FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2013

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

PAUL        JUDITH        ANN

MAILING ADDRESS:

14421 SW 24 ST

DAVIE 33325 BROWARD

CITY:        ZIP:        COUNTY:

NAME OF AGENCY:

Town of DAVIE

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MAYOR

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 ****

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")

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>SOURCE'S ADDRESS</th>
<th>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security USA</td>
<td></td>
<td>Social Security Benefits - retired</td>
</tr>
<tr>
<td>StoffIdw. of Retirement</td>
<td>Po Box 3000 Tallahassee Fl 32315</td>
<td>Educator retired</td>
</tr>
<tr>
<td>Town of Davie</td>
<td>6511 Orange Dr. Davie Fl 33314</td>
<td>Mayor</td>
</tr>
</tbody>
</table>

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")

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF MAJOR SOURCES OF BUSINESS' INCOME</th>
<th>ADDRESS OF SOURCE</th>
<th>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>ADDRESS/DESCRIPTION</th>
<th>VALUE</th>
<th>USE</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 1/2 Acres Invenzie</td>
<td>2320551</td>
<td>QE 06/10-000- A600 800</td>
<td></td>
</tr>
</tbody>
</table>

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.

(Continued on reverse side)
### Part D — Intangible Personal Property

<table>
<thead>
<tr>
<th>Type of Intangible</th>
<th>Business Entity to Which the Property Relates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annuity</td>
<td>Allianz</td>
</tr>
<tr>
<td>Securities</td>
<td>Securities America</td>
</tr>
<tr>
<td>Bank Account</td>
<td>Bright Star Credit Union</td>
</tr>
</tbody>
</table>

### Part E — Liabilities

<table>
<thead>
<tr>
<th>Name of Creditor</th>
<th>Address of Creditor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part F — Interests in Specified Businesses

<table>
<thead>
<tr>
<th>Name of Business Entity</th>
<th>Business Entity #1</th>
<th>Business Entity #2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature (required):**

**Date Signed (required):**

*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:*  

*Prepared 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:**

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**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 officials/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 officials or specified state employees:** File with the Commission on Ethics, P.O. Drawer 16705, Tallahassee, FL 32317-5705; 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 official/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.
- **Theretofore,** local officials/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 official/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 continued
Bank A
Bank B

Chase
Part