## FORM 1

## STATEMENT OF

2020

Please print or type your name, mailing address, agency name, and position by	FINANCIAI	LINTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME M			
CONNOWY, KAITH	NMADEUNE		
5508 VERMENT	-AVE.	l	
			RECEIVED
CITY:	ZIP: COUNTY:		FEB 15 2001
NEW PORT RICHEY NAME OF AGENCY:	34652 PASC	10	CITY OF NEW PORT RICHEY
	1-0-1-1		CITY MANAGER'S OFFICE
NAME OF OFFICE OR POSITION	HELD OR SOUGHT:		
	I City GUNCIL ME	2000	
CHECK ONLY IF CANDIDA	TE OR NEW EMPLOYEE O		
	**** THIS SECTION MU	ST BE COMDI ETED *	***
DISCLOSURE PERIOD:			
THIS STATEMENT REFLECTS	YOUR FINANCIAL INTERESTS F	OR CALENDAR YEAR ENDIN	IG DECEMBER 31, 2020.
MANNER OF CALCULATIN	IG REPORTABLE INTERESTS		
FILERS HAVE THE OPTION O	F USING REPORTING THRESHOP	LDS THAT ARE ABSOLUTE DO	OLLAR VALUES, WHICH REQUIRES
(see instructions for further deta	DSING COMPARATIVE THRESHOMILS) CHECK THE ONE YOU ARE	USING (must check one)	BASED ON PERCENTAGE VALUES
	(PERCENTAGE) THRESHOLDS		VALUE THRESHOLDS
	FINCOME IMajor sources of income to	the reporting person - See instruct	ionel
PART A PRIMARY SOURCES O	F INCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See instruct	ionsj
PART A PRIMARY SOURCES O	report, write "none" or "n/a")  SO	the reporting person - See instruct SURCE'S SORESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
PART A PRIMARY SOURCES O (If you have nothing to NAME OF SOURCE	so AD	URCE'S IDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
PART A PRIMARY SOURCES O (If you have nothing to NAME OF SOURCE OF INCOME	SO AC 425 E. SPRUCE ST.	URCE'S DRESS TARPON SPRINGS FL V	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  MARKETING & SALES
PART A PRIMARY SOURCES O (If you have nothing to NAME OF SOURCE OF INCOME	SO AD AZS E. SPRUCEST.	URCE'S  DRESS  TARPON SPRINGS FL V  WIA, GH 341574-120 ST	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  MARKETING & SALES  TUDENT NOANS
PART A - PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF INCOME  OF BRAIN) MARKETING U.S. DEPT. ED	SO AC 425 E. SPRUCE ST.	URCE'S  DRESS  TARPON SPRINGS FL V  WIA, GH 341574-120 ST	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  MARKETING & SALES
PART A - PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF INCOME  OF BRAIND MARKETING U.S. OTHE. ED  STETSON LAW  PART B - SECONDARY SOURCE [Major customers, client	SO AD	WRCE'S  WHAPON SPRINGS FL P  WIA, GA 350514-U2D ST  PORT, FL 33707 SC	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  MARKETING & SALES  TLDENT NOANS CHOLARSHIP (ACADEMIC)
PART A - PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF INCOME  OF BRAIND MARKETING U.S. OTHE. ED  STETSON LAW  PART B - SECONDARY SOURCE [Major customers, client	SO OF INCOME s, and other sources of income to busine or report, write "none" or "n/a")	URCE'S  DRESS  THR PON SPRINGS FL P  NIA, GA 34374-U3D ST  PORT, FL '33747 SC  sses owned by the reporting person	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  ARKETING & SALES  LUENT NOANS  CHOLAR SHIP (ACADEMIC)  1 - See instructions]
PART A - PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF INCOME  OF BRAIN DIMERKETING US OFFT. ED  STETSON LAW  PART B - SECONDARY SOURCE [Major customers, client (If you have nothing to	SO AD	WRCE'S  WHAPON SPRINGS FL P  WIA, GA 350514-U2D ST  PORT, FL 33707 SC	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  MARKETING & SALES  TLDENT NOANS CHOLARSHIP (ACADEMIC)
PART A - PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF INCOME  OF BRAIN) MARKETING US OTHE ED  STETSON LAW  PART B - SECONDARY SOURCE [Major customers, client (If you have nothing to  NAME OF	SO FINCOME s, and other sources of income to busine report, write "none" or "n/a")  NAME OF MAJOR SOURCES	URCE'S  DRESS  THR PON SPRINGS FL P  NIA, GA 350374, URD ST  PORT, FL 33707 SC  sees owned by the reporting person  ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  MARKETING & SALES  TUDENT MOANS  CHOLAR SHIP (ACADEMIC)  1- See instructions)  PRINCIPAL BUSINESS
PART A - PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF INCOME  OF BRAIN) MARKETING US OTHE ED  STETSON LAW  PART B - SECONDARY SOURCE [Major customers, client (If you have nothing to  NAME OF	SO FINCOME s, and other sources of income to busine report, write "none" or "n/a")  NAME OF MAJOR SOURCES	URCE'S  DRESS  THR PON SPRINGS FL P  NIA, GA 350374, URD ST  PORT, FL 33707 SC  sees owned by the reporting person  ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  MARKETING & SALES  TUDENT MOANS  CHOLAR SHIP (ACADEMIC)  1- See instructions)  PRINCIPAL BUSINESS
PART A - PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF INCOME  OF BRAIN) MARKETING US OTHE ED  STETSON LAW  PART B - SECONDARY SOURCE [Major customers, client (If you have nothing to  NAME OF	SO FINCOME s, and other sources of income to busine report, write "none" or "n/a")  NAME OF MAJOR SOURCES	URCE'S  DRESS  THR PON SPRINGS FL P  NIA, GA 350374, URD ST  PORT, FL 33707 SC  sees owned by the reporting person  ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  MARKETING & SALES  TUDENT MOANS  CHOLAR SHIP (ACADEMIC)  1- See instructions)  PRINCIPAL BUSINESS
PART A PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF BRAIN) MARKETING US OFFT. ED  STET SON LAW  PART B SECONDARY SOURCE [Major customers, client (If you have nothing to  NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Lance	SO F INCOME s, and other sources of income to busine or report, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	PRESS  PRESS  PRESS  ADDRESS  OF SOURCE	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  MARKETING & SALES  LUENT WOANS  CHOLAR SHIP (ACADEMIC)  PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART A PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF BRAIN) MARKETING US OFFT. ED  STET SON LAW  PART B SECONDARY SOURCE [Major customers, client (If you have nothing to  NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Lance	SO FINCOME s, and other sources of income to busine report, write "none" or "n/a")  NAME OF MAJOR SOURCES	PRESS  TREPON SPRINGS FL  TOTA, GA STUSTY DE ST  SEES owned by the reporting person  ADDRESS OF SOURCE  TO SEE Instructions  TO SEE INS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  MARKETING & SALES  TUDENT MOANS  CHOLAR SHIP (ACADEMIC)  1- See instructions)  PRINCIPAL BUSINESS
PART A PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF BRAIN) MARKETING US OFFT. ED  STET SON LAW  PART B SECONDARY SOURCE [Major customers, client (If you have nothing to  NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Lance	SO F INCOME s, and other sources of income to busine or report, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	SEES OF SOURCE  OURCE'S  OURCE'S  OURCE  ADDRESS  OF SOURCE  OF SEE Instructions  OURCE  OURC	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  ARKETING & SALES  LUENT NOANS  CHOLAR SHIP (ACADEMIC)  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  You are not limited to the space on the nes on this form. Attach additional heets, if necessary.  ILING INSTRUCTIONS for when
PART A PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF BRAIN) MARKETING US OFFT. ED  STET SON LAW  PART B SECONDARY SOURCE [Major customers, client (If you have nothing to  NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Lance	SO F INCOME s, and other sources of income to busine or report, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	PRESS  PRESS  PRESS  PRESS  PRESS  PRESS  ADDRESS  OF SOURCE  III  S  III  II	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  ARKETING & SALES  LUENT NOANS  CHOLAR SHIP (ACADEMIC)  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  You are not limited to the space on the nes on this form. Attach additional heets, if necessary.
PART A PRIMARY SOURCES O (If you have nothing to  NAME OF SOURCE OF INCOME  OF BRAIN) MARKETING US OFFT. ED  STET SON LAW  PART B SECONDARY SOURCE [Major customers, client (If you have nothing to  NAME OF BUSINESS ENTITY  PART C REAL PROPERTY [Lance	SO F INCOME s, and other sources of income to busine or report, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	See instructions]	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  ARKETNA SALES  LUENT MANS  CHOLAR SHIP (ACADEMIC)  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  You are not limited to the space on the nes on this form. Attach additional heets, if necessary.  ILING INSTRUCTIONS for when not where to file this form are

	e" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
STOCKS	STASH AM	ERITRADE	£	
Auro				
PART E — LIABILITIES [Major debts - See instructions (if you have nothing to report, write "none				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NELNET (US DEPT. E.S.)	POBOX 746285, ATUANTA, GA 30374-6783			
ANTO NEASE, SOUTHEAST	POBOX 991817	, MOBILE, AL	36691-997	
PART F INTERESTS IN SPECIFIED BUSINESSES (	Ownership or position	s in certain types of bus	inesses - See Instructions]	
(If you have nothing to report, write "none"	or "n/e")	S ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY	News			
POSITION HELD WITH ENTITY	Ne			
OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
VATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to c	appointed school supe omplete annual ethics	erintendents, and commit training pursuant to section	esioners of a community redevelopment on 112.3142, F.S.	
I CERTIFY THAT I	HAVE COMPLI	ETED THE REQI	JIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE	
			DNEV CICNATURE ONLY	
SIGNATURE OF FILE	R:	CPA or ATTO	JANET SIGNATURE UNLT	
SIGNATURE OF FILE Signature:	<u>R:</u>	If a certified public acco	DRNEY SIGNATURE ONLY untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement:	
		If a certified public accoin good standing with the she must complete the I, Form 1 in accordance vinstructions to the form.	untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement:	
Signature:		If a certified public acco in good standing with the she must complete the I, Form 1 in accordance v	untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement:	
Signature:	ly	If a certified public accoin good standing with the she must complete the I, Form 1 in accordance vinstructions to the form.	untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement:	

If you were mailed 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 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 filling 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 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.