2024 Form 1 - Statement of Financial Interests

Filed with COE: 01/06/2025

General Information

Name: Mrs Catherine D Robinson

PID 73042

AGENCY INFORMATION

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

CANDIDATE FOR

Position	Agency Name	Position sought or held
Mayor for a City, Town or Village - Form 1 (Effective 6/10/2024)	City of Bunnell	Mayor, City of Bunnell

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

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

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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: **01/06/2025**

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