FORM 1	STATEM	ENT OF		2011
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		
LAST NAME - FIRST NAME - MIDDLE	NAME: JOSEPH ROBE	FOR OF USE ON		
MAILING ADDRESS: 24 251 COPPER	LEAF BLUD_			
	_		1 /	7
BUNITA SPRINGS	ZIP: COUNTY: 34135 (<u> </u>	O No	12MAY30AM 9 44 SQE LEE CO.F.
BROOKS OF BONIT	A SPRINGS II CO	00		Code G
SEAT 5 You are not limited to the space on the lines	on this form. Attach additional sheets.	if necessary		- A
CHECK ONLY IF CANDIDATE C		·		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2011 MANNER OF CALCULATING REPORTAL THE LEGISLATURE ALLOWS FILERS TREQUIRES FEWER CALCULATIONS, O INSTRUCTIONS FOR FURTHER OF STATES.	WHETHER THIS STATEMENT IS OR SPECIFY BLE INTERESTS: THE OPTION OF USING REPORT R USING COMPARATIVE THRESH TTATE BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN THE TING THRESHOLDS THAT AN HOLDS, WHICH ARE USUALL' ATEMENT REFLECTS EITHER	ER BASE EAR END HE CALEI RE ABSC Y BASED (must ch	DON A CALENDAR YEAR OR ON DING EITHER (must check one): NDAR YEAR: DLUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see neck one):
COMPARATIVE (PERCENTAGE) 1 PART A PRIMARY SOURCES OF INC		DOLLAR V		
(If you have nothing to report	rt, you must write "none" or "n/a")			
NAME OF SOURCE OF INCOME		RCE'S RESS		SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
GENERAL ELECTRIC Co.	P. D. Box 66300 F		CONFLOMERATE	
GE MUTUAL FUNDS	PO BOX 9838 120		Murual Fano	
VANGUARD GROUP		ALLLY FORGE, PA		TEAL FUND
SUCIAL SECULLITY	3174 E. TAMIAMI	TR MADLES, FL	4.5.	TREASURY
	INCOME I other sources of income to business rt , you must write "none" or "n/a"		son - See	instructions p. 4]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none				
PART C REAL PROPERTY [Land, bui (If you have nothing to repor	Idings owned by the reporting persor t, you must write "none" or "n/a")		when a	G INSTRUCTIONS for and where to file this form cated at the bottom of page 2.
			file thi	RUCTIONS on who must s form and how to fill it out on page 3.
			ОТНЕ	R FORMS you may need are described on page 6.
		1	1116	are accorded on bage of

				<u> </u>		
PART D — INTANGIBLE PERSON (If you have nothing to			icates of deposit, etc See instructions p. 5 n/a")			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
STOCK		GENERAL ELECTRIC, MICROSUFT, CISCO, ULZISION, TIMELIAMINE				
MULTUAL FUMBS &	ETF.S	UBS, VANGUARD				
SAVINGS ACCOUNT		GE INTEREST PLUS				
PART E — LIABILITIES [Major de (If you have nothing to			n/a")	-		
NAME OF CREDITOR		ADDRESS OF CREDITOR				
						
PART F — INTERESTS IN SPECIFI (If you have nothing to	report, you must write		ions in certain types of businesses - See instr ") BUSINESS ENTITY # 2	ructions p. 5]		
NAME OF BUSINESS ENTITY				3		
ADDRESS OF BUSINESS ENTITY				4		
PRINCIPAL BUSINESS ACTIVITY				A		
POSITION HELD WITH ENTITY				H		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				<u>8</u>		
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A	THROUGH F ARI	E CONTINUE	D ON A SEPARATE SHEET, PLEA	ASE CHECK HERE		
SIGNATURE (require	red):	_	DATE SIGNED (required):			
~ ~ ~			5/30/20			

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first 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 section(s).

NOTE:

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.

FILING INSTRUCTIONS:

WHERE TO FILE:

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.

Facsimiles will not be accepted.

WHEN TO FILE:

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.