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:

FLORIDA COMMISSION ON ETHICS
JUL 12 2022
RECEIVED

PROCESSED 278708

LAST NAME — FIRST NAME — MIDDLE NAME:
Harding Megan Catherine

MAILING ADDRESS:
10028 Grove dr.

CITY: Port Richey | ZIP: 34668 | COUNTY: Pasco

NAME OF AGENCY:
Pasco County Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Pasco County School Board, District 5

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 May 23rd, 20 22 was $ $558,466.61.

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 $ 85,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2015 Jeep Grand Cherokee (NADA Value)	$16,025
10028 Grove Dr. Port Richey, Florida 34668 (Residence- Zillow Value)	$525,324
Florida Retirement System (FRS)	$9,313.23
Checking Account (Truist)	$33,857.74
LPL Financial Account	$3,895.68

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Truist Mortgage P.O. Box 79041 Baltimore, MD 21279-0041	$96,722.04
US Bank P.O. Box 1950 St. Paul, MN 55101-0950	$18,227

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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
District School Board Pasco County	7227 Land O' Lakes Blvd. FL, 34637	$44,058.30
Saint Leo University	33701 State Road 52, San Antonio, FL 33574	$6,070.40

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
N/A	N/A	N/A	N/A

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
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.

NANCY PHILHOWER
Notary Public, State of Florida
Commission# HH 27203
My comm. expires Sept. 6, 2024

PUBLIC

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF PASCO

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 7 day of July, 2022 by MEGAN Harding

(Signature of Notary Public--State of Florida)

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

Personally Known _____ *OR* Produced Identification X

Type of Identification Produced FL Driver's License

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 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:

PROCESSED
278708

RECEIVED
2022 JUN 13 PM 12:43
BRIAN E. SMILEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

LAST NAME — FIRST NAME — MIDDLE NAME:
Harding Megan Catherine

MAILING ADDRESS:
10028 Grove dr.

CITY: Port Richey | ZIP: 34668 | COUNTY: Pasco

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Pasco County Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
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(Continued on reverse side)

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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			

RECEIVED
JUN 13 PM 12:43
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

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☑ **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.

Megan Harding
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Pasco

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 10th day of June, 2022 by Megan Harding.

[signature] - FL
(Signature of Notary Public--State of Florida)

Notary Public State of Florida
Rachel Rizer
My Commission HH 154761
Expires 07/16/2025

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

Personally Known _____ *OR* Produced Identification ✓

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

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