

# FORM 1

# STATEMENT OF FINANCIAL INTERESTS

# 2020

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Roepstorff Robbie Briggs

MAILING ADDRESS :

13000 S. Cleveland Ave.

CITY : ZIP : COUNTY :

Fort Myers 33907 Lee

NAME OF AGENCY :

Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Regular Member of the Airports Special Management Committee

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

21 JUN 4PM 0901 SDE Lee Co FL

NOL  
6/11

\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

**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 (must check one):

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 separate sheet\*\*\*

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

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

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 FINANCIAL INTERESTS

# 2020

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Roepstorff Robbie Briggs

MAILING ADDRESS :

13000 S. Cleveland Ave.

CITY : ZIP : COUNTY :

Fort Myers 33907 Lee

NAME OF AGENCY :

Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Regular Member of the Airports Special Management Committee

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**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 Holdings, Inc.	2460 Palm Ridge Rd., Sanibel, FL 33957	Wealth Management Services
Morgan Stanley	1 New York Plaza, 12th Floor, New York, NY 10004	IRA Distribution

**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

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


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**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 separate sheet\*\*\*

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Cash	Edison National Bank, Morgan Stanley
Marketable Securities	Fifth Third Bank and FNB Corp.

**PART E — LIABILITIES** [Major debts - See instructions] \*\*\*Continued on separate sheet\*\*\*  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Edison National Bank	13000 S. Cleveland Ave., Ft. Myers, FL 33907
First National Bankers Bank	605 Crescent Executive Ct., Ste. 224, Lake Mary, FL 32746

**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
	ADDRESS OF BUSINESS ENTITY	PRINCIPAL BUSINESS ACTIVITY	POSITION HELD WITH ENTITY
Edison National Bank	13000 S. Cleveland Ave.,	Commercial Banking	Ft. Myers, FL 33907
		President and Director	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		
NATURE OF MY OWNERSHIP INTEREST	N/A		

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

6/10/21

**CPA or ATTORNEY SIGNATURE ONLY**

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.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

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. To determine what category your position falls under, see page 3 of instructions.

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**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** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a") ***Continued from page 3***	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Non-Marketable Securities	Edison Bancshares, In.c and Sanibel-Captiva Trust Company
Cash Value of Life Insurance, IRAs	Northwestern Mutual, Lincoln National, Morgan Stanley, Empower


<b>PART E — LIABILITIES</b> [Major debts - See instructions] ***Continued from page 3*** (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Empower	P.O. Box 173764, Denver, CO 80217-3764

<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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		

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I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

<p><b><u>SIGNATURE OF FILER:</u></b></p> <p>Signature: </p> <p>Date Signed: <u>6/10/21</u></p>	<p><b><u>CPA or ATTORNEY SIGNATURE ONLY</u></b></p> <p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p>
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**FILING INSTRUCTIONS:**

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*Robbie B. Roepstorff*  
*1287 Isabel Drive*  
*Sanibel Island, FL 33957*

June 10, 2021

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

Re: Financial Disclosure for Robbie B. Roepstorff

To Whom It May Concern:

Please find the enclosed Statement of Financial Interests (Form 1-2020) as required by the Florida Commission on Ethics for Robbie B. Roepstorff as a Regular Member of the Lee County Port Authority Airports Special Management Committee.

Sincerely,



Robbie Roepstorff

RBR/kas

Enclosures



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06/11/2021

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ZIP 33907  
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Robbie Roepstorff  
13000 S. Cleveland Ave.  
Fort Myers, FL 33907

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

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