

FORM 6

FULL AND PUBLIC DISCLOSURE

2020

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:
2181 N Australian Ave #609

CITY: ZIP: COUNTY:
West Palm Beach 33407 Palm Beach

NAME OF AGENCY:
Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Representative

CHECK IF THIS IS A FILING BY A CANDIDATE

PROCESSED

FLORIDA
COMMISSION ON ETHICS

SEP 09 2021

RECEIVED

268951

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 September 1, 20 21 was \$ <\$99,388.50>.

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 \$ \$3,767.50

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
BB&T Savings Account	\$2,167.50
BB&T Savings Account	\$1,600.15

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	\$45,299
Navient, 123 Justison St., 3rd Floor, Wilmington, DE 19801	\$24,550
Nelnet Loan Services, 3015 S. Parker Rd., Ste. 425, Aurora, CO 80014	\$21,636
CitiCards CBNA,	\$6,181

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 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
City of Lake Worth Beach	7 N Dixie Hwy, Lake Worth Beach, FL 33460	\$24,658
Housing Center of the Palm Beaches	3700 Georgia Ave, West Palm Beach, FL 33404	\$60,197

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

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.

STATE OF FLORIDA
 COUNTY OF Palm Beach
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 1 day of

September, 2021 by Danni Hardy

(Signature of Notary Public, State of Florida)

HENRY LEE CHARLESTON JR
 Notary Public, State of Florida
 My Comm. Expires May 12, 2023

(Print Name of Notary Public)
 Personally Known OR Produced Identification

Type of Identification Produced Florida Driver License

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

[Handwritten Signature]

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, Florida House of Representatives, District 88
Addendum:**

LIABILITIES:

DSNB/Macy's, PO Box 8218, Mason, Ohio 45050
Amount: \$5,510

INCOME:

State of Florida, 400 S Monroe Street, Tallahassee, FL 32399
Amount: \$4,339

Rep. Damaris Hardy

Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317

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Rep. Omari Hardy
2181 N. Australian Ave # 609
West Palm Beach, FL 33407

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- Signature required without returning to obtain the addressee's signature on delivery.
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PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	
33401	9/9/21	\$ 26.35	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COB Fee
9/8/21	10:30 AM	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
12:31 PM	\$	\$	\$
Special Handling/fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
\$	\$	\$ 26.35	
Weight	Flat Rate <input type="checkbox"/> Employee Signature		
1.00 lbs	Signature		
DELIVERY (POSTAL SERVICE USE ONLY)	Delivery Attempt (MM/DD/YYYY) Time	Employee Signature	
	9/9/21 10:05 AM	CUA	
Delivery Attempt (MM/DD/YYYY) Time	Employee Signature		
	CUA		

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