2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/03/2026

General Information

Name: Ms Judith Dugo

PID 238183

AGENCY INFORMATION

Organization	Suborganization	Title
Greenacres	Mayor And City Council	Councilwoman

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
US Military Annuitant Pay	8899 E 56th St Indianapolis IN	Department of Defense
Social Security Administration	US Government	Social Security Administration
Guardians Credit Union	3406 SummitBlvd West Palm Beach Fl 33406	Credit Union
City of Greenacres	5800MelaleucaLn Greenacres Fl 33463	Municipality
Reliance Standard Insurance Company	1700Market St philadelphia Pa 19103	fixed annuity
US Treasury Bonds	PO Box 9150 Minneapolis MN 55480	Dept of Treasury Retail Services

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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
N/A

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
Florida Municipal Trust Fund	City of Greenacres
AB Large Cap Growth Fund	Merril Lynch
Savings and Checking Trust Account	Guardians Credit Union
US Treasury Notes	US Government
Vanguard Target Retirement Fund	Florida Municipal Pension Trust Fund
Annunity Fund	Reliance Financial Annuity Insurance
Checking Account	Chase BankFinancial Institution
PrePlan NY State Trust	Harloff Funeral Hm East Rochester NY

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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	

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	
Name of Business Entity	Guardians Credit Union
Address of Business Entity	3469 summit Blvd West Palm Beach Fl 33406
Principal Business Activity	Financial Credit Union
Postion Held with Entity	Board Secretary
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	Board Secretary

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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

Judith Dugo

Digitally signed: **06/03/2026**

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