



# Florida Commission on Ethics

P. O. Drawer 15709, Tallahassee, Florida 32317-5709

"A Public Office is a Public Trust"

## COMPLAINT

### 1. PERSON BRINGING COMPLAINT:

Name: Kyle Bedran Telephone Number: [REDACTED]

Address: [REDACTED]

City: Jacksonville County: Duval State: Florida Zip Code: [REDACTED]

### 2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

Use a separate complaint form for each person you wish to complain against:

Name: Anna Lopez Brosche Telephone Number: 904-396-5965

Address: 5774 Swamp Fox Road

City: Jacksonville County: Duval Zip Code: 32210

Title of office or position held or sought: Mayor

### 3. STATEMENT OF FACTS:

Please provide a full explanation of your complaint, describing the facts and the actions of the person named above and why you believe he or she violated the law. Include relevant dates and the names and addresses of persons whom you believe may be witnesses. Please do not submit more than 15 pages, including this form. Please do not submit video or audio tapes, CDs, DVDs, flash drives or other electronic media; such material will not be considered part of the complaint and will be returned.

### 4. OATH

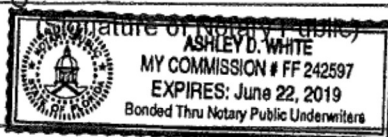
I, the person bringing this complaint, do swear or affirm that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and belief.

STATE OF Florida

COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 11<sup>th</sup> day of February, 20 19, by Kyle Bedran  
(name of person making statement)

Ashley D. White



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

Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_

[Signature]  
SIGNATURE OF COMPLAINANT

**BEFORE THE  
STATE OF FLORIDA  
COMMISSION ON ETHICS**

**In re: Anna Brosche,**

**Case No. 19-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**

1. 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.

21. This failure by Brosche to fully disclose assets is a violation of § 112.3144, Fla. Stat., & Article II, Section 8, Florida Constitution.

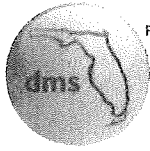
**COUNT IV – VIOLATION OF § 112.3144, FLA. STAT. , & ARTICLE II,  
SECTION 8, FLORIDA CONSTITUION**

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 DeSantis, Governor

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BROSCHÉ, ANNA LOPEZ

SSN: [REDACTED]

[REDACTED]

[REDACTED]

**History Summary Report**

<u>Fiscal Year</u>	<u>Type</u>	<u>Agency</u>	<u>Plan</u>	<u>Service Credit</u>	<u>Total Salary</u>	<u>Employee Contribution</u>	<u>Interest</u>	<u>Balance</u>
2015-16	PAYRL	26003	HI	1.00	42,767.46	1,282.90	0.00	1,282.90
2016-17	PAYRL	26003	HI	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	HI	0.50	24,738.70	742.14	0.00	5,313.87
				<u>3.50</u>				

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Brosche, Anna Lopez

MAILING ADDRESS:

117 W. Duval Street

Suite 425

CITY:

Jacksonville

ZIP:

32202

COUNTY:

Duval

NAME OF AGENCY:

City Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

At-Large Group 1

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

258616

FLORIDA  
COMMISSION ON ETHICS

MAY 02 2016

RECEIVED

**PROCESSED**

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2015 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 December 31, 2015 was \$ 1,575,000.

**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 \$ 55,000

**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)	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

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**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 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 INCOME (See Instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	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 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

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	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 officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

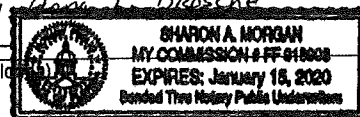
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 28<sup>th</sup> day of

April, 2016 by Anna L. Brosche

Sharon A. Morgan  
 (Signature of Notary Public--State of Florida)



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

Personally Known X OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Anna L Brosche  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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**

**2016**

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

FOR OFFICE USE ONLY:

258610

FLORIDA  
COMMISSION ON ETHICS  
JUN 12 2017  
RECEIVED

**PROCESSED**

LAST NAME — FIRST NAME — MIDDLE NAME:  
Brosche Anna Lopez

MAILING ADDRESS:  
117 West Duval Street

Suite 425

CITY: ZIP: COUNTY:  
Jacksonville 32202 Duval

NAME OF AGENCY:  
City Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
At-Large Group 1

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 December 31, 20 16 was \$ 1,820,000

**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 \$ 73,000

**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)	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

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY



**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
Ennis, Pellum & Associates, P.A.	5150 Belfort Road S. Bldg. 600 Jax 32256	321,000
City of Jacksonville	117 West Duval Street	44,000

**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

**PART E -- INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 6]

	BUSINESS ENTITY # 1	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 officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

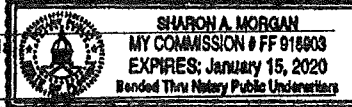
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF   Duval  

Sworn to (or affirmed) and subscribed before me this   8th   day of

  June  , 20   17   by   Anna L. Brosche  

  Sharon A. Morgan    
 (Signature of Notary Public--State of Florida)



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

Personally Known   X   OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

  Anna L. Brosche    
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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**

**2017**

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Brosche Anna Lopez

MAILING ADDRESS:

117 West Duval Street

Suite 425

CITY:

Jacksonville

ZIP:

32202

COUNTY:

Duval

NAME OF AGENCY:

City Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

At-Large Group I

CHECK IF THIS IS A FILING BY A CANDIDATE

FLORIDA  
COMMISSION ON ETHICS

JUN 25 2018

RECEIVED

258610

PROCESSED

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2017 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 December 31, 20 17 was \$ 1,905,000.

**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 \$ 70,000

**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)	156,000
BB&T (P.O. Box 2467 Greenville, SC 29602-2467)	101,000

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2017 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
Ennis, Pellum & Associates, P.A.	5150 Belfort Road S. Bldg. 600 Jax 32256	254,000
City of Jacksonville/Hoose Homes Inv LLC	117 West Duval Street/7563 Philips Hwy #208	51,000/12,500

**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

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	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 officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

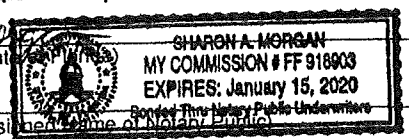
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 18<sup>th</sup> day of

June, 2018 by Anna L. Brusche

Sharon A. Morgan  
 (Signature of Notary Public--State of Florida)



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

Personally Known X OR Produced Identification \_\_\_\_\_

Type of Identification Produced N/A

Anna L. Brusche  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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**

**OF FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Brosche Anna Lopez

MAILING ADDRESS:

5774 Swamp Fox Road

CITY :

Jacksonville

ZIP :

32210

COUNTY :

Duval

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED

JAN 11 2019

DUVAL COUNTY ELEC.  
By BB

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2018 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 December 31, 20 18 was \$ 1,960,000.

**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 \$ 75,000

**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)	57,750
Real Estate ( 5774 Swamp Fox Road)	200,000
Interest in Ennis, Pellum & Associates, P.A.	1,250,000
Ennis, Pellum & Associates, P.A. Profit Sharing Account	663,000

**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)	152,000
BB&T (P.O. Box 2467 Greenville, SC 29602-2467)	100,000

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2018 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
Ennis, Pellum & Associates, P.A.	5150 Belfort Road S. Bldg. 600 Jax 32256	262,775
City of Jacksonville	117 West Duval Street	57,386

**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

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	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 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.

STATE OF FLORIDA  
 COUNTY OF Duval

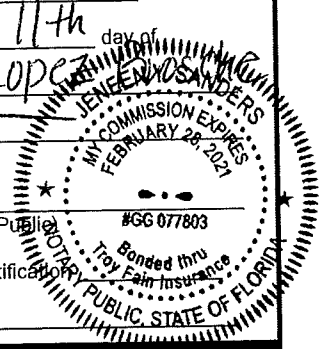
Sworn to (or affirmed) and subscribed before me this 11th day of January, 2019 by Anna Lopez

*Jeneen Sanders*  
 (Signature of Notary Public--State of Florida)

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

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



Anna Lopez  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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**