FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FOR FLORIDA USE ONLY:
COMMISSION ON ETHICS
JUN 28 2017
RECEIVED

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State Attorney
State Attorney; 12th Circuit
Elected Constitutional Officer
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PROCESSED

ID Code
ID No. 26555
Conf. Code
Brodsky, Ed

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, 2016 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 24, 20 17 was $ 241,535.

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 $ 728,548

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 Attached -	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
- Not Applicable -	

(Continued on reverse side)

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 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 Cir.	200 E. Gaines Street	155,615.76
	Tallahassee, FL 32399	

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 Sarasota

Sworn to (or affirmed) and subscribed before me this 26 day of June, 2017 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)

Personally Known ✓ OR Produced Identification ____

Type of Identification Produced ____

CYNTHIA C. BRANNEN
Commission # FF 063501
Expires January 8, 2018

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 ☐

Brodsky, Eduardo Alexis
Form 6

PART B – ASSETS
Residence $475,000
Furniture $30,000
Jewelry $19,000
Electronics, Stereo, Televisions $3,700
Clothing $5,000
Personal Effects $5,000
Deferred Compensation Account $100,455
Savings Account $9,566
Florida Prepaid College (two accounts) $80,000
Life Insurance Policy One Million dollar policy
Checking Account $827

PART C – LIABILITIES
Flagstar Bank Box 371891, Pittsburgh, PA 15250-7891 431,990
Citi Hilton Honors PO Box 6500, Sioux Falls, SD 57117-6500 $6,966
AAA Financial PO Box 851001, Dallas, TX 75285-1001 $17,460
Chase Marriott PO Box 15153, Wilmington, DE 19886-5153 $4,158
Chase Sapphire PO Box 15123, Wilmington, DE 19850-5123 $9,869
Bank of America PO Box 982235, El Paso, TX 79998-2235 $7,270
Hyundai Motor Finance PO Box 660891, Dallas, TX 75266-0891 $6,000 annually
Life Insurance Premium $3,300 annually