

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
E M E R I C K R I C H A R D B

02 ADDRESS City State Zip Code Area Code Phone
625 HIMROD ROAD WATERFORD PA 16441 (814) 462-4464

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A ☐ Candidate (including write-in) C ☐ Public Official (Current) D ☒ Public Employee (Current) E ☐ Check this block if you are filing as a solicitor

B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

☐ Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☐ seeking ☒ hold ☐ held

A S U P E R I N T E N D E N T

☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A F O R T L E B O U E F S C H O O L D I S T R I C T

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

SUPERINTENDENT

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

2 0 2 0

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. ☒

09 CREDITORS (See instructions on page 2). Creditor (Name and Address)

If NONE, check this box. ☐

Name: P.H.E.A.A.

Address: 1200 NORTH 7TH STREET, HARRISBURG PA 17102

Interest Rate

6.0%

US Dept. of Education - Parent Plus

P.O. BOX 790321 ST. LOUIS, MO 63179 - 0321

6.79%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. ☒

(OFFICIAL USE ONLY)

Name:

Address:

11 GIFTS (See instructions on page 2) If NONE, check this box. ☒

Source of Gift

Value of Gift

Address of Source of Gift

Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☒

Value

Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☒

Business Entity (Name and Address)

Position Held

Name:

Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☒

Name and Address of Business

Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☒

Business (Name and Address)

Interest Held

Transferee (Name and Address)

Relationship

Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

3-18-2021

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.