FORM 1		STATEMENT OF			2005
Please print or type your name, mailing address, agency name, and position belo	w: F	INANCIAL	INTERE	STS	
LAST NAME FIRST NAME MIDD Rose berg T MAILING ADDRESS	LE NAME	ore R		FOR OFFICE USE ONLY:	
3720 Bay Ch	eek I	)e_			/
	s <u>34/</u> 2			ID	
	ZIP	COUNTY :		D	No. ĤYG
NAME OF AGENCY :	/ -			Co	U ₽ onf. Code Q
BAY CREEK COMUM	LD OR SO	UGHT:	Astric [		No. 0600000000000000000000000000000000000
Supervisor		· · · · · · · · · · · · · · · · · · ·			—————————————————————————————————————
CHECK ONLY IF 🗋 CANDIDATE	OR [	NEW EMPLOYEE OR A	PPOINTEE		
A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER	ELOW WHE D5 <u>O</u> RTABLE INT RS THE OF S, OR USIN SE STATE B	THER THIS STATEMENT IS R SPECIFY FERESTS: PTION OF USING REPOR IG COMPARATIVE THRES SELOW WHETHER THIS ST	S FOR THE PRECED TAX YEAR IF OTHE RTING THRESHOLDS HOLDS, WHICH ARE TATEMENT REFLECT	ING TAX YEAR E R THAN THE CA S THAT ARE AE E USUALLY BAS S EITHER (chec	LENDAR YEAR: SOLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF I NAME OF SOURCE	NCOME [M		ne reporting person] RCE'S	D	ESCRIPTION OF THE SOURCE'S
			RESS		
BURNEY MANAGE MENT COM		WAShington DC	s Church VI		vestment HANAJement
Social Security	~/'	il il	4		
Dividends & Interest	6	Swith BARNEY PAU	ve licher Scha	ub, Di	vidends & Interest
PART B SECONDARY SOURCES		Dwates , wacher, [Major customers, clients,	and other sources of	income to busine	ses owned by the reporting person]
NAME OF BUSINESS ENTITY		OF MAJOR SOURCES	ADDRE OF SOU		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
			-		
PART C REAL PROPERTY [Land,	buildings ov	wned by the reporting perso	n] 	and	ING INSTRUCTIONS for when where to file this form are locat- t the bottom of page 2.
				this	TRUCTIONS on who must file form and how to fill it out begin bage 3.
					HER FORMS you may need to are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	' [Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
stacks	Princ leaber, C Sch wab, Sm. th Brevey TD waterhs.			
Bank Accounts	Northern Transt. Wachours, Arned Forces Bask.			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR			
	•			
PART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or positions in certain types of businesses]			
BUSINESS	S 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				
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE	נ		
SIGNATURE (required):	DATE SIGNED (required): 5/25/04	* * * *		
Control (100 Control C		• • •		
	FILING INSTRUCTIONS:	•.		
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:			
After completing all parts of this form, including signing and dating it, send back only the first	on Ethics or a County Supervisor of Elections for officer, and specified state employ	<i>Initially</i> , each local officer/employee, state officer, and specified state employee must		
sheet (pages 1 and 2) for filing.	your annual disclosure filing, return the form to that location. file within 30 days of the date of h appointment or of the beginning of			
If you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/employees file with the Supervisor ment. Appointees who must be continued the Sounds must file prior to confirmate	firmed by		
section(s).	nently reside. (If you do not permanently reside if that is less than 30 days from the da			
Facsimiles will not be accepted.	in Florida, file with the Supervisor of the county where your agency has its headquarters.) Candidates for publicly-elected loc	cal office		
NOTE:	State officers or specified state employees must file at the same time they file quality of the same time time time time the same time time time time time time time ti			

*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.

## 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.

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.