FORM 1

STATEMENT OF

2020

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Please print or type your name, mailing address, agency name, and position below:		LINTEREST	S	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLI	. ^					
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5500 RWA DE	LPL Unit	206	_			
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CITY:	ZIP COUNTY	200	water and	FEB 12 2021		
NAME OF AGENCY:	4 34652 H	asto	\$ P			
NATIVE OF AGENCY: DIA	to pote p	1001		ITY OF NEW PORT RICHEY CITY MANAGER'S OFFICE		
NAME OF OFFICE OR POSITION HELD OR BOUGHT:						
City Coun	CIC Member	CRA Board				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE C	R APPOINTEE		17		
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD:						
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.						
MANNER OF CALCULATING R	EPORTABLE INTERESTS					
FILERS HAVE THE OPTION OF US	ING REPORTING THRESHO	LDS THAT ARE ABSOLUTI	E DOLLA	R VALUES, WHICH REQUIRES		
FEWER CALCULATIONS, OR USIN (see instructions for further details).	G COMPARATIVE THRESH	OLDS, WHICH ARE USUAL	LLY BASE	ED ON PERCENTAGE VALUES		
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DOLLAR VALUE THRESHOLDS						
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PART A PRIMARY SOURCES OF INC. (If you have nothing to report	OME [Major sources of income to t, write "none" or "n/a")	the reporting person - See ins	tructions]			
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NAME OF SOURCE	t, write "none" or "n/a")	DURCE'S DDRESS BULL BUTINESS MD, 21235	DE			
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PART D — INTANGIBLE PERSONAL PROPERTY (Sto		of deposit, etc See ins	tructions]		
(If you have nothing to report, write "non TYPE OF INTANGIBLE	e" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NONE "		JOSINESS ENTIT TO V	mornie norem nes de		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR		S OF CREDITOR		
Bello Credit Union	P.O. B. D. 2062, Glen Burnie, MD 21060				
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	or "n/a")	•••	inesses - See instructions] BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY#1		DUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY	TVO C				
PRINCIPAL BUSINESS ACTIVITY	1963				
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to a CERTIFY THAT I	complete annual ethics	training pursuant to section	on 112.3142, F.S.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY			
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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.			
Date Signed: 2 / 12/202/		CPA/Attomey Signature:			
1,-1		Date Signed:			
FILING INSTRUCTIONS:					

If you were malled the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the 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 you 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 rour 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 filling method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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 papers.

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.