FORM 1 STATEMENT OF		2005	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERE	STS [		
LAST NAME FIRST NAME MIDDLE NAME : ROTHMAN THOMAS TYLER MAILING ADDRESS :	FOR OFFICE USE ONLY:		NN1790.
431 RABBIT KOAD		) Code	
CITY: ZIP: COUNTY: SANIBEL 33957 LEE NAME OF AGENCY: CITY OF SANIBEL		D No.	OGJUNGOMM1139 SOEL ee Co Fi
NAME OF OFFICE OR POSITION HELD OR SOUGHT :	P.	Req. Code	Ë
COUNCILMAN CHECK ONLY IF CANDIDATE OR M NEW EMPLOYEE OR APPOINTEE	_		
**BOTH PARTS OF THIS SECTION MUST BE COM DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDI DECEMBER 31, 2005 <u>OR</u> SPECIFY TAX YEAR IF OTHER MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE INSTRUCTIONS for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECT COMPARATIVE (PERCENTAGE) THRESHOLDS <u>OR</u>	R, WHETHER B ING TAX YEAR I R THAN THE C/ S THAT ARE A E USUALLY BAS S EITHER (check	ENDING EITHER (check one): ALENDAR YEAR: BSOLUTE DOLLAR VALUES, WHI SED ON PERCENTAGE VALUES (	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
FIDELITY INVESTMENTS P.O. BOX 770001 FIDELITY INVESTMENTS CINCINNATI OH 4527 SociAL Security ADMIN BALTIMORE, MD 21235	7 BRO	KERAGE AND TITCHENT ACCOUN	STS
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of in NAME OF MAJOR SOURCES ADDRE BUSINESS ENTITY OF BUSINESS' INCOME OF SOU WEST FULF DIG TAL, FIC PHOTOGRAPHY CLIENTS SAN USEL, F	ESS IRCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting person] HOME - 431 RABBIT ROAD, SANIBEL, FL 339	and ed a INS this	ING INSTRUCTIONS for when where to file this form are located to the bottom of page 2. STRUCTIONS on who must fifther form and how to fill it out begin page 3.	it-
		HER FORMS you may need t are described on page 6.	0

PART D — INTANGIBLE PERSO TYPE OF INTANGI		ocks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH	I THE PROPERTY RELATES	
IRA		Fipelity	INVESTMENTS		
IRA		THE VANGUARD GIROUP			
TRA		AMERICAN CENTURY			
TRA		GABelli			
IRA		FIRSTTRADE			
	<u>, and an </u>				
PART E — LIABILITIES [Major o NAME OF CRED		-	ADDRESS OF	CREDITOR	
		P.O. Box 563966, CHARlotte, NC 28256			
WACDOVIA BANK P.O. BOX 563966, CHARlot		01701100 20296			
			an a		
			·····		
PART F INTERESTS IN SPECI	FIED BUSINESSES [	Ownership or positi	ons in certain types of businesses]		
	FIED BUSINESSES [( BUSINESS EN		ons in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
PART F — INTERESTS IN SPECI NAME OF BUSINESS ENTITY				BUSINESS ENTITY # 3	
NAME OF				BUSINESS ENTITY # 3	
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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	BUSINESS EN	TITY # 1	BUSINESS ENTITY # 2		
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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

Facsimiles will not be accepted.

## NOTE:

section(s).

## 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.

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.

*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.