

September 7, 2020

Florida Commission on Ethics
P.O. Drawer 15709
Tallahassee, Florida 32317-5709

Re: Omari Hardy / City Commissioner Lake Worth Beach / District 2
Failure to file accurate "FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS"
Form 6 / 2019

One:

In reviewing Mr. Hardy's 2019 Form 6, he failed to report the 2014 BMW X1 series sDrive 28i automobile he drives, Florida tag # NBN U15, as either an asset or a liability on his 2019 Form 6 "FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS" as required by the State of Florida. [Please see the attached copy of his 2019 Form 6] [Please see the attached photo of Mr. Hardy's automobile.]

The fair value of this car is believed to be between \$10523.00 and \$11939.00 according to Kelly Blue Book as of 09/07/20. [Please see Kelly Book value @ <https://tinyurl.com/hardycarvalue>]

Two:

Mr. Hardy misrepresented his 2019 income with the West Palm Beach Housing Authority.

According to the West Palm Beach Housing Authority, Mr. Hardy was hired on 09/30/19 at an annual salary is \$61214.40. [Please see the attached document from West Palm Beach Housing Authority] thus, as of December 31 of 2019, he was employed for 13.4 weeks at a gross salary of \$15774.48.

In addition, other Housing Authority documents reveal that Mr. Hardy also worked during the summer of 2019, beginning on or about 06/27/19, earning \$2047.50 during this time. [Please see attached 1099 statement.]

His total 2019 income from the Housing Authority is estimated to be \$17821.98. Mr. Hardy reported only \$14540.40.

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:
 Hardy Omari Jamal-Hatchett

MAILING ADDRESS:
 P.O. Box 19

CITY: ZIP: COUNTY:
 Lake Worth Beach 33460 Palm Beach

NAME OF AGENCY:
 State of Florida

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 State Representative, District 88

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
 DEPARTMENT OF STATE
 2020 JUN 10 AM 8:36

PROCESSED

268951

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 19 was \$ <93,143.54>

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 \$ 10,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| Checking/Savings Account - BB&T Bank | \$5,067.46 |
| | |
| | |
| | |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---------------------|
| U.S. Dept. of Education, 3130 Fairview Park Dr., Ste. 800, Falls Church, VA 23323 | \$52,007.00 |
| Navient, 123 Justison St., 3rd Floor, Wilmington, DE 19801 | \$27,569.00 |
| Nelnet Loan Services, 3015 S. Parker Rd., Ste. 425, Aurora, CO 80014 | \$20,124.00 |
| University of Miami, 1320 S. Dixie Hwy., Coral Gables, FL 33146 | \$7,361.00 |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| | |
| | |
| | |

3

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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 |
|--|--|-------------|
| Palm Beach County School District | 3300 Forest Hill Blvd., WPB, FL 33406 | \$30,666.56 |
| City of Lake Worth Beach | 7 N. Dixie Hwy., Lake Worth Bch., FL 33461 | \$30,500.00 |

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 | | | |

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 | | |
| 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

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Palm Beach
 Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 9th day of June, 2020 by Omari Hardy
[Signature] Norman T. Froescher
 (Signature of Notary Public - State of Florida) NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# GG173358
 (Print, Type, or Stamp Commissioned Name of Notary Public Expires 2/10/2022)
 Personally Known _____ OR Produced Identification Drivers License
 Type of Identification Produced Drivers 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

Omari Hardy for State Representative, District 88

Addendum:

LIABILITIES:

Florida Atlantic University, 777 Glades Rd., Boca Raton, FL 33431 \$1,150.00

INCOME:

West Palm Beach Housing Authority, 3700 Georgia Ave., WPB, FL 33405 \$14,540.40



FLORIDA
NBN U15
TRAFFICFRONTYARD.COM

Employee Information

Employee Information

Name Omari Hardy
Social Security ██████████
Employee Id 1371
Username OHardy71
Status Active
Time Zone Eastern
Primary Email ohardy@wpbha.org
Work Phone 561-655-8530
Cell Phone 954-868-6208
Address 2228 Lake Worth Road # 308
 Lake Worth, FL 33461
Birthday 11/28/1989
Hired 09/30/2019
Started 09/30/2019

Account Demographics

Gender M
Ethnicity

Contacts

Name Padrica Hardy
Contact Type Emer - Primary
Relationship Mother
Cell Phone 754-244-3576
Email blacpj@bellsouth.net
Gender U

Name Victoria Miller
Contact Type Emer
Relationship Parents
Cell Phone 754-368-5284
Email viczen@bellsouth.net
Gender F

Name Kiara Hardy
Contact Type Emer
Relationship Sister
Cell Phone 954-540-4503
Gender U

Profiles

Accruals WPB - Sick/Vacation (BOM)
Benefit Benefits
Holiday Holiday Table
Pay Period WPB - Bi-Weekly
Retirement Plan Mutual of America
Security Employee I

Pay Information

Base Compensation

| | Amount | Hours |
|------------|-------------|---------|
| Annual | \$61,214.40 | 2080.00 |
| Pay Period | \$2,354.40 | 80.00 |
| Hourly | \$29.43 | |

Standard Work Day 8.00

Pay Grade

-- More --

Pay Information - Continued

Automatic Pay Grade Step
Medical Eligibility

Cost Centers

Position Status Full Time
Division/Department Administration
Job COCC

Accruals

FMLA (Accrued to: 01/01/2021)

| Accrd | Taken | Balance | Sch | Proj Acc | Proj Bal |
|--------|-------|---------|------|----------|----------|
| 480.00 | 0.00 | 480.00 | 0.00 | 480.00 | 480.00 |
| 60.00 | 0.00 | 60.00 | 0.00 | 60.00 | 60.00 |

Accrue Rate: 60 Days/Yearly

Sick (Accrued to: 08/01/2020)

| Accrd | Taken | Balance | Sch | Proj Acc | Proj Bal |
|--------|-------|---------|------|----------|----------|
| 152.00 | 64.00 | 88.00 | 0.00 | 88.00 | 24.00 |
| 19.00 | 8.00 | 11.00 | 0.00 | 11.00 | 3.00 |

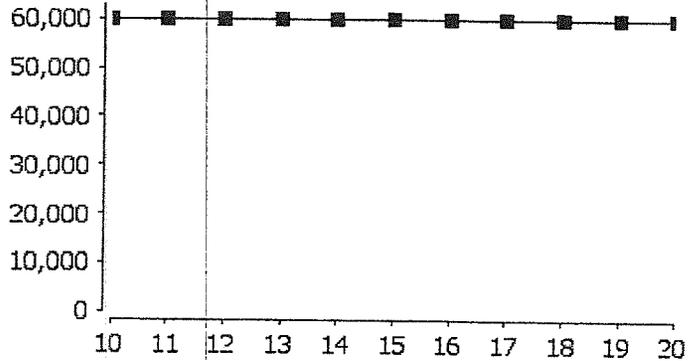
Accrue Rate: 8 Hrs/Monthly

Vacation (Accrued to: 08/01/2020)

| Accrd | Taken | Balance | Sch | Proj Acc | Proj Bal |
|-------|-------|---------|------|----------|----------|
| 88.00 | 32.00 | 56.00 | 0.00 | 88.00 | 56.00 |
| 11.00 | 4.00 | 7.00 | 0.00 | 11.00 | 7.00 |

Accrue Rate: 8 Hrs/Monthly

Compensation By Year



Deductions

| Begin Date | End Date | | \$ | % | Last PR | YTD |
|------------|----------|----|----|---|---------|------|
| 457(b) | | | | | | |
| 12/31/1900 | | EE | - | - | 0.00 | 0.00 |
| | | ER | - | - | 0.00 | 0.00 |

Tax Allowance Settings

Unemployment State Florida
From Date 12/31/1900
To Date 12/31/9999
Federal: Single/0 + 8.00
 Form 2020 W4: No
 Two Jobs: No

-- More --

CORRECTED (if checked)

| | | | | | | |
|--|--|--|--|----------------------------------|--|---------------------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. West Palm Beach Housing Authority 3700 Georgia Avenue West Palm Beach, FL 33407 561-655-3582 | | 1 Rents \$ 0.00 | OMB No 1545-0115 2019 Form 1099-MISC | | Miscellaneous Income | |
| PAYER'S TIN 59-6001290 | | 2 Royalties \$ 0.00 | 4 Federal income tax withheld \$ 0.00 | | | Copy B For Recipient |
| RECIPIENT'S TIN | | 3 Other Income \$ 0.00 | 6 Medical and health care payments \$ 0.00 | | | |
| RECIPIENT'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Omari Hardy 2228 Lake Worth Rd. #308 Lake Worth, FL 33461 | | 7 Nonemployee compensation \$ 2,047.50 | 8 Substitute payments in lieu of dividends or interest \$ 0.00 | | 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. | |
| Account number (see instructions) 179760 | | FATCA filing requirement <input type="checkbox"/> | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | | | 10 Crop insurance proceeds \$ 0.00 |
| 13a Section 409A deferrals \$ 0.00 | | 13b Section 409A income \$ 0.00 | | 11 | | 12 |
| 13 Excess gold parachute payments \$ 0.00 | | 14 Gross proceeds paid to an attorney \$ 0.00 | | 16 State tax withheld \$ 0.00 | | 17 State/Payer's state no. FL |
| 15a Section 409A deferrals \$ 0.00 | | 15b Section 409A income \$ 0.00 | | 16 State tax withheld \$ 0.00 | 17 State/Payer's state no. FL | |
| | | | | 18 State income \$ 0.00 | 18 State income \$ 0.00 | |

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

| | | | | | | |
|--|--|--|--|----------------------------------|----------------------------------|---|
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| PAYER'S TIN 59-6001290 | | 2 Royalties \$ 0.00 | 4 Federal income tax withheld \$ 0.00 | | | Copy 2 To be filed with recipient's state income tax return, when required |
| RECIPIENT'S TIN | | 3 Other Income \$ 0.00 | 6 Medical and health care payments \$ 0.00 | | | |
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Form 1099-MISC

Department of the Treasury - Internal Revenue Service