

FINANCIAL INTERESTS

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

2006 JAN 11 PM 4:59

LAST NAME -- FIRST NAME -- MIDDLE NAME :

CARR ROBERT SPENCER (JR.)

FOR OFFICE USE ONLY:

MAILING ADDRESS :

204 W. SPRUCE ST.

ID Code

CITY : ZIP : COUNTY :

ORLANDO FL 32804 ORANGE

ID No.

NAME OF AGENCY :

CITY OF ORLANDO

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY COMMISSIONER DIST. 3

P. Req. Code

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

PDF 2005

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, 2005 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
AVALON SCHOOL, INC.	5002 ANDRUS AVE. ORLANDO 32804	PRIVATE SCHOOL
(SELF-EMPLOYMENT AS BANDLEADER/ENTERTAINER)	204 W. SPRUCE ST. ORLANDO 32804	ENTERTAINMENT (MUSIC)

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
PEYTON + DAY ENTERTAINMT.	WIDE VARIETY OF CLIENTS FROM LOCAL HOTELS TO NATIONAL ORGANIZATIONS AND COMPANIES	1601 PARK CTR. DR. SUITE 11 ORLANDO FL 32835	ENTERTAINMENT BOOKING + PRODUCTION
ASSOCIATED ENTERTAINMT. NETWORK		80 BOX 691077 ORLANDO FL 32869-1077	"

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

SINGLE-FAMILY 3/2 Home at 204 W. Spruce St.
Orlando FL 32804

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.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
STOCK (equities)	AMERICAN INT'L GROUP, INC. · INSURANCE
STOCK "	BANK OF AMERICA CORP. · FINANCE + BANKING
STOCK "	EXXON/MOBIL CORP. · ENERGY
STOCK "	SUNTRUST BANKS, INC. · FINANCE + BANKING
STOCK (mutual funds)	WM FINANCIAL SERVICES (2 acc'ts) · MUTUAL FUND
STOCK (COLLEGE PLAN)	PUTNAM INVESTMENTS (2 acc'ts.) · MUTUAL FUND

PART E — LIABILITIES [Major debts] **IRA** WACHOVIA/MASSACHUSETTS INV. TRUST · MUTUAL FUND

NAME OF CREDITOR	ADDRESS OF CREDITOR
WASHINGTON MUTUAL (MORTGAGE)	P.O. BOX 3139 MILWAUKEE, WI 53001-3139
WASHINGTON MUTUAL (EQUITY LN.)	P.O. BOX 91006 SEATTLE, WA 98111

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

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

SIGNATURE (required): *Robert A. Carr, Jr.*

DATE SIGNED (required): 1-11-06

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).

Facsimiles will not be accepted.

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.