

## 2024 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 04/16/2024

### General Information

Name: Mr Mark Krause

PID 70793

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 04/11/2024

### AGENCY INFORMATION

| Organization | Suborganization | Title          |
|--------------|-----------------|----------------|
| Bay Lake     | City Council    | Council Member |

### Net Worth

My Net Worth as of April 11, 2024 was \$ 2,667,671.00.

**Assets**

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 effect is \$ 50,000.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset                | Value of Asset  |
|-------------------------------------|-----------------|
| Modular Home                        | \$ 150,000.00   |
| Partners Credit Union               | \$ 61,601.00    |
| Bank of America Savings             | \$ 7,715.00     |
| Merrill Lynch xx 096                | \$ 348,904.00   |
| Merrill Lynch IRA xx 136            | \$ 430,976.00   |
| Disney Savings and Invest Plan 401k | \$ 1,618,475.00 |

**Liabilities****LIABILITIES IN EXCESS OF \$1,000:**

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A              |                     |                     |

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A              |                     |                     |

**Income**

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2024, through the last date you held the office or position, including secondary sources of income.

**PRIMARY SOURCES OF INCOME:**

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount       |
|--------------------------------------------|-----------------------------|--------------|
| Walt Disney Pension                        | Fidelity investments        | \$ 18,624.00 |
| Social Security benefits                   | Social Security             | \$ 11,363.00 |

**SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):**

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| N/A                     |                                           |                   |                                       |

**Interests in Specified Businesses****Business Entity # 1**

N/A

**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6F and that the facts stated in it are true.

***Mark Krause***

Digitally signed: **04/16/2024**

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