

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Williams Fredrick G.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

North Orange County Community College District

Division, Board, Department, District, if applicable

Your Position

Vice Chancellor, Finance and Facilities

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State
Multi-County Orange and Los Angeles Counties
City of
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2018, through December 31, 2018.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election

4. Schedule Summary (must complete) Total number of pages including this cover page:

Schedules attached

- Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1830 W. Romneya Dr. Anaheim CA 92801-1819
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(714) 808-4746 fwilliams@nocccd.edu

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/18/19
(month, day, year)

Signature [Signature]
(File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Fredrick G. Williams

▶ NAME OF SOURCE *(Not an Acronym)*
AJ Gallagher

ADDRESS *(Business Address Acceptable)*
18201 Von Karman Ave., Ste. 200, Irvine, 92612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Activity

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 17 / 18 | \$ 72.36 | Wine Tour |
| 11 / 07 / 18 | \$ 34.28 | Dinner |
| / / | \$ | |

▶ NAME OF SOURCE *(Not an Acronym)*
Brit Global Specialty, USA

ADDRESS *(Business Address Acceptable)*
161 North Clark St., Ste. 2900, Chicago, IL 60601

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Activity

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 18 / 18 | \$ 73.16 | Dinner |
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Comments: _____

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