# 2025 Form 1 - Statement of Financial Interests

**Filed with COE: 06/15/2026**

## General Information

Name: Mrs Catherine D Robinson

**PID 73042**

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|---|---|---|
| Bunnell | City Commission | Mayor |
| Bunnell | Community Redevelopment Agency Board | Chair |

## Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

## Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

| **Name of Source of Income** | **Source's Address** | **Description of the Source's Principal Business Activity** |
|---|---|---|
| Florida Health Care Plans | 2450 Mason Ave. Daytona Beach, Florida 32114 | Local HMO |
| City of Bunnell | 604 E. Moody Blvd. Bunnell, Florida 32110 | City Government |
| Social Security Administraation | 4990 S. Clyd Morris Blvd. Port Orange, Fl 32127 | Retirement |
| LPL Financial | 1055 LPL Way, Fort Mill, SC 29715 | Investment income - retirement |
| State Life Insurance Co | One American Square, Indianapolis, IN 46282 | Annuity Income |
| Brighthouse Life Insurance | PO Box 4363, Clinton, IA 52733-4363 | Investment income - retirement |

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## Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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 |
|---|---|---|---|
| N/A | | | |

## Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

| Location/Description |
|---|
| 90 County Road 65, Bunnell, Florida 32110 5.15 acres |

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## Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

| Type of Intangible | Business Entity to Which the Property Relates |
|---|---|
| LPL Brokage Account IRA | n/a |
| LPL Brokerage Accoun Non Retirement | n/a |
| Franklin Templeton Roth IRA | n/a |
| MetLife/Brighthouse Annuity IRA | n/a |
| Athene Annuity IRA | n/a |
| Brighthouse SmartCAre LI/LTC | n/a |
| Stateline LTC | n/a |
| Retirement Planners 401K | n/a |
| Bank of America savings account | n/a |
| Space Coast Credit Union savings | n/a |
| Schwab Brokerage Account | n/a |

## Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

| Name of Creditor | Address of Creditor |
|---|---|
| N/A | |

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## Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

| Business Entity # 1 |
| --- |
| N/A |

## Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

## Signature of Filer

***Catherine D Robinson***

Digitally signed: **06/15/2026**

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