

105663314

FORM 1

STATEMENT 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 :

KROITOR MICHAEL BARRY

MAILING ADDRESS :

2401 SE 13<sup>TH</sup> STREET

CITY :

OCALA

ZIP :

FL 34471

COUNTY :

MARION

NAME OF AGENCY :

OCALA MUNICIPAL CODE ENFORCEMENT BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MUNICIPAL CODE ENFORCEMENT BOARD MEMBER

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

RECEIVED  
2016 JAN 15 PM 3:00  
SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2015 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
DISNEY DUE	1390 CELEBRATION BLVD CELEBRATION FL 34747	REAL ESTATE RENTAL INCOME
SMILEYS AUTO SALES INC	6710 SOUTH PINE AVE Ocala FL 34480	ACCOUNTS RECEIVABLE, RENT FROM PROPERTY
H F J CORP	6710 SOUTH PINE AVE Ocala FL 34480	BILLBOARD RENTAL, REAL ESTATE HOLDING
KNOCKOUT DONUTS LLC	20651 US HWY 441 MOUNT DORA FL 32757	BAKERY
STEVE BEGER	12495 Sunchase Drive JACKSONVILLE FL 32246	RENTAL INCOME, REAL ESTATE

PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
SMILEYS AUTO SALES INC	JAMES WILKINS	6710 SOUTH PINE AVE Ocala FL 34480	Used Car Lot
H F J CORP	RENNING'S TWIN MARKET	20651 US HWY 441 MOUNT DORA FL 32757	RENTAL INCOME

PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

6710 SOUTH PINE AVE Ocala FL 34480  
SE 95<sup>TH</sup> STREET : SE 36<sup>TH</sup> AVE (Parcel ID # 3659-000-00  
12495 Sunchase Drive Jacksonville FL 32246

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
See Attached list	

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo	One Home Campus Des Moines IA 50306

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A
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 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:

1-15-2016

**GPA or ATTORNEY SIGNATURE ONLY**

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.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**Facsimiles will not be accepted.**

**WHERE TO FILE:**

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.

**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.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

**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, 2015.

## Part D-Intangible Personal Property

▪ Checking	Bank of America
▪ Money Market	First Avenue National Bank
▪ Internap	Scotttrade
▪ Aircastle Ltd	Scotttrade
▪ Inland American Real Estate Trust Inc	The Principal Financial Group/Princor
▪ American Realty Capital Healthcare	The Principal Financial Group/Princor
▪ life insurance	Prudential
▪ Annuity	Prudential
▪ Annuity	Guggenheim Life and Annuity
▪ Annuity	The HartFord
▪ Annuity	Jackson National
▪ Tax credit (fund IV)	Boston Capital
▪ life insurance	SBLI Savings Bank Life insurance
▪ DVC (Disney time share)	Disney
▪ Renasant Corp (Bank stock)	Computershare
▪ First Avenue National Bank (bank stock)	ValMark Securites Inc.
▪ InvenTrust (Reit)	The Principal Financial Group/Princor
▪ Prudential Annuity	The Principal Financial Group/Princor
▪ Money Market	The Principal Financial Group/Princor
▪ Xenia (reit)	The Principal Financial Group/Princor
▪ Mobileye (stock)	The Principal Financial Group/Princor
▪ Xenia	The Principal Financial Group/Princor
▪ Business	Smileys Auto Sales Inc.
▪ Business	HFJ Corp
▪ Business	Knockout Donuts LLC