FORM 1	STATEMENT OF			2020
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE Maklary John Todd	NAME :			DECENTE
MAILING ADDRESS : 8731 Betty Street	RECEIVED			
				FEB 0 9 2021
CITY: Port Richey 3		CIT	Y OF PORT RICHEY	
NAME OF AGENCY: City of Port Richey				
NAME OF OFFICE OR POSITION HEL City Councilperson	D OR SOUGHT :			
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE				
** DISCLOSURE PERIOD:	** THIS SECTION MUS	T BE COMPLETED	) ****	
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.				
FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).  COMPARATIVE (PE	ING REPORTING THRESHOLIG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL JSING (must check one):	LY BASE	
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	OME [Major sources of income to rt, write "none" or "n/a")	the reporting person - See inst	ructions]	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Colliers International	4830 West Kennedy B	lvd, Tampa FL 33609	Comm	nercial Real Estate
PART B SECONDARY SOURCES OF [Major customers, clients, an (If you have nothing to repo	d other sources of income to business	sses owned by the reporting pe ADDRESS OF SOURCE	erson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None				
		8		
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			lines c	e not limited to the space on the on this form. Attach additional s, if necessary.
				3 INSTRUCTIONS for when there to file this form are
Land - Pasco County Parcel ID 29-25-16-0000-00200-0012  Instructions on who must f				
Land/Building - Pasco County Parcel ID 29-25-16-0000-00200-0010  this form and how to fill it out begin on page 3.				

TYPE OF INTANGIBLE	one" or "n/a")  BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Bank Account/ Investment Account	Bank of America/ Fidelity		
IRA/ Bank Account	TD Ameritrade / Capital One 360		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nothing to report, write")	ons] one" or "n/a")		
NAME OF CREDITOR			
N/A	ADDRESS OF CREDITOR		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "non	[Ownership or positions in certain types of businesses - See instructions] e" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2		
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 BUSINES	S		
NATURE OF ARCOMUEROUS IN THE SECOND			
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officer agency created under Part III, Chapter 163 required to	rs, appointed school superintendents, and commissioners of a community redevelopment o complete annual ethics training pursuant to section 112.3142, F.S.  I HAVE COMPLETED THE REQUIRED TRAINING.		
PART G — TRAINING For elected municipal officer agency created under Part III, Chapter 163 required to	I HAVE COMPLETED THE REQUIRED TRAINING.  RE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		

form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.