

FOR OFFICE USE ONLY:

PROCESSED

House Of Representatives-Elected Constitutional Officer



*****AUTO**ALL FOR AADC 320 T1 P1 159 159

HON TRACIE DAVIS, STATE REPRESENTATIVE
101 E UNION ST STE 402
JACKSONVILLE FL 32202-3065

RECEIVED
DEPARTMENT OF STATE

2020 JUN -9 PM 4:54

FLORIDA
TALLahassee, FLORIDA

ID CODE



ID NO.

266441

CONF. CODE

Davis, Tracie

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, 2019 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 20 was \$ 75,900.00

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 \$ 22,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Florida Retirement	2,200.00
8154 10th Avenue Jacksonville FL	89,000.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Laurent Student loans	31,000.00
American Express	2,400.00
Chase Visa	3,900.00

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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 of Florida	400 S. Monroe Street Tallahassee FL	\$ 29,097.00

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

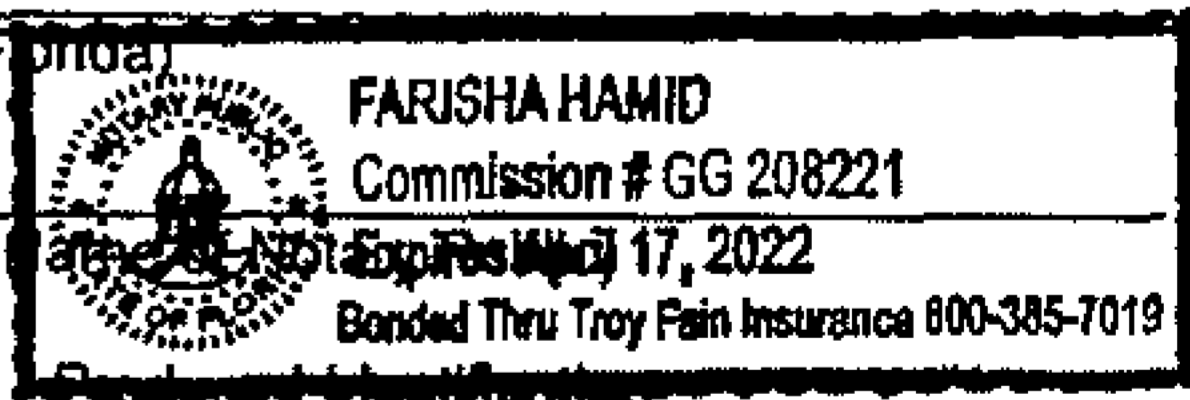
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Duval
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 5th day of

June, 2020 by Tracie Davis

[Signature]
 (Signature of Notary Public--State of Florida)

FARISHA HAMID
 (Print, Type, or Stamp Commissioned)



Personally Known OR Produced Identification
 Type of Identification Produced _____

[Signature]
 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

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RECEIVED DEPARTMENT OF STATE 2020 JUN 12 AM 8:50 DIVISION OF ELECTIONS



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My net worth as of June 5, 2020 was \$ 75,900.00

PART B -- ASSETS

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ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Includes entries for Florida Retirement and 8754 10th Avenue Jacksonville FL.

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Includes entries for Navient Student loans, American Express, and Chase Visa.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY.

PART D -- INCOME

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I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
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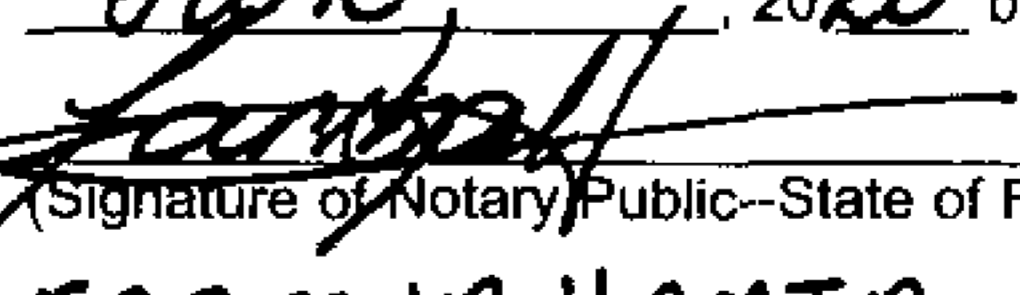
PART F - TRAINING

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 by means of
 physical presence or online notarization, this 5th day of
June, 2020 by Tracie Davis

 (Signature of Notary Public--State of Florida)
FARISHA HAMID
 (Print, Type, or Stamp Commissioned Notary Public)
 Personally Known OR Produced Identification
 Type of Identification Produced _____




 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.

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