FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

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

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
JUL 06 2021
RECEIVED

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

MAILING ADDRESS:
2071 Ringling Blvd

Ste 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 ☐

26555

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2020 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 28, , 20 21 was $ 451,465.00 .

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 $ 919,381.00

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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	172,716
Univ. of So. Florida	4202 E. Fowler Ave., Tampa, Fl	3,470

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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☑ **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.

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 29th day of June, 2021 by Ed Brodsky.

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 # GG 163673
Expires January 8, 2022
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 ☑

Ed Brodsky June 2021

Assets

Residence $60,000
Furniture 30,500
Jewelry 19,000
Electronics, Stereo, Televisions 3,000
Clothing 5,000
Personal Effects 5,000
Toyota Camry 30,000
Hyundai Elantra 13,000
Hyundai Elantra 19,000
Deferred Compensation Acct 216,708
Savings Acct 14,226
Life Insurance Policy (one million)
Checking Acct 3,947

Liabilities

Flagstar Bank Po Box 3660263 Dallas, Tx 75265 $414,344
Life Insurance Premium $3,300 annually
Hyundai Motor Finance Po Box 660891 Dallas, Tx 75266 $15,812
Southeast Toyota Finance Po Box 70832, Charlotte, NC 28272 $17,073
Ameris Bank Po Box 105075 Atlanta, GA 30348 $5,105
Chase Bank Po Box 1423 Charlotte, NC 28201 $2,292