FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2019

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

RECEIVED DEPARTMENT OF STATE

FOR OFFICE USE ONLY:

2020 APR 21 AM 10:32

FILED DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

PROCESSED

26555

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

MAILING ADDRESS:
2071 Ringling Blvd

Suite #400

CITY: Sarasota ZIP: 34237 COUNTY: Sarasota

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

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Attorney, 12th Judicial 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, 2019 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 March 10, , 20 20 was $ 229,386 .

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 $ _____

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)

Brodsky, Eduardo Alexis
Form 6/March 10, 2020

PART B – ASSETS
Residence $560,000
Furniture $30,500
Jewelry $19,000
Electronics, Stereo, Televisions $4,000
Clothing $5,000
Personal Effects $5,000
Toyota Camry $30,000
Hyundai Elantra $13,000
Hyundai Elantra $19,000
Deferred Compensation Account $119,357
Savings Account $2,415
Florida Prepaid College (two accounts) $30,000
Life Insurance Policy One Million dollar policy
Checking Account $3,403

PART C – LIABILITIES
Flagstar Bank PO Box 3660263, Dallas, Tx 75265, $426,192
American Express Hilton Honors PO Box 650448, Dallas, Tx 75265, $1,056
Fidelity Bank PO Box 105690, Atlanta, GA 30348, $8,317
Southeast Toyota Finance PO Box 70832, Charlotte, NC 28272, $23,297
Chase Sapphire PO Box 15123, Wilmington, DE 19850, $9, 907
Hyundai Motor Finance PO Box 660891, Dallas, TX 75266-0891 $19,860
Life Insurance Premium $3,300 annually

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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 Judicial Circuit	200 E. Gaines St., Tallahassee, Fl 32399	170,249
University of South Florida	4202 E. Fowler Ave., Tampa, Fl 33620	3,266

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. Brodsky
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 21st day of April, 2020 by Eduardo Brodsky

Kathryn L. Antini
(Signature of Notary Public--State of Florida)

Kathryn L. Antini
(Print, Type, or Stamp Commissioned Name of Notary Public)

Notary Public State of Florida
Kathryn L Antini
My Commission GG 263864
Expires 11/06/2022

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced Fla ID/DL

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 ☐

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2019

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

FOR OFFICE USE ONLY:

PROCESSED

26555

RECEIVED
2020 APR 16 PM 12:46
DIVISION OF ELECTIONS
TALLAHASSEE, FL

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

MAILING ADDRESS:
2071 Ringling Blvd

Suite #400

CITY: Sarasota ZIP: 34237 COUNTY: Sarasota

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

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

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PART A – NET WORTH

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My net worth as of March 10, , 20 20 was $ 229,386 .

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HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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The aggregate value of my household goods and personal effects (described above) is $ 719,319

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
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(Continued on reverse side)

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☐ I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
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PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
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NATURE OF MY OWNERSHIP INTEREST			

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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.

Ed Brodsky
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this 30th day of March, 2020 by Eduardo Brodsky.

Kathryn L. Antini
(Signature of Notary Public--State of Florida)

Kathryn L. Antini
(Print, Type, or Stamp Commissioned Name of Notary Public)

Notary Public State of Florida
Kathryn L Antini
My Commission GG 263984
Expires 11/06/2022

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.

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