



**TOWN OF DAVIE
MARCH 13, 2012
GENERAL INFORMATION SHEET**

**ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE
WILL BE PLACED ON THE TOWN'S WEBSITE**

Candidate's Name JUDITH "JUDY" PAUL Mayor
 District 1 Circle One

Residency Address 14421 SW 24 ST DAVIE, FL 33325

Have you resided at the above address six months or more? Yes No

Mailing Address
 (if different from residency address)

Telephone: Home 954-476-2515 Work Cell 954-531-2097

E-Mail Address judy.paul.for.mayor@gmail.com

Date of Birth 6/5/40

Occupation Mayor / retired educator

Spouse's Name NA

Campaign Treasurer JUDY PAUL Telephone 954-476-2515

Deputy Treasurer " " Telephone

At time of qualifying, the following must be filed with the Town Clerk:

Form #	<u>Title of Form</u>
<input checked="" type="checkbox"/> <u> </u> ✓ DS-DE9	Appointment of Campaign Treasurer and Designation of Depository (if not already filed)
<input checked="" type="checkbox"/> <u> </u> ✓ DS-DE84	Statement of Candidate
<input checked="" type="checkbox"/> <u> </u> ✓ DS-DE25	Loyalty Oath and Oath of Candidate
<input checked="" type="checkbox"/> <u> </u> ✓ CE Form 1	Statement of Financial Interests (<u>for incumbents</u> , a copy of the 2010 Form 1 filed July 1, 2011 is acceptable - F.S. 99.061(7)(6))
<input checked="" type="checkbox"/> <u> </u> ✓	\$507.28 Filing Fee ✓ Check must be written from the campaign account made payable to the Town of Davie (the filing fee includes the \$380.46 qualifying fee and the \$126.82 election assessment fee)
<input checked="" type="checkbox"/> <u> </u> ✓	✓ Acknowledgement of Notice of Logic and Accuracy Test
<input checked="" type="checkbox"/> <u> </u> ✓	✓ Notice of Candidacy

RETURN THIS PAGE TO THE TOWN CLERK WITH YOUR QUALIFYING PAPERS

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

RCVD JAN 3 '12

STATE OF FLORIDA

_____, COUNTY

I,	JUDITH	A	PAUL
	First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, JUDITH "JUDY" PAUL
(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of MAYOR, _____, _____
(office) (district) (group)

My legal residence is BROWARD County, Florida. I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

<input checked="" type="checkbox"/> <u>Judith Judy Paul</u>	<u>(954) 476-2515</u>	<u>JUDYPAULfor Mayor@gmail.com</u>
Signature of Candidate	Daytime Telephone Number	Email Address
<u>14421 SW 24 ST DAVIE FL 33325</u>		
Address	City	State ZIP Code

Sworn to (or affirmed) and subscribed before me this 3rd day of January, 2012.

Personally Known: _____ or
Produced Identification: _____
Type of Identification Produced: _____

Russell Muniz
Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME :

MAILING ADDRESS :

CITY Judy Paul 16790
Davie

COUNTY:

NAM 6591 Orange Dr
Davie FL 33314

NAM

BROWARD

FOR OFFICE USE ONLY:

RCVD JAN 3 '12

ID Code

ID No.

Conf. Code

P. Req. Code

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, 2010 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
StoFFI - Div of Retirement	Po Box 3690 Tall, FL 32315	educator retired
Social Security USA		Soc. Sec Benefits retired
Town of Davie	6591 Orange Dr. Davie 33314	MAYOR

PART B -- 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, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>N/A</i>			

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

2 1/2 acres Inverness APN# 2320551 9E 0010-000 - A0-0 - 800

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]
 (If you have nothing to report, you must write "none" or "n/a")

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TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Annuity	Met Life
Annuity	Nation wide
Securities (stocks)	Securities America
Bank Acct	Brightstar Credit Union
Bank Acct	Chase
Bank Acct	Bank Atlantic

PART E — LIABILITIES [Major debts]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bright Star Credit Union	Po Box 8966 FT. LAUD, FL 33310
Midland Mortgage	Po Box 26648 OK City OK 73126

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required):

Judith Paul

DATE SIGNED (required):

June 27, 2011

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).

Facsimiles will not be accepted.

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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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.

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.

**LOGIC AND ACCURACY TEST
ACKNOWLEDGEMENT**

I hereby acknowledge that I have received notification of the time and place for the Logic and Accuracy Test for the March 13, 2012 election. This acknowledgement is pursuant to F.S.S. 101.5612.

DATE: March 7, 2012*
TIME: 2:00 p.m.
PLACE: Voting Equipment Center II
(entrance on the west side of the Lauderhill Mall)
1501 NW 40 Avenue
Lauderhill, Florida

1/3/12
Date

Judith Paul
Candidate
Lucretia King
Witness

*tentative - should the date and time be amended, the candidate will be notified



RCVD JAN 9 '12

TOWN OF DAVIE
MARCH 13, 2012
NOTICE OF CANDIDACY

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE
WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name JUDITH "JUBY" PAUL Date 1/3/12
(name as it is to appear on ballot - please print)

Residency Address 14421 SW 24 ST DAVIE 33325

The undersigned is qualified to be a member of the Town Council of the Town of Davie, Florida and states:

1. I am a qualified elector of the State of Florida and the Town of Davie.
2. Have you resided at the above address six months or more? Yes No
3. I shall not, as a Councilmember, hold any other elected public office.
4. I am otherwise qualified to be Councilmember in the Town of Davie.
5. I have paid a \$507.28 filing fee to the Town Clerk (\$380.46 qualifying fee and \$126.82 election assessment) (check from campaign account made payable to the Town of Davie)
6. I have read and understand the provisions in the Town's Charter concerning Council qualifications.
7. I have read and will comply with all provisions of Chapter 106, Florida Statutes.

Candidate for: Mayor/District 1
Circle One
Print

Signature: Judith Paul
Name: JUDITH JUBY PAUL

Address: 14421 SW 24 ST.
Davie, FL 33325

I hereby certify that this Notice of Candidacy form was filed with me on the 3rd day of January 2012.

[Signature]
Town Clerk or Qualifying Officer

RETURN THIS PAGE TO THE TOWN CLERK'S OFFICE WITH YOUR
QUALIFYING PAPERS AND SIGN IT IN THE PRESENCE OF THE
TOWN CLERK OR QUALIFYING OFFICER

STATEMENT OF ETHICAL CAMPAIGN PRACTICES RCVD JAN 3 '12
(Broward County Ordinance 2000-06)

As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:

1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 3rd of January, 2012.

WITNESSES:

Jenevia Campbell
Sheila Prestes

BY CANDIDATE:

Judith Paul
Signature
JUDITH JESSY PAUL
(Print name)

STATEMENT OF ETHICAL
CAMPAIGN PRACTICES
PAGE 2

STATE OF FLORIDA)

) SS.

COUNTY OF BROWARD)

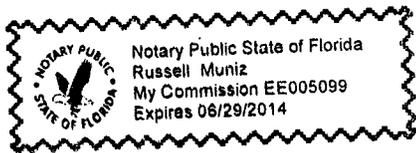
The foregoing instrument was acknowledged before me this 3rd day of January,
2012, by Judy Pave, who is personally known to me or who has produced
_____ as identification and who did/did not take an oath.

Witness my hand and official seal, this 3rd day of JANUARY, 2012.

Russell Muniz
Signature of person taking acknowledgment
[Public Notary, State of Florida]

Name of person taking acknowledgment
(typed, printed, or stamped)

My commission expires:



TEMPORARY PERMIT APPLICATION
FOR POLITICAL SIGNS
WITHIN THE TOWN LIMITS OF DAVIE

Candidate/Issue: JUDITH JUDY PAUL Election Date: Mar 13 2012
Name of Applicant: Same Telephone: 9544762575

THIS APPLICATION MUST BE ACCOMPANIED WITH A \$300 BOND AT THE TIME OF APPLICATION. SIGNS CANNOT BE ERECTED MORE THAN 60 DAYS PRIOR TO THE ELECTION AND MUST BE REMOVED WITHIN 7 DAYS AFTER THE ELECTION.

In the event that political signs are erected by a candidate, or regarding an issue, which involves more than one election, the application shall be deemed extended to 7 days after the election to which the signs pertain. If an applicant does not follow the Code regarding political signs, the bond shall be forfeited and the Town is authorized to remove and dispose of signs erected by the candidate.

Signs may be erected beginning 01/13/12 and must be removed by 03/20/12
(30 days prior to election) (7 days after election)

Signs shall not be placed on Town, State or County rights-of-way or on utility poles or trees. Signs shall also not be placed on property owned by the Town or other governmental agencies or units in the Town.

Per Florida Statutes 106.1435 - Usage and Removal of Political Campaign Advertisements

- (3) Pursuant to Chapter 479, no political campaign advertisements shall be erected, posted, painted, tacked, nailed, or otherwise displayed, placed or located on or above any State or County road right-of-way.
- (4) The officer before whom a candidate qualifies for office shall notify the candidate, in writing, of the provisions in this section.
- (5) This provision does not preclude municipalities from imposing additional or more stringent requirements on the usage and removal of political campaign advertisements.

I hereby acknowledge that I have received a copy of Code Section 12-243(D)(1), concerning political signs. I further acknowledge that any violation of this Section shall result in the forfeiture of my bond and I shall also be subject to further Code enforcement penalties.

Judith Paul
(Candidate/Applicant)

1/3/12
(Date)

Receipt Number: 060666

Date Sign Bond Posted: 1/3/12

Receipt Number: _____

Date Sign Bond Posted: _____

Receipt Number: _____

Date Sign Bond Posted: _____