# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2021

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

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
JUN 10 20[illegible]
RECEIVED
PROCESSED
26555

LAST NAME — FIRST NAME — MIDDLE NAME:
Brodsky Eduardo (Ed) 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, 2021 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 5, 20 22 was $ 472,718.

## 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 $ 904,564

**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 2021 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 2021 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 Judicial Circuit | 200 E. Gaines Street, Tallahassee, Fl. | $192,105 |
| University of South Florida | 4202 E. Fowler Avenue, Tampa, Fl. | $9,926 |

**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 6 day of June, 2022 by Ed Brodsky.

Leslie Parcels
(Signature of Notary Public–State of Florida)

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

LESLIE PARCELS
Commission # HH 056068
Expires December 7, 2024
Bonded Thru Troy Fain Insurance 800-385-7019

Personally Known Y 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** ☑

**Brodsky, Eduardo Alexis**
Form 6/June 5, 2022

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 $198,118
Savings Account $20,946
Life Insurance Policy One Million dollar policy
Checking Account $12,352

PART C – LIABILITIES
Flagstar Bank PO Box 3660263, Dallas, Tx 75265, $404,500
Ameris Bank PO Box 105075, Atlanta, GA 30348, $2. 370
Southeast Toyota Finance PO Box 70832, Charlotte, NC 28272, $12,558
Hyundai Motor Finance PO Box 660891, Dallas, TX 75266-0891 $12,718
Life Insurance Premium $3,300 annually