

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS
DATE RECEIVED

JUN 12 2013

*****AUTO**MIXED AADC 323 T8 P1 144

Karen M Brill
Board Member
Palm Beach County School Board
Elected Constitutional Officer
10154 White Water Lily Way
Boynton Beach, FL 33437-7540

PROCESSED

ID Code



ID No 233539

Conf. Code

P. Req. Code *****

Brill, Karen M

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JUNE 4, 20 13 was \$ 427,062

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 210,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOUSE, 10154 WHITE WATER LILY WAY, BOYNTON BEACH	300,000
BANK ACCOUNTS (CHASE)	32,000
401(K) (SCUDDER)	43,755
IRA (FOLK) MUTUAL OF AMERICA	35,813
INVESTMENT PLAN (FRS)	11,758
	21,736

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
WELLS FARGO HOME MORTGAGE PO BOX 10335 DES MOINES IA 50306	206,000
TD AUTO FINANCE PO BOX 9001921 LOUISVILLE, KY 40290-1921	22,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and attachments*, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

- ☐ I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SCHOOL DIST. OF PALM BEACH COUNTY	3300 FOREST HILL BLVD WEST PALM BEACH, FL 33406	\$ 31,664
RICHARD S. BERNSTEIN + ASSOC. INC.	1551 FORUM PLACE # 300A WEST PALM BEACH, FL 33401	8,000
THE KEYES COMPANY	2121 SW 3RD AVE MIAMI, FL 33129	37,485

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
KAREN M BRILL LLC	THE KEYES COMPANY	2121 SW 3RD AVE. MIAMI, FL 33129	RESIDENTIAL REAL ESTATE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to (or affirmed) and subscribed before me this 5 day of

June, 2013 by Karen M. Brill

[Signature]
(Signature of Notary Public--State of Florida)

KATHLEEN WILLIAMS GOYANES
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR ☐ By Notary Public

Type of Identification Produced Notary Public - State of Florida
My Comm. Expires Jun 1, 2017
Commission # FF 616236

Karen M. Brill
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
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.