# FORM 1 STATEMENT OF FINANCIAL INTERESTS 2004

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Frederick, Bill

MAILING ADDRESS :
105 West New Hampshire St.

CITY : Orlando, FL
ZIP : 32804
COUNTY : Orange

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Mayor-Commissioner, City of Orlando

**CHECK ONLY IF** ☑ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

**FOR OFFICE USE ONLY:**

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2004

****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 (check one):

☑ DECEMBER 31, 2004 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:_____

**MANNER OF CALCULATING REPORTABLE INTERESTS:**
THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|---|---|---|
| Social Security | Social Security Administration, Birmingham, AL | Distribution of benefits |
| City of Orlando | 400 S. Orange Avenue, Orlando | City Government Pension Funds |
| Various Deferred Compensation Plans | City of Orlando; BCBS of Fla. | City governemnt; insurance |
| Dividends on various stocks/bonds | Personal accounts with SmithBarney | Investments |

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|---|---|---|---|
| None | | | |
| | | | |
| | | | |
| | | | |

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]

Residence located at 105 W. New Hampshire, Orlando, FL.

Additional real estate holdings are owned by various partnerships or trusts of which I am a partner or trustee. These are not reported personally.

**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.

**OTHER FORMS** you may need to file are described on page 6.

 **(Continued on reverse side)**

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|---|---|
| Miscellaneous stocks and bonds held in accounts | |
| managed by SmithBarney | Held individually or jointly with spouse |
| | |
| | |
| | |
| | |

**PART E — LIABILITIES** [Major debts]

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|---|---|
| SunTrust Bank, Orlando | 200 South Orange Avenue, Orlando, FL 32801 |
| | |
| | |
| | |
| | |

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---|---|---|
| NAME OF BUSINESS ENTITY | Frederick Enterprise Group | | |
| ADDRESS OF BUSINESS ENTITY | P. O. B ox 2951, Orlando, FL | | |
| PRINCIPAL BUSINESS ACTIVITY | Personal/Family financial interests | | |
| POSITION HELD WITH ENTITY | Owner(doing business as) | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | 100% | | |
| NATURE OF MY OWNERSHIP INTEREST | Personal ownership | | |

**IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE** ☐

**SIGNATURE (required):** Bill Frederick

**DATE SIGNED (required):** March 21, 2005

# 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.

## NOTE:
## MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

## 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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

## 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*** for publicly-elected local office must file at the same time they file their qualifying papers.

***Thereafter***, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

***Finally***, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.