2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/17/2025

General Information

Name: Mr William Thomas Mccoy

PID 309474

AGENCY INFORMATION

Organization	Suborganization	Title
Lake Buena Vista	City Council	

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(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
Social Security	4030 W Vine St, Kissimmee, FL 34741	Social Security
Walt Disney Parks and Resorts	Keystone Paying Agent Inc., P.O. Box10125, Lake Buena Vista, FL 32830	Project Engineer
Defense Finance and Accounting Office	8899 E. 56th Street, Indianapolis, IN	U.S. Military Retired Pay
Fidelity Investments	100 Maqellan WayKWIC, Covington, KY 41015-1987	Disney Pension
Fidelity Investments Operations LLC	PO Box 28007, Albuquerque, I'm in a meeting right now. I will call you as soon as I can. 87125-8007	Personal Mutual Fund

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
Annuity	North American Annuity
Mutual Funds	Fidelity advisor Capital Development Fund

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☐ I certify that I have completed the required training under Section 112.3142, F.S.

☑ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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Signature of Filer

William Thomas Mccoy

Digitally signed: **06/17/2025**

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