

FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2015

Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Starkey, Kathryn Elizabeth

MAILING ADDRESS:

4920 Galleon Court

CITY:

New Port Richey

ZIP:

34652

COUNTY:

Pasco

NAME OF AGENCY:

Pasco County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner, District 3

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

PROCESSED

244851

RECEIVED
2016 JUN 20 PM 12:44
BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 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 December 31, 2015 was \$ 7,108,965

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 \$ 200,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home (Primary Residence): 4920 Galleon Court, New Port Richey, Florida	\$630,000
Home: 10928 Alico Pass, New Port Richey, Florida	\$650,000
Boat (Southwind)	\$40,000
Personal Water Craft (Seadoo)	\$4,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
JB Starkey, Jr. (Galleon Court) 939 BEACH DR N, ST PETE 33701	\$170,000
Bank of America, 6014 US Highway 19, New Port Richey, Florida (Alico Pass)	\$150,000
Suntrust Bank, 5412 Little Road, New Port Richey, Florida (Alico Pass)	\$260,000

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2015 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 Board of County Commissioners	37918 Meridian Ave, Dade City, Florida 33525	\$84,794
National Cyber Partnership	101 East Kennedy Boulevard, #3300, Tampa, Florida 33602-5151	\$12,500

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			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 this 16 day of

June, 20 16 by KATHRYN E. STARKEY
Lucille J. Paterno
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission # FF 124004
Expires on 6/26/2018
Bonded thru Troy Fahn Insurance 900-306-7010
Produced Identification ON

Personally Known ☒

Type of Identification Produced _____

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 ☒

**COUNTY COMMISSIONER KATHRYN STARKEY
DISTRICT 3
PASCO COUNTY, FLORIDA**

**ADDENDUM TO FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS - 2015**

PART B – ASSETS (CONTINUED)

DESCRIPTION OF ASSET	VALUE OF ASSET
Beneficial Interest in JB Starkey, III Trust	\$6,124,965
Timeshare (1/4 Interest)	\$ 10,000
Bank of America 6014 US Highway 19 New Port Richey, FL	\$ 3,500
Regions Bank State Road 54 New Port Richey, FL	\$ 26,500

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