FORM 6	<b>FULL AN</b>	ND PUBLIC	DISCLO	SURE			20	115
Please print or type your name, mailing address, agency name, and position below	OF FI	NANCIAL	INTERE	STS	FOF	R OFFICE	USE O	NLY:
LAST NAME — FIRST NAME — MIDI	DLE NAME:							
Brodeur - Jason - Timothy		72.		PR	OCI	ESS	ED	
MAILING ADDRESS: 400 S. Palmetto Avenue						\$1 <u>4</u> 8153		
						DIVISION OF ELECTION SECRETARY OF STATE	16 JUN 21 PM 1: 14	25 70
CITY: Sanford	ZIP: 32771	COUNTY: Seminole				<b>A</b>	<b>≥</b>	. ,
NAME OF AGENCY :	32111	Seminore		2048	88	RY.	_	
House of Representatives			i	2040	00	<b>9</b> []	2	4
NAME OF OFFICE OR POSITION HE Member	LD OR SOUGHT :					STAT	=	O I
CHECK IF THIS IS A FILING BY A CA	ANDIDATE 🗹					m.SS	t	
Please enter the value of your report culated by subtracting your report of the My net worth as of De	orted liabilities fr		5 or a more of assets, so ple	ease see th	75			
HOUSEHOLD GOODS AND PERSON Household goods and personal effe following, if not held for investment furnishings; clothing; other household The aggregate value of my househo ASSETS INDIVIDUALLY VALUED AT	cts may be reported purposes: jewelry; d items; and vehicle ald goods and person OVER \$1,000:	collections of stamps, es for personal use, wh nal effects (described a	ir aggregate value, guns, and numinether owned or leabove) is \$ 61,00	ismatic items; eased. 00.00		; household	l equipm	ent and
Personal Home - 400 S. Palmetto A	12dh an agus sanna	scription is required	see instruction	s p.4)		\$280,00	UE OF A	SSEI
JP Morgan Chase Traditional Rollove		L 32//1		-		\$140,078		
Pocket Protein, Inc. stock	er ika					\$25,000	3.33	
Northwestern Mutual Life life insu	rance surrender v	value - also see cont	inued assets at	ached		\$8,207.	37	
						00,007		
LIABILITIES IN EXCESS OF \$1,000 (S NAME AND ADDRES		PART C — LIAB n page 4):	ILITIES			AMOUN	NT OF LI	ABILITY
Nationstar Mortgage, PO Box 650783,	Dallas, TX 75265	V	**			\$177,55	4,47	
USAA Home Equity Line, 9800 Fre	dericksburg Rd. S	San Antonio, TX 782	288			\$76,793	.00	
USAA Auto Loan, 9800 Fredericksb	urg Rd. San Antor	nio, TX 78288				\$21,239	.42	
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRES		BOVE:				AMOUN	IT OF LI	ABILITY
			Since more	- Live II				
2		W.			20			- C-100

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 INCOM	•	ge 5):					
NAME OF SOURCE OF INCO See Primary Sources of Inc			ADDRESS OF SOURCE OF INCOME		AMOUNT		
SECONDARY SOURCES OF IN	COME [Major customers, cli	ents, etc., of bu	sinesses owned by reporting person-se	e instructio	ons on page 5]:		
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'	SOURCES	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
Anchor Consulting, LLC	Pure Source, Inc.	INCOME	9750 NW 17th Street Miami, FL 33172				
PA	RT E – INTERESTS II	N SPECIFIE	D BUSINESSES (Instructions on p	age 6]			
	BUSINESS ENTITY	<del>#</del> 1	BUSINESS ENTITY # 2	BUSI	NESS 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				
,	,		ics training pursuant to section				
<b>2</b> 0 1	CERTIFY THAT I H	AVE COM	PLETED THE REQUIRED T	RAINING	<b>3</b> .		
OA	TH	STATE	of FLORIDA Deminole.				
I, the person whose name appe	ars at the	Sworn	to (or affirmed) and subscribed before r	ne thiso	and day of		
beginning of this form, do depos		_0	line 20 16. by Ja	ison	Brodeur:		
and say that the information disc			Son Oly	6			
and any attachments hereto is true, accurate, and complete.    Signature of Notary Public—State of Florida)							
State of Florida  Lit. 20-beth Con Falus  (Print, Type, or Stamp Commissioned Name of Notary Public)							
Personally Known OR Produced Identification							
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Type of	f Identification Produced Flond	9 Dr	war dilense.		
		3, or attorney	in good standing with the Florida Ba	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.							
Preparation of this form b	y a CPA or attorney d	oes not relie	eve the filer of the responsibility	to sign tl	ne form under oath.		

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

## HAND DELIVERED

## **Brodeur Continued Description of Assets 2015 Form 6**

Florida Retirement System -FRS 2040 Retirement Fund	\$12,406.93			
Roth IRA - USAA	\$6,526.21			
-USIFX		3S Vid	16	
-International Fund		00		
Florida Deferred Compensation		<u>M</u>	SE SE	
-American Century 1 Choice 2040	\$1,614.02	A CY	2	
Florida Deferred Compensation				، ، مد ، سـ
-RTMNT ACTV TRST 2040	\$1,488.99	96	±	المجارة محارة 1000000
Checking account - USAA	\$11,173.73	SC	<del></del>	
Savings account ~ USAA	\$6,836.76	TATE	Ē	J

## Brodeur 2015 Form 6 Asset Attachment JP Morgan Chase Traditional Rollover IRA (Mutual Funds)

Fund	Value
JMUEX	7.87%
OAKMX	7.70%
SPY	6.80%
MITIX	6.71%
PTSHX	6.52%
VBIRX	5.97%
BRMIX	5.04%
MAIIX	4.60%
EFA	4.56%
HLLVX	4.31%
BHYIX	4.24%
CIVIX	4.07%
SGRNX	3.12%
HAINX	3.05%
JVAIX	3.03%
DODIX	2.89%
PRCIX	2.39%
BAFHX	2.08%
DXJ	2.03%
DODFX	1.99%
WOBDX	1.91%
QWERQ	1.90%
OHYFX	1.87%
DBEF	1.86%
FIHBX	1.42%
ABMIX	1.04%
VSNGX	1.01%
	\$140,078.55

## **Brodeur Primary Sources of Income 2015 Form 6**

State of Florida	
-200 E. Gaines Street, Tallahassee, FL 32399	\$29,097.00
Seminole Country Regional Chamber of Commerce	
-1055 AAA Blvd, Suite 153, Lake Mary, Fl. 32746	\$89,380.78
Anchor Consulting, LLC	
-400 S. Palmetto Avenue, Sanford, FL 32771	\$5,792.85