

**FORM 1****STATEMENT OF****2013**

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 :

Roepstorff, Robbie Briggs

MAILING ADDRESS :

13000 S. Cleveland Avenue

CITY :

Fort Myers

ZIP :

33907

COUNTY :

Lee

NAME OF AGENCY :

Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Local Officer/Member of the Industrial Development Authority

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

14 JUN 24 PM 1025 SOL LEE (04)

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PM 6/20**\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*****DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☒ DECEMBER 31, 2013 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions](If you have nothing to report, write "none" or "n/a") **\*\*\*CONTINUED ON SEPERATE SHEET\*\*\***

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Edison National Bank	13000 S. Cleveland Ave., Fort Myers, FL 33907	Commercial Banking
B&D of Southwest Florida, LLC	P.O. Box 61399, Fort Myers, FL 33907	Real Estate Investment Co.
Edison National Bank-Directors Fees	13000 S. Cleveland Ave., Fort Myers, FL 33907	Bank Board Director
Edison Bancshares, Inc.	13000 S. Cleveland Ave., Fort Myers, FL 33907	Bank Holding Company

**PART B -- SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
B&D of Southwest Florida, LLC	Edison National Bank	13000 S. Cleveland Ave. Fort Myers, FL 33907	Commercial Bank

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

13000 S. Cleveland Avenue, Fort Myers, FL 33907

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**FORM 1**

**STATEMENT OF**

**2013**

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 :

Roepstorff, Robbie Briggs

\*14JUN24PM1025 SDE LEE LOFI

MAILING ADDRESS :

13000 S. Cleveland Avenue

CITY :

Fort Myers

ZIP :

33907

COUNTY :

Lee

NAME OF AGENCY :

Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Local Officer/Member of Industrial Development Authority

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

**\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\***

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MANNER OF CALCULATING REPORTABLE INTERESTS:

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☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a") \*\*\*CONTINUED FROM PAGE 1\*\*\*

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Sanibel-Captiva Trust Co.	2460 Palm Ridge Road, Sanibel, FL 33957	Trust Company

**PART B -- SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See Attached (page 1 )			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

See Attached (page 1 )

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** (Stocks, bonds, certificates of deposit, etc. - See instructions)  
(If you have nothing to report, write "none" or "n/a") \*\*\*CONTINUED ON SEPERATE SHEET\*\*\*

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Cash	Edison National Bank
Marketable Securities	Fifth Third Bank and FNB Corp.
Non-Marketable Securities	Edison Bancshares, Inc. & Sanibel-Captiva Trust Company

**PART E — LIABILITIES** (Major debts - See instructions)  
(If you have nothing to report, write "none" or "n/a") \*\*\*CONTINUED ON SEPERATE SHEET\*\*\*

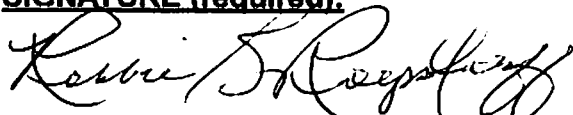
NAME OF CREDITOR	ADDRESS OF CREDITOR
Edison National Bank	13000 S. Cleveland Ave., Fort Myers, FL 33907
Independent Banker's Bank	615 Crescent Executive Court, Ste.400, Lake Mary, FL 32746
QR Lending	555 Zor Shrine Place, Madison, WI 53719

**PART F — INTERESTS IN SPECIFIED BUSINESSES** (Ownership or positions in certain types of businesses - See instructions)  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Edison National Bank	
ADDRESS OF BUSINESS ENTITY	13000 S. Cleveland Ave.	Fort Myers, FL 33907
PRINCIPAL BUSINESS ACTIVITY	Commercial Banking	
POSITION HELD WITH ENTITY	President & Director	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	n/a	
NATURE OF MY OWNERSHIP INTEREST	n/a	

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

**SIGNATURE (required):**



**DATE SIGNED (required):**

June 20, 2014

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

**FILING INSTRUCTIONS:**

**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.

**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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**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, 2013.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a") \*\*\*CONTINUED FROM PAGE 2\*\*\*

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Business Interests	B&D of Southwest Florida, LLC
Cash Value of Life Ins. & IRAs	Minnesota Mutual & John Hancock, LPL Financial

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a") \*\*\*CONTINUED FROM PAGE 2\*\*\*

NAME OF CREDITOR	ADDRESS OF CREDITOR
John Hancock	PO Box 55913, Boston, MA 02205-5913

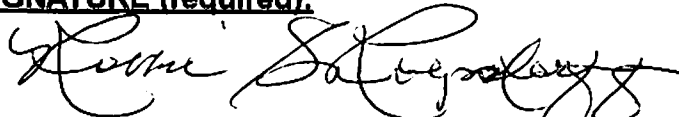
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	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	See Attached (page 2)	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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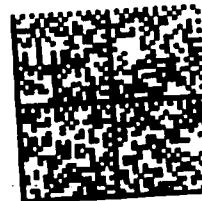
Post Office Box 61399  
Fort Myers, Florida 33906-1399

**CERTIFIED MAIL**



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FL 339  
20 JUN '14  
PM 4:11



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**\$06.490**

06/20/2014

Mailed From 33907  
**US POSTAGE**

**RETURN RECEIPT  
REQUESTED**

Supervisor of Elections  
P.O. Box 2545  
Fort Myers, FL 33902-2545

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