

COMPLAINT

| 1. PERSON BRINGING COMPLAINT: Name: Kyle Bedran Address: City: Jacksonville County: Duva | Telephone Number: State: Florida Zip Code: |
|--|---|
| 2. PERSON AGAINST WHOM COMPLA | INT IS BROUGHT: |
| Use a separate complaint form for each po | erson you wish to complain against: Telephone Number: 904-396-5965 Road Punty: Dova Zip Code: 32210 |
| 3. STATEMENT OF FACTS: Please provide a full explanation of your person named above and why you believe the names and addresses of persons who more than 15 pages, including this form. | complaint, describing the facts and the actions of the e he or she violated the law. Include relevant dates and m you believe may be witnesses. Please do not submit Please do not submit video or audio tapes, CDs, DVDs, ch material will not be considered part of the complaint |
| 4. OATH | STATE OF Florida |
| | COUNTY OF DUVA! |
| I, the person bringing this complaint, do swear or affirm that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and belief. | Sworn to (or affirmed) and subscribed before me this 11 Th |
| | Ashley D. White |
| SIGNATURE OF COMPLAINANT | MY COMMISSION & FF 242597 EXPIRES: June 22, 2019 Bonded Thru Notary Public Underwriters (Print, Type, or Stamp Commissioned Name of Notary Public) |
| CE FORM 50Effective January 9, 2017 Incorporated by reference in Rule 34-7.010(1)(b), F.A.C. | Personally Known OR Produced Identification Type of Identification Produced: |

BEFORE THE STATE OF FLORIDA COMISSION ON ETHICS

| In re: Anna Brosche, | | | |
|----------------------|---|---------------|-----|
| | | Case No. 19-X | XXX |
| | / | | |

COMPLAINT

Pursuant to section 112 of the Florida Statutes, Kyle Bedran ("Complainant") submits this Complaint against Anna Lopez Brosche ("Brosche") for violations of subsection 112.3144, of the Florida Statutes and Article II, Section 8, of the Florida Constitution. In support thereof, Complainant submits the following:

BACKGROUND

- Anna Lopez Brosche is a member of the Jacksonville City Council for the
 City of Jacksonville, Florida and has held this office since July 1, 2015
- 2. Anna Lopez Brosche is a candidate for Mayor of the City of Jacksonville, Florida.
- 3. As both a member of the City Council and as a candidate for Mayor,
 Brosche was required to file the Form 6, Full and Public Disclosure of Financial Interests,
 annually with the Florida Commission on Ethics and in her qualifying paperwork to run
 for Mayor.
- 4. The Form 6 is a critical piece of transparency information to the public in helping them understand the motivations of public officials.
- 5. The Form 6 requires the disclosure of each asset valued at more than \$1,000.

- 6. As an elected official, Anna Lopez Brosche maintains an account with the Florida Retirement System ("FRS") and has since she first took office.
- 7. Brosche has made contributions to her FRS account totaling more than \$1,000 dollars in each of the first three (3) years she has maintained it starting with FY 2015-16, and had contributed nearly \$750 to the account so far through the 2018-19 FY.
 - 8. Brosche's account had a balance of at least \$5,313.87 as of January, 2019.
- 9. Brosche has never once listed this account or the assets she has placed in such account on her Form 6.

COUNT I – VIOLATION OF § 112.3144, FLA. STAT., & ARTICLE II, SECTION 8, FLORIDA CONSTITUION

- 10. Paragraphs 1-9 are incorporated herein by reference.
- 11. On May 2, 2016, Brosche filed a sworn and notarized Form 6 with the Commission on Ethics.
- 12. This Form 6 did not list any retirement accounts or assets being held by the FRS.
- 13. This failure by Brosche to fully disclose assets is a violation of § 112.3144, Fla. Stat., & Article II, Section 8, Florida Constitution.

COUNT II – VIOLATION OF § 112.3144, FLA. STAT., & ARTICLE II, SECTION 8, FLORIDA CONSTITUION

- 14. Paragraphs 1-9 are incorporated herein by reference.
- 15. On June 12, 2017, Brosche filed a sworn and notarized Form 6 with the Commission on Ethics.

- 16. This Form 6 did not list any retirement accounts or assets being held by the FRS.
- 17. This failure by Brosche to fully disclose assets is a violation of § 112.3144, Fla. Stat., & Article II, Section 8, Florida Constitution.

COUNT III – VIOLATION OF § 112.3144, FLA. STAT., & ARTICLE II, SECTION 8, FLORIDA CONSTITUION

- 18. Paragraphs 1-9 are incorporated herein by reference.
- 19. On June 25, 2018, Brosche filed a sworn and notarized Form 6 with the Commission on Ethics.
- 20. This Form 6 did not list any retirement accounts or assets being held by the FRS.
- This failure by Brosche to fully disclose assets is a violation of § 112.3144, Fla. Stat., & Article II, Section 8, Florida Constitution.

COUNT IV – VIOLATION OF § 112.3144, FLA. STAT. , & ARTICLE II, SECTION 8, FLORIDA CONSTITUION

- 22. Paragraphs 1-9 are incorporated herein by reference.
- 23. On January 11, 2019, Brosche filed a sworn and notarized Form 6 with the Duval County Supervisor or Elections.
- 24. This Form 6 did not list any retirement accounts or assets being held by the FRS.
- 25. This failure by Brosche to fully disclose assets is a violation of § 112.3144, Fla. Stat., & Article II, Section 8, Florida Constitution.

Ron DeSantls, Governor

BROSCHE, ANNA LOPEZ

SSN:



History Summary Report

| Fiscal Year | Type | Agency | <u>Plan</u> | Service Credit | Total Salary | Employee Contribution | Interest | <u>Balance</u> |
|-------------|-------|--------|-------------|-------------------|--------------|--------------------------|----------|----------------|
| 2015-16 | PAYRL | 26003 | Н | 1.00 | 42,767.46 | 1,282.90 | 0.00 | 1,282.90 |
| 2016-17 | PAYRL | 26003 | н | 1.00 | 45,796.32 | 1,373.77 | 0.00 | 2,656.67 |
| 2017-18 | PAYRL | 26003 | HI | 1.00 | 63,831.26 | 1,915.06 | 0.00 | 4,571.73 |
| 2018-19 | PAYRL | 26003 | Н | 0.50 | 24,738.70 | 742.14 | 0.00 | 5,313.87 |
| | | | 24 | 3.50 | | | | |

| FORM 6 FULL AND PUBLIC DISCL | OSURE | 2015 | | | |
|--|---------------------------------|--|--|--|--|
| Please print or type your name, malling OF FINANCIAL INTERI | ESTS | FOR OFFICE USE ONLY: | | | |
| address, agency name, and position below: LAST NAME — FIRST NAME — MIDDLE NAME: | | 258610 | | | |
| Brosche, Anna Lopez | | FLORIDA | | | |
| MAILING ADDRESS: 117 W. Duval Street | | COMMISSION ON ETHICS | | | |
| | | MAY 0 2 2016 | | | |
| Suite 425 | - | • | | | |
| CITY: ZIP: COUNTY: Jacksonville 32202 Duval | | RECEIVED | | | |
| NAME OF AGENCY : City Council | | | | | |
| NAME OF OFFICE OR POSITION HELD OR SOUGHT: At-Large Group 1 | PR | OCESSED | | | |
| CHECK IF THIS IS A FILING BY A CANDIDATE | 8 4 2 | | | | |
| PART A NET WORTH | | | | | |
| Please enter the value of your net worth as of December 31, 2015 or a more culated by subtracting your reported liabilities from your reported assets, so | e current date please see ti | e. [Note: Net worth is not cal- he instructions on page 3.] | | | |
| My net worth as of December 31, 20 15 was \$ | 1,575,000 | | | | |
| PART B ASSETS | | | | | |
| 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; and 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 \$ $\frac{5.5}{3}$ | 5,000 | | | | |
| ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruct | ions p.4) | VALUE OF ASSET | | | |
| Cash in Bank (Vystar Credit Union) | | 115,000 | | | |
| Real Estate (5774 Swamp Fox Road) | | 140,000 | | | |
| Interest in Ennis, Pellum & Associates, P.A. | | 1,087,500 | | | |
| Ennis, Pellum & Associates, P.A. Profit Sharing Account | | 447,000 | | | |
| PART C LIABILITIES | | | | | |
| LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR | | AMOUNT OF LIABILITY | | | |
| Seterus (P.O. Box 2008 Grand Rapids, MI 49501-2008) | | 165,000 | | | |
| BB&T (P.O. Box 2467 Greenville, SC 29602-2467) | | 105,000 | | | |
| | | | | | |
| | sometime | aprode to the state of the stat | | | |
| JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR | | AMOUNT OF LIABILITY | | | |
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| | | . | | | |

| | | *** | INCOME | | | |
|---|---------------------------------------|-------------------|--|--------------------|--|--|
| | ينفضف يوسي | PART D | during the year including secondary so | irces of inco | ome. Or attach a complete | |
| 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 INCOM | | ge 5): | ADDRESS OF SOURCE OF INCOME | | AMOUNT | |
| Ennis, Pellum & Associates, P.A. 5150 Belfort Road S. Bldg. 600 Jax 32256 460,000 | | | | | | |
| City of Jacksonville / Bella Coop Fund 117 W. Duval Street / 7563 Philips Hwy. 19,884 / 2,744 | | | | | | |
| SECONDARY SOURCES OF IN | COME [Major customers, cli | ents, etc., of bu | sinesses owned by reporting person-s | ee Instructio | ns on page 5}: | |
| NAME OF | , NAME OF MAJOR | R SOURCES | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| BUSINESS ENTITY | OF BUSINESS | INCOME | OF SOUNCE | 1 | | |
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| PA | RT E - INTERESTS I BUSINESS ENTITY | | D BUSINESSES (Instructions on) BUSINESS ENTITY # 2 | | NESS ENTITY # 3 | |
| NAME OF | ROSINESS ENTIT | # 1 | DOUBLE OF LITTLE DE | | and the state of t | |
| BUSINESS ENTITY 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 office | rs required to complet | e annual eth | ics training pursuant to section | 112.3142 | 2, F.S. | |
| | CERTIFY THAT I | HAVE COM | PLETED THE REQUIRED 1 | rainin | G. | |
| O.A. | TH | | of FLORIDA Duval | | | |
| I, the person whose name app | ears at the | Sworn | to (or affirmed) and subscribed before | me this | | |
| beginning of this form, do depo | | <u>_A</u> | 00; 20 16 by | | Beusche | |
| and say that the information di | | | The C Marco | M M | SHARON A MORGAN COMMISSION & FF 918908 | |
| and any attachments hereto is and complete. | true, accurate, | (Signa | ture of Notary PublicState of Florida | S-05300 | (PIRES: January 15, 2020 ad Thru Notice Public Understans | |
| and complete. | | (Print. | Type, or Stamp Commissioned Name | of Notary P | ublic) | |
| Amos 16 | 70000 | • | | | fication | |
| MULL 97 | OFFICIAL OR CANDIDAT | Type o | of Identification Produced | | | |
| SIGNATURE OF REPORTING | | | y in good standing with the Florida B | ar prepare | d this form for you, he or | |
| she must complete the follow | ing statement: | 475, or automo | y in good standing man me vicenses | | • | |
| · · | | , prepared | the CE Form 6 in accordance with | Art. II, Sec. | 8, Florida Constitution, | |
| Section 112.3144, Florida Sta and correct. | itutes, and the instructions | s to the form. U | If the GE Point of the accordance with a lipon my reasonable knowledge and | udilet, tile (| MIDCINDUIG HELEIN ID HAG | |
| and denote | | | | | | |
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| Signatu | re | Jan 4 10 | love the filer of the resonantibility | Date tv to sign | | |
| | | | ieve the filer of the responsibili | | | |
| IF ANY OF PARTS A | THROUGH E ARE | CONTINUED | ON A SEPARATE SHEET, PL | EASE CH | IECK HERE | |

| FORM 6 FULL AND PUBLIC DISC | CLOSURE 2016 |
|---|--|
| Please print or type your name, mailing OF FINANCIAL INTE | RESTS FOR OFFICE USE ONLY: |
| address, agency name, and position below: | 258610 |
| LAST NAME — FIRST NAME — MIDDLE NAME: | • |
| Brosche Anna Lopez | FLORIDA |
| MAILING ADDRESS: | COMMISSION ON ETHICS |
| 117 West Duval Street | JUN 1 2 2017 |
| Suite 425 | 050511/50 |
| CITY: ZIP: COUNTY: | RECEIVED |
| Jacksonville 32202 Duval | |
| NAME OF AGENCY : | |
| City Council | ADACECCEN |
| NAME OF OFFICE OR POSITION HELD OR SOUGHT: | PROCESSED |
| At-Large Group 1 | Restaurantes |
| 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 m | nore current date. (Note: Net worth is not cal- |
| culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, | so please see the instructions on page 3.1 |
| Culated by Subtracting your reported liabilities from your reported desired | ou ploude the members are projectly |
| My net worth as of <u>December 31</u> , 20 <u>16</u> was | \$ <u>1,820,000</u> |
| PART B ASSETS | |
| HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregat following, if not held for investment purposes: jewelry; collections of stamps, guns, and furnishings; clothing; other household items; and vehicles for personal use, whether owner. | d numismatic items; art objects; household equipment and |
| The aggregate value of my household goods and personal effects (described above) is \$ | 73,000 |
| ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instr | ructions p.4) VALUE OF ASSET |
| Cash in Bank (Vystar Credit Union) | 68,000 |
| Real Estate (5774 Swamp Fox Road) | 200,000 |
| Interest in Ennis, Pellum & Associates, P.A. | 1,141,000 |
| Ennis, Pellum & Associates, P.A. Profit Sharing Account / Receivable from | Hoose Homes Inv, LLC 525,000 / 83,000 |
| | |
| PART C LIABILITIES | |
| LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
| Seterus (P.O. Box 2008 Grand Rapids, MI 49501-2008) | 160,000 |
| BB&T (P.O. Box 2467 Greenville, SC 29602-2467) | 103,000 |
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| JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
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| | | | - INCOME | | |
|---|--|--|--|--|--|
| copy of your 2016 federal income that attaching your returns, as the law in | tax return, including all W2s requires these documents t | ceeded \$1,000 s, schedules, and the posted to the | during the year, including secondary so and attachments. Please redact any soc e Commission's website. | ources of income. Or attach a complete cial security or account numbers before | |
| (If you check this box and a | attach a copy of your 2016 | tax return, you | c's, schedules, and attachments. I need not complete the remainder of P | ent D.] | |
| PRIMARY SOURCES OF INCOME (See instructions on page 5): NAME OF SOURCE OF INCOME EXCEEDING \$1,000 ADDRESS OF SOURCE OF INCOME AMOUNT | | | | | |
| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | | | | | |
| Ennis, Pellum & Associates, P.A. 9150 Bellott Road 6. Blag. 666 667 62200 | | | | | |
| City of Jacksonville | | 117 West D | | | |
| SECONDARY SOURCES OF INC | | | usinesses owned by reporting person- | see instructions on page 5]: | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR OF BUSINESS | | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
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| taning system (gate popular public or dute dry suppresser public Ordy or high give than all or other high temperature they dry day | | | | | |
| R . | RT E INTEDECTO II | N SPECIFIE | D BUSINESSES [Instructions on | page 6 | |
| PA | BUSINESS ENTITY | | BUSINESS ENTITY # 2 | BUSINESS ENTITY #3 | |
| NAME OF | | | The state of the s | | |
| BUSINESS ENTITY ADDRESS OF | · | | | | |
| BUSINESS ENTITY PRINCIPAL BUSINESS | | | | | |
| ACTIVITY POSITION HELD | | | | | |
| WITH ENTITY | man and the second of the seco | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | - | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | | | |
| | | PART F - | TRAINING | | |
| For officers | s required to complete | e annual eth | nics training pursuant to section | n 112.3142, F.S. | |
| A 1 | CERTIFY THAT I F | AVE COM | IPLETED THE REQUIRED | TRAINING. | |
| OA | TH | | E OF FLORIDA Duva | | |
| I, the person whose name appea | | Sworn | n to (or affirmed) and subscribed before | | |
| beginning of this form, do depos | se on oath or affirmation | | | Anna L. Brosche | |
| and say that the information disc | | 1 | havon G. Marga | SHARON A MORGAN | |
| and any attachments hereto is to | rue, accurate, | (Signa | ature of Notary PublicState of Florida | MY COMMISSION & FF 915903 EXPIRES; January 15, 2020 | |
| and complete. | | | | Rended Thru Natary Public Undensities | |
| 1 | | (Drint | Type, or Stamp Commissioned Name | | |
| 1) | A | | , Type, or Stamp Commissioned Name | | |
| anna Usoo | | Perso | onally Known X OR Pro | our Motory 1 abilio) | |
| SIGNATURE OF REPORTING | OFFICIAL OR CANDIDAT | Perso | onally Known X OR Pro | oduced Identification | |
| SIGNATURE OF REPORTING | OFFICIAL OR CANDIDAT | Perso | onally Known X OR Pro | our Motory 1 abilio) | |
| SIGNATURE OF REPORTING If a certified public accountant she must complete the following | OFFICIAL OR CANDIDAT licensed under Chapter 4 ng statement: | Perso Type (| onally Known X OR Proof Identification Produced | e or Noter, Problems, aduced Identification Bar prepared this form for you, he or | |
| SIGNATURE OF REPORTING If a certified public accountant she must complete the followin I, Section 112.3144, Florida Statu | OFFICIAL OR CANDIDAT licensed under Chapter 4 ng statement: | Perso Type (| onally Known X OR Proof Identification Produced | oduced Identification | |
| SIGNATURE OF REPORTING If a certified public accountant she must complete the following | OFFICIAL OR CANDIDAT licensed under Chapter 4 ng statement: | Perso Type (| onally Known X OR Proof Identification Produced | e or Noter, Problems, aduced Identification Bar prepared this form for you, he or | |
| SIGNATURE OF REPORTING If a certified public accountant she must complete the followin I, Section 112.3144, Florida Statu | OFFICIAL OR CANDIDAT licensed under Chapter 4 ng statement: | Perso Type (| onally Known X OR Proof Identification Produced | e or Noter, Problems, aduced Identification Bar prepared this form for you, he or | |
| SIGNATURE OF REPORTING If a certified public accountant she must complete the followin I, Section 112.3144, Florida State and correct. Signature | OFFICIAL OR CANDIDAT licensed under Chapter 4 ng statement: utes, and the instructions | Perso Type of the form. U | onally KnownOR Pro- of Identification Produced ey in good standing with the Florida B d the CE Form 6 in accordance with Upon my reasonable knowledge and | Bar prepared this form for you, he or Art. II, Sec. 8, Florida Constitution, belief, the disclosure herein is true | |
| SIGNATURE OF REPORTING If a certified public accountant she must complete the following l, Section 112.3144, Florida State and correct. Signature Preparation of this form by | OFFICIAL OR CANDIDAT licensed under Chapter 4 ng statement: utes, and the instructions e | Perso Type 6 473, or attorne . prepared to the form. U | onally KnownOR Pro- of Identification Produced ey in good standing with the Florida B d the CE Form 6 in accordance with Upon my reasonable knowledge and | Bar prepared this form for you, he or Art. II, Sec. 8, Florida Constitution, it belief, the disclosure herein is true Date lity to sign the form under oath. | |

| FORM 6 FULL AND PUBLIC DISCLOS | URE 2017 |
|--|--|
| Please print or type your name, mailing OF FINANCIAL INTEREST | |
| LAST NAME — FIRST NAME — MIDDLE NAME: | FLORIDA |
| Brosche Anna Lopez | COMMISSION ON ETHICS |
| MAILING ADDRESS: | JUN 2 5 2018 |
| 117 West Duval Street | 0103 C 3 NUC |
| Suite 425 | RECEIVED |
| Jacksonville 32202 Duval | 258610 |
| NAME OF AGENCY : City Council | |
| NAME OF OFFICE OR POSITION HELD OR SOUGHT: At-Large Group 1 | PROCESSED |
| 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, 2017 or a more cu culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please My net worth as of $\frac{\text{December 31}}{\text{My net worth as of 20}}$, 20 $\frac{17}{\text{My as $}}$ was $\frac{1.99}{\text{My net worth 20}}$ | se see the mandations on base out |
| My net worth as of December 31 , 20 was \$ | |
| PART B ASSETS | |
| HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value following, if not held for investment purposes: jewelry: collections of stamps, guns, and numis furnishings; clothing; other household items; and vehicles for personal use, whether owned or least the aggregate value of my household goods and personal effects (described above) is \$ \frac{70,0}{2}\$. | sed. |
| | |
| ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions) | p.4) VALUE OF ASSET |
| Cash in Bank (Vystar Credit Union) | 114,000 |
| Real Estate (5774 Swamp Fox Road) | 200,000 |
| Interest in Ennis, Pellum & Associates, P.A. | 1,200,000 |
| Ennis, Pellum & Associates, P.A. Profit Sharing Account | 673,500 |
| PART C LIABILITIES | |
| LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): | |
| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
| Seterus (P.O. Box 2008 Grand Rapids, MI 49501-2008) | 101,000 |
| BB&T (P.O. Box 2467 Greenville, SC 29602-2467) | 101,000 |
| | And the second s |
| JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
| | |
| and the second s | |

| | | PART D | INCOME | | |
|--|--|---|--|--|--|
| copy of your 2017 federal income attaching your returns, as the law | requires these documents b | pe posted to the | | ources of income cial security or a | e. Or attach a complete ccount numbers before |
| I elect to file a copy of my (If you check this box and | 2017 federal income tax rel attach a copy of your 2017 | turn and all W2' tax return, you | s, schedules, and attachments. need not complete the remainder of P | art D.] | |
| PRIMARY SOURCES OF INCOM | | ge 5): | ADDRESS OF SOURCE OF INCOME | = | AMOUNT |
| NAME OF SOURCE OF INCO | ME EXCEEDING \$1,000 | | ort Road S. Bldg. 600 Jax 32 | | 254,000 |
| Ennis, Pellum & Associa | | | the constitution of the co | | 51,000/12,500 |
| City of Jacksonville/Hoo. | | | Duval Street/7563 Philips H | | |
| SECONDARY SOURCES OF IN | COME [Major customers, cli | ients, etc., of bu | isinesses owned by reporting person- | see instructions | incipal Business |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR OF BUSINESS | R SOURCES 'INCOME | ADDRESS OF SOURCE | AC | TIVITY OF SOURCE |
| | | | | | |
| adjusticación de propositivo de contracto de | Control of the Contro | | | | |
| n. | ADT E INTERESTS 1 | N SPECIFIE | D BUSINESSES [Instructions on | ı page 6] | |
| ¥7 | BUSINESS ENTITY | | BUSINESS ENTITY # 2 | BUSINE | SS ENTITY #3 |
| NAME OF | | , | | | |
| BUSINESS ENTITY 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 | | | | | |
| OWNERSHIP INTEREST | | DADT E | TRAINING | | |
| Fan affica | ers required to complet | | nics training pursuant to sectio | n 112.3142, | F.S. |
| | | C CINIDON ON | nea wanting p | | |
| For office | I CERTIFY THAT I | HAVE CON | IPLETED THE REQUIRED | TRAINING | • |
| Z Z | I CERTIFY THAT I | HAVE CON | IPLETED THE REQUIRED | TRAINING | • |
| Q 1 | I CERTIFY THAT I I | HAVE CON STAT COU | E OF FLORIDA DWA | TRAINING | eth day of |
| O A | I CERTIFY THAT I I ATH Dears at the | HAVE CON STAT COU | E OF FLORIDA DUYA DUYA n to (or affirmed) and subscribed befo | re me this | • |
| O A I, the person whose name app beginning of this form, do dep | ATH pears at the ose on oath or affirmation | HAVE CON STAT COU | E OF FLORIDA DWA | re me this! | eth day of Brosche |
| O A | ATH bears at the ose on oath or affirmation disclosed on this form | STAT COUI | E OF FLORIDA DUYA DUYA n to (or affirmed) and subscribed befo | re me this! Anna L. | day of |
| I, the person whose name app beginning of this form, do dep and say that the information d | ATH bears at the ose on oath or affirmation disclosed on this form | STAT COUR Sworn | E OF FLORIDA NTY OF DUVA In to (or affirmed) and subscribed befoune 20 1 k by address of Notary PublicState | re me this | Brusch e Morgan ON # FF 918903 nusry 15, 2020 |
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| I, the person whose name appropriate beginning of this form, do depend and say that the information of and any attachments hereto is and complete. SIGNATURE OF REPORTING the accountant she must complete the following the section 112.3144, Florida St. | Dears at the ose on oath or affirmation disclosed on this form is true, accurate, Official or Candida on tilcensed under Chapter ving statement: | Sworn Sworn (Sign (Print) Perso TE Type | E OF FLORIDA NTY OF | TRAINING TRAINING TRAINING TRAINING SHAREN MY COMMISS EXPIRES: Ja Le STOND STOND Oduced Identific Bar prepared in Art. II, Sec. 8 d belief, the dis | day of Brusch e Mongan ON # FF 918903 Inustry 15, 2020 Appliculation This form for you, he or Florida Constitution. |
| I, the person whose name appropriate beginning of this form, do depend and say that the information of and any attachments hereto is and complete. SIGNATURE OF REPORTING SIGNATURE of REPORTING SHE must complete the following the following specific section 112.3144, Florida Stand correct. | Dears at the ose on oath or affirmation isclosed on this form is true, accurate, G OFFICIAL OR CANDIDA on tilcensed under Chapter ving statement: | STAT COUNT Sworn (Sign (Print Perso TE Type 473, or attorno, prepare s to the form. | E OF FLORIDA DUVA In to (or affirmed) and subscribed before to (or affirmed) and subscribed bef | TRAINING TRAINING TRAINING TRAINING SHAREN MY COMMISS EXPIRES: Ja EXPIRES: J | day of Brosch e Moncan ON # FF 918903 nuary 15, 2020 public Underwitten ation This form for you, he or a Florida Constitution, sclosure herein is true |
| I, the person whose name appleginning of this form, do deplegend and say that the information of and any attachments hereto is and complete. SIGNATURE OF REPORTING SIGNATURE of REPORTING SHE AND CONTROL SECTION 112.3144, Florida Stand correct. Signature of this form | Dears at the ose on oath or affirmation isclosed on this form is true, accurate, G OFFICIAL OR CANDIDA on tilcensed under Chapter ving statement: atutes, and the instruction of the party of the control of the contr | STAT COUNT Sworn (Sign (Print Perso TE Type 473, or attorno, prepare s to the form. | E OF FLORIDA NTY OF | TRAINING TRAINING TRAINING TRAINING TRAINING SHAREN MY COMMISS EXPIRES: Ja | day of Brosch e Moncan ON # FF 918903 nuary 15, 2020 problements ation This form for you, he or Florida Constitution, sclosure herein is true me form under oath. |

| FORM 6 | FULL AND | PUBLIC DISCI | LOSURE | 2018 |
|---|--|----------------------------------|------------------|--|
| Please print or type your name, mailing address, agency name, and position below | w. OF FINA | ANCIAL INTER | ESTS | FOR OFFICE USE ONLY: |
| LAST NAME — FIRST NAME — MIL | DDLE NAME: | | | |
| Brosche Anna Lopez | | | | |
| MAILING ADDRESS: | | | Ezal C | E MO FOR BY SEE STO |
| 5774 Swamp Fox Road | | | | |
| | | | _ | JAN 1 1 2019 |
| CITY: | ZIP: | COUNTY: Duval | | |
| Jacksonville | 32210 | Duvai | | AL COUNTY ELEC. |
| NAME OF AGENCY: | | | | |
| NAME OF OFFICE OR POSITION H | IELD OR SOUGHT : | | | |
| CHECK IF THIS IS A FILING BY A C | CANDIDATE 🗹 | | | |
| | D. | ART A NET WORTH | | |
| Please enter the value of you | | | ore current date | e 『Note: Net worth is not cal- |
| Please enter the value of you culated by subtracting your <i>re</i> | r net woπn as of Dec poorted liabilities from | n vour <i>reported</i> assets, s | o please see ti | he instructions on page 3.] |
| | | | | |
| My net worth as of _ | December 31 | , ₂₀ <u>18</u> was \$ | 1,300,000 | • |
| | | PART B ASSETS | | |
| HOUSEHOLD GOODS AND PERSO Household goods and personal er following, if not held for investme furnishings; clothing; other househ The aggregate value of my house | ffects may be reported in ent purposes: jewelry; col nold items; and vehicles fo | or personal use, whether owner | d or leased. | 1,000. This category includes any of the s; art objects; household equipment and |
| ASSETS INDIVIDUALLY VALUED A | AT OVER \$1,000: | ription is required - see instru | | VALUE OF ASSET |
| Cash in Bank (Vystar Cre | | | | 57,750 |
| Real Estate (5774 Swam | | | | 200,000 |
| Interest in Ennis, Pellum 8 | | ١. | | 1,250,000 |
| Ennis, Pellum & Associate | | | | 663,000 |
| | | PART C LIABILITIES | • | 34.32 |
| LIABILITIES IN EXCESS OF \$1,000 | | | | |
| NAME AND ADDR | RESS OF CREDITOR | age 4). | | AMOUNT OF LIABILITY |
| Seterus (P.O. Box 2008 C | Grand Rapids, MI | 49501-2008) | | 152,000 |
| BB&T (P.O. Box 2467 Gr | eenville, SC 2960 | 02-2467) | | 100,000 |
| | | | | |
| | | | | |
| JOINT AND SEVERAL LIABILITIES | S NOT REPORTED ABO RESS OF CREDITOR | VE: | | AMOUNT OF LIABILITY |
| HANE AND ADDR | LOO O. ORLDITOR | | | |
| · | | | | |
| | | | | |

| | | PART D | | | |
|---|------------------------------|--------------------------------------|--|---|---|
| copy of your 2018 federal income attaching your returns, as the law | requires these documents | s, schedules, ar be posted to the | | sources of income. (cial security or acco |)r attach a complete ₃unt numbers before |
| [If you check this box and | attach a copy of your 2018 | tax return, you | s, schedules, and attachments. need not complete the remainder of F | Part D.] | |
| PRIMARY SOURCES OF INCOM | | ige 5): | ADDRESS OF SOURCE OF INCOM | e l | AMOUNT |
| NAME OF SOURCE OF INCO | | | ort Road S. Bldg. 600 Ja | | 262,775 |
| Ennis, Pellum & Assoc | ales, F.A. | <u> </u> | Duval Street | | 57,386 |
| City of Jacksonville | | <u> </u> | | | |
| SECONDARY SOURCES OF IN | COME [Major customers, cl | ients, etc., of bu | sinesses owned by reporting person- ADDRESS | see instructions on- PRIN | CIPAL BUSINESS |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR OF BUSINESS | R SOURCES 'INCOME | OF SOURCE | ACTIV | /ITY OF SOURCE |
| | | | | | |
| | | | | | 100 |
| | ADT E INTERESTS I | N SPECIFIE | D BUSINESSES [Instructions or | n page 6] | |
| T.F. | BUSINESS ENTITY | | BUSINESS ENTITY # 2 | BUSINESS | ENTITY #3 |
| NAME OF | | | | | |
| BUSINESS ENTITY 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 office | rs required to complet | e annual eth | ics training pursuant to section | n 112.3142, F.S | 3. |
| À | I CERTIFY THAT I | HAVE COM | PLETED THE REQUIRED | TRAINING. | |
| O.A | ATH | | OF FLORIDA DUVAL | | <i>i</i> |
| I, the person whose name app | ears at the | Sworr | to (or affirmed) and subscribed before | re me this | th day of millioning |
| beginning of this form, do depo | | Ja | MUON, 2019 WA | nna Lops | A ENVOSABLE |
| and say that the information di | | | Mensh | | COMMISSION ETO |
| and any attachments hereto is | true, accurate, | (Signa | ature of Notary Public-State of Florid | 9000 | Z. 20. |
| and complete. | | (Drint | Type, or Stamp Commissioned Nam | ne of Notary Pu | #GG 077803 |
| \cap | 4 | • | | oduced Identification | To Sonded Into co |
| ana 1/8 | ische- | | | oudced lacinimous | AUBLIC STATE OF LINE |
| SIGNATURE OF REPORTING | | | of Identification Produced | | THE STATE WHITE |
| If a certified public accountant | t licensed under Chapter | 473, or attorne | y in good standing with the Florida | Bar prepared this | form for you, he or |
| she must complete the follow | ing statement: | | Lub - OF Form 6 in accordance wit | h Δrt II Sec 8 Fl | orida Constitution. |
| I,Section 112.3144. Florida Sta | atutes, and the instruction | , prepared s to the form. U | I the CE Form o'm accordance wit Jpon my reasonable knowledge an | d belief, the disclo | sure herein is true |
| and correct. | | | | | |
| | | | | | |
| Signatu | ıra | | | Date | |
| Orgnatus Preparation of this form | by a CPA or attornes | does not rel | ieve the filer of the responsib | ility to sign the | form under oath. |
| | | | O ON A SEPARATE SHEET, F | | |
| IF ANY OF PARTS | A THROUGH E ARE | CONTINUE | JUNA DELAMALE BREEF, I | | |