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BRIAN E CORLEY SUPERVISOR OF ELECTIONS NEW PORT RICHEY, FLORIDA

Tampa Bay Area Regional Transit Authority-Board Members



*****AUTO**MIXED AADC 323 T5 P1 296 1102

KATHRYN ELIZABETH STARKEY, COMMISSIONER 4920 GALLEON CT NEW PRT RCHY FL 34652-3072



ID CODE

ID NO.

244851

CONF. CODE

Starkey, Kathryn Elizabeth

Commission District 3

CHECK IF THIS IS A FILING BY A CANDIDATE [X]

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 9 of June, 20 20 was \$ 10,460,739.00

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 \$ 610,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
10928 ALICO PASS	720,000
4920 Galleon CT	630,000
BOATS, CAR & HOLD, JEWELRY	410,000
FLS	207,369

PART C -- LIABILITIES

2,168,089

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANK OF AMERICA, 2918 LITTLE RD, TRINITY FL 34655	280,000
WELLS FARGO BANK, 3242 LITTLE RD, TRINITY FL	37,000
BANK OF AMERICA, 2918 Little Rd, Trinity FL 34655	75,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

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
PASCO COUNTY COMMISSION	8700 CHIONS DRIVE WPR, FL 34652	89,959.00

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
NA			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA		
ADDRESS OF BUSINESS ENTITY	NA		
PRINCIPAL BUSINESS ACTIVITY	NA		
POSITION HELD WITH ENTITY	NA		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NA		
NATURE OF MY OWNERSHIP INTEREST	NA		

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

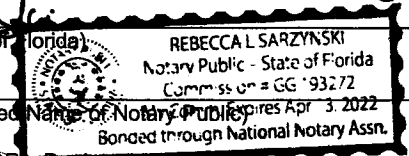
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Pasco

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 9th day of

June, 2020 by Kathryn Starkey

Rebecca L Sarzynski
 (Signature of Notary Public--State of Florida)



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

Personally Known OR Produced Identification

Type of Identification Produced _____

Kathryn Starkey
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

PART B - ASSETS CONT -

VALUE

Beneficial Interest in JB Starkey Trust

8,248,650.

BANK OF AMERICA
6014 US. HIGHWAY 19 N.
NRE, FI

6,000.00

REGIONS BANK
3242 LITTLE RD
TRINITY, FI 34652

38,005.00

2,168,089	-
8,248,650	
6,000	
38,005	
<hr/>	
10,460,739	-

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