FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

RECEIVED 2015
DEPARTMENT OF STATE

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

FOR OFFICE USE ONLY:

2016 APR 26 AM 9:27

DIVISION OF ELECTIONS
TALLAHASSEE, FL

26555

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:
Brodsky - Eduardo - Alexis

MAILING ADDRESS:
2071 Ringling Blvd

4th Floor

CITY: Sarasota | ZIP: 34237-7036 | COUNTY: Sarasota

NAME OF AGENCY:
State Attorney's Office, 12th Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Attorney, 12th Circuit

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, 2015 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 December 31, 20 15 was $ 219,071.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 70,700

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
-See Attached-	

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
-See Atached-	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Not Applicable	

PART D – INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2015 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
State Attorney's Office, 12th Circuit	200 E. Gaines Street, Tallahassee, FL 32399	155,183.26

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
Not Applicable			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Not Applicable		
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			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ ***I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.***

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.

Eduardo A. Bradley

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Tallahassee

Sworn to (or affirmed) and subscribed before me this 22nd day of April, 2016 by Eduardo A. Bradley.

Cynthia C Brannen
(Signature of Notary Public–State of Florida)

Cynthia C. Brannen
(Print, Type, or Stamp Commissioned Name of Notary Public)

CYNTHIA C. BRANNEN
Commission # FF 063501
Expires January 8, 2018
Bonded Thru Troy Fain Insurance 800-385-7019

Personally Known ✓ OR Produced Identification

Type of Identification Produced _____

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:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

_____ _____
Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

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2016 APR 26 AM 9:27
DIVISION OF ELECTIONS
TALLAHASSEE, FL

Brodsky, Eduardo Alexis

FORM 6

PART B-ASSETS:

Residence 475,000
1 Personal Vehicle 8,000
Furniture 30,000
Jewelry 19,000
Electronics, television, stereo 3,700
Clothing 5,000
Personal effects 5,000
Deferred Compensation Account 79,693
Savings Account 11,417
Florida Prepaid College (two accounts) 80,000
Life Insurance Policy One Million dollar policy
Checking Account 10,660

PART C- LIABILITIES:

Flagstar Bank Box 371891, Pittsburgh, PA 15250-7891 444,229
Discover Personal Loans PO Box 6105, Carol Stream, IL 60197-6105 1,324
Discover PO Box 71084, Charlotte, NC 28272-1084 10,221
Citi Hilton Honors PO Box 6500, Sioux Falls, SD 57117-6500 10,034
AAA Financial PO Box 851001, Dallas, TX 75285-1001 23,054
Chase Marriott PO Box 15153, Wilmington, DE 19886-5153 16,660
Hyundai Motor Finance PO Box 660891, Dallas, TX 75266-0891 3,577 annually
Life Insurance Premium 3,300 annually

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FLORIDA COMMISSION ON ETHICS

MAY 27 2016

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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.

Edilia A. Crosby

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me this 22nd day of April, 2016 by Edilia A. Crosby

Cynthia C. Brannen

(Signature of Notary Public, State of Florida)

CYNTHIA C. BRANNEN
Commission # FF 063501
Expires January 8, 2018
Bonded Thru Troy Fain Insurance 800-385-7019

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

Personally Known ✓ OR Produced Identification _____

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