

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:

2015 DEC 31 PM 2:35

LAST NAME — FIRST NAME — MIDDLE NAME:

Klyap Michael Jr.

MAILING ADDRESS:

CITY :

ZIP :

COUNTY :

Citrus

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Sheriff

CHECK IF THIS IS A FILING BY A CANDIDATE ☒**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 \$ 41,500.00.

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 \$ 331,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Residence	\$200,000.00
Household items, \$10,000.00 2001 Proline 20 Sport \$10,000.00	\$20,000.00
2013 Harley Trike \$20,000.00 2015 BMW 325 \$35,000.00	\$55,000.00
2005 Hummer H2 \$10,000.00 2013 Ford Explorer \$46,000.00	\$56,000.00

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Residence \$172,000.00-Citi Mortgage PO Box 660065 Dallas, Tx 75266-0065	\$172,000.00
Household items -Chase/ Military Star PO Box 659752 San Antonio, Tx 78265	\$10,000.00
2013 Harley Trike \$17,500.00 SSCU-PO Box 11904, Tampa, Florida 33680	\$17,500.00
2013 F150 FX2 Pickup \$45,000.00 Ford Credit PO Box 542000 Omaha, Ne 68154	\$45,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

2015 BMW 328 \$35,000.00- BMW Financial Services 300 Chestnut Ridge Road, Woodcliff Lake, NJ 07677	\$32,000.00
Credit Cards SCU PO Box 11904, Tampa, Florida 33680,	\$7,000.00

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
Department of Defense, Veterans Administration	DFAS PO Box 7130 London Ky 40742, VA.S Department of Veterans Affairs, 810 Vermont Ave, Washington DC 20420	\$10,808.76 \$38,251.20
SSA, State of Florida Retirement	SS Administration, 1 Jamaica Plz, Jamaica NY 11432-3898 Florida Div of Ret PO Box 9000 Tallahassee, FL	\$25,57.00 1 \$42,440.58

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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 Citrus

Sworn to (or affirmed) and subscribed before me this 20th day of

June, 2016 by Mike Lyap

Elizabeth Anne Atkinson
(Signature of Notary Public, State of Florida)

Elizabeth Anne Atkinson
My Commission FF 230170

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

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 ☐