questions on how to report repayments of a reemployment assistance overpayment should be directed to the Internal Revenue Service.

A statement of any monies repaid to the Department of Economic Opportunity in the above tax year will be mailed separately.

JENNIFER A RICHARDSON
613 SW Nichols Ter
Port Saint Lucie, FL 34953

An Equal Opportunity Employer Program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

THE BANK OF NEW YORK MELLON
BENEFITWALLET H.S.A.
PO BOX 535473
PITTSBURGH PA 15253

IMPORTANT NOTICE

Please review these tax documents carefully. If you find a discrepancy, please contact the Customer Service number provided on your statement no later than May 31

[redacted]

JENNIFER A RICHARDSON
613 SW NICHOLS TERRACE
PORT ST.LUCIE FL 34953

HSA Account Holders:
If your maximum contribution limit has not been reached, we can accept contributions to your HSA until April 15. If you do make an additional contribution, or have already done so, we will furnish a final 5498-SA by May 31 reflecting the additional contribution.

[redacted]

☐ CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number	1 Employee or self-employed person's Archer MSA contributions made in 2020 and 2021 for 2020	OMB No. 1545-1518	**HSA, Archer MSA, or Medicare Advantage MSA Information**
THE BANK OF NEW YORK MELLON BENEFITWALLET H.S.A. PO BOX 535473 PITTSBURGH, PA 15253	2 Total contributions made in 2020	**2020** Form **5498-SA**	
TRUSTEE'S TIN: 13-5160382 / PARTICIPANT'S TIN: [redacted]	3 Total HSA or Archer MSA contributions made in 2021 for 2020		**Copy B For Participant** This information is being furnished to the IRS.
PARTICIPANT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code JENNIFER A RICHARDSON 613 SW NICHOLS TERRACE PORT ST.LUCIE, FL 34953	4 Rollover contributions	5 Fair market value of HSA, Archer MSA, or MA MSA $0.47	
	6 HSA [X] Archer MSA [ ] MA MSA [ ]		
Account Number: [redacted]			

Form **5498-SA** (keep for your records) www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service

z

1 Wages, tips, other comp. 4723.73	2 Federal income tax withheld 356.17
3 Social security wages 4869.82	4 Social security tax withheld 301.93
5 Medicare wages and tips 4869.82	6 Medicare tax withheld 70.60

Employer's name, address, and ZIP code

ST. LUCIE COUNTY SCHOOL BOARD
9461 BRANDYWINE LN.
PORT ST. LUCIE FL 34986

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee: Retirement plan: X; Third-party sick pay	12c
	12d
14 FRS 146.09	Employee's social security no. [redacted]
	Employer ID number (EIN) 59-6000832
	Control number

JENNIFER A RICHARDSON
613 SW NICHOLS TERR
PORT ST LUCIE FL 34953

Employee's name, address, and ZIP code

15 St. / Employer's state ID number	16 State wages, tips, etc.	17 State income tax
FL 59-6000832		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Wage and Tax Statement — This information is being furnished to the IRS.
Copy B — **To Be Filed With Employee's FEDERAL Tax Return.**
OMB No. 1545-0008 — Department of the Treasury – Internal Revenue Service
Form W-2 2020

W-2 Federal Filing Copy Wage and Tax Statement **2020**

Copy B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp. 17528.66	2 Federal income tax withheld 1997.37
3 Social security wages 17528.66	4 Social Security tax withheld 1086.78
5 Medicare wages and tips 17528.66	6 Medicare tax withheld 254.17
d Control number	Employer use only

c Employer's name, address, and ZIP code
BOWMAN REALTY CONSULTANTS LLC
13450 WEST SUNRISE BOU
SUITE 320
SUNRISE FL 33323

b Employer's FED ID number 84-3646260	a Employee's SSA number [redacted]
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 W 1050.00
14 Other	12b DD 2230.16
	12c
	12d
	13 Stat emp / Ret. plan / 3rd party sick pay

e Employee's name, address, and ZIP code
JENNIFER A RICHARDSON
613 SW NICHOLS TERRACE
PORT ST.LUCIE FL 34953

15 State	Employer's state ID no.	16 State wages, tips, etc.
17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008