

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Osgood, Rosalind, Dr

MAILING ADDRESS:
1819 NW 3rd CT

CITY : ZIP : COUNTY :
Fort Lauderdale 33311-8703 Broward

NAME OF AGENCY :
Broward County Public Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Elected Constitutional Officer, Board Member

CHECK IF THIS IS A FILING BY A CANDIDATE

COMMISSION ON ETHICS
DATE RECEIVED

JUL 0 3 2013

PROCESSED

244535

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December, 20 12 was \$ 73,251

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 198,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
House 1819 NW 3rd ct 25-26 B Lot 16	\$66,000
House 905 NW 5th St 3-9 Lot 11	\$23,000
Cash	\$10,000
Vehicles:Mercedes E500 \$30,000 Ford Taurus\$ 18,000 Honda Accord \$3000 Mitsubishi Lancer \$17534	\$68,534
Household Equipment \$8,000 Furniture \$25,000 Clothing \$10,000	\$43,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bank Atlantic, 1300 SE 17th St. Causeway Ft Lauderdale	\$136,535
Student Loans USA FUNDS \$120,000; Nelnet \$15,000	\$135,000
GM Financial, 801 Cherry St Ft Worth TX	\$12,327
Regional Acceptance, Jacksonville FL	\$14,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and attachments*, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS 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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

STATE OF FLORIDA
 COUNTY OF Broward

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 1 day of

July, 2013 by _____

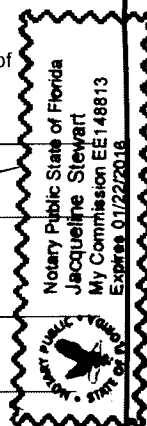
Jacqueline Stewart
 (Signature of Notary Public--State of Florida)

Jacqueline Stewart
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

Boadie [Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
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.

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning 2012, ending 2012, ending 20 See separate instructions.

Your first name and initial Last name ROSALIND V OSGOOD Your social security number [REDACTED]

If a joint return, spouse's first name and initial Last name Spouse's social security no.

Home address (number and street). If you have a P.O. box, see instructions. 1819 NW 3RD COURT Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). FORT LAUDERDALE FL 33311 Presidential Election Campaign

Foreign country name Foreign province/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.)
 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instr.)
 If more than four dependents, see instr. and check here ▶
 GABRIEL SHEFFIELD SON
 SHENNETTE SHEFFIELD DAUGHTER
 d Total number of exemptions claimed 3

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 142,927.
 8a Taxable interest. Attach Schedule B if required 8a
 b Tax-exempt interest. Do not include on line 8a 8b
 9a Ordinary dividends. Attach Schedule B if required 9a
 b Qualified dividends 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes 10
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12 650.
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13
 14 Other gains or (losses). Attach Form 4797 14
 15a IRA distributions 15a 2,533. b Taxable amount 15b
 16a Pensions and annuities 16a b Taxable amount 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount 20b
 21 Other income. List type and amount (see instr.) 21
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 143,577.

Adjusted Gross Income 23 Educator expenses 23
 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 Deductible part of self-employment tax. Attach Schedule SE 27 9.
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN ▶ 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Tuition and fees. Attach Form 8917 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 35 36 9.
 37 Subtract line 36 from line 22. This is your adjusted gross income 37 143,568.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for:
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$5,950
Married filing jointly or Qualifying widow(er), \$11,900
Head of household, \$8,700

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No
Designee's name: MICHAEL LEWIS, Phone no.: 954-454-9977, Personal identification number (PIN):

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature: MICHAEL LEWIS, Date: , Your occupation: CEO OF MODCO, Daytime phone number: 954-261-4398
Spouse's signature: , Date: , Spouse's occupation: , If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Table with 5 columns: Field name, Value, Field name, Value, Field name, Value. Includes Paid Preparer's Use Only section.

a Employee's SSN		b Employer identification number (EIN) 65-0548855		OMB No. 1545-0008	
c Employer's name, address, and ZIP code MOUNT OLIVE DEVELOPMENT CORPORATI 401 N.W. 9TH AVENUE FORT LAUDERDALE, FL 33311		1 Wgs, tips, other compr 15345.00	2 Fed inc tax withheld 1548.00	3 Social security wages 15345.00	Form W-2 Wage and Tax Statement 2012
d Control number		4 SS tax withheld 644.49	5 Medicare wages & tips 15345.00	6 Medicare tax withheld 222.50	
e Employee's name, address, and ZIP code ANTHONY SHEPPFIELD. 1819 NW 3RD COURT FT LAUDERDALE FL 33311		7 Social security tips	8 Allocated tips	9	
		10 Depndt care benefits	11 Nonqualified plans	12a	
		13 Statutory employee <input type="checkbox"/>	14 Other	12b	Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.
		Retirement plan <input type="checkbox"/>		12c	
		Third-party sick pay <input type="checkbox"/>		12d	
15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	
				20 Locality name	

OBMW2B2C 10/10/12

Department of the Treasury — IRS