

General Information

Name: Vicki-Elaine Felder

Address: 3501 Rogers Dr, Orlando, FL 32805

PID 289133

County: Orange

AGENCY INFORMATION

Organization	Suborganization	Title
Orange County Public Schools	Elected Constitutional Officer	School Board Member, District 5

Net WorthMy Net Worth as of May 22, 2023 was \$ 227,153.32.**Assets**

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 effect is \$ 227,153.32.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
N/A	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Ed Financial Services	P.O. Box 36008 Knoxville, TN 37930-6008	\$ 43,114.27

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

☒ I elect to file a copy of my 2022 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Orange County School Board	445 W. Amelia Street Orlando, Florida 32801	\$ 58,511.00
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Vicki-Elaine Felder

Digitally signed: 05/25/2023

Filed with COE: 05/25/2023

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

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

Your first name and middle initial VICKI	Last name FELDER	Your social security number
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. 3501 ROGERS DR		Apt. no.	Presidential Election Campaign 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. Orlando	State FL	ZIP code 32805	
Foreign country name	Foreign province/state/county	Foreign postal code	

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ 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, 1958 ☐ Are blind
Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

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

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	46,597				
	b	Household employee wages not reported on Form(s) W-2	1b					
	c	Tip income not reported on line 1a (see instructions)	1c					
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d					
	e	Taxable dependent care benefits from Form 2441, line 26	1e					
	f	Employer-provided adoption benefits from Form 8839, line 29	1f					
	g	Wages from Form 8919, line 6	1g					
	h	Other earned income (see instructions)	1h					
	i	Nontaxable combat pay election (see instructions)	1i					
	z	Add lines 1a through 1h	1z	46,597				
Attach Schedule B if required.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	199
	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	18,750
	6a	Social security benefits	6a		b	Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions)		☐				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7					

8	Other income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	65,546
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	65,546
12	Standard deduction or itemized deductions (from Schedule A)	12	39,776
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	39,776
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	25,770
Tax and Credits			
16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____	16	2,888
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	2,888
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,888
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	2,888
Payments			
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	3,621
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	3,621
26	2022 estimated tax payments and amount applied from 2021 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0
33	Add lines 25d, 26, and 32. These are your total payments	33	3,621

If you have a qualifying child, attach Sch. EIC.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

EEA

Form 1040-SR (2022)

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EEA