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FLORIDA COMMISSION ON ETHICS

AUG 23 2021

RECEIVED

FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6): Davis Tracie
MAILING ADDRESS: 101 East Union Street, Suite 402
CITY: Jacksonville ZIP: 32202 COUNTY: Duval

THIS FORM AMENDS THE (Choose one)
FORM 6 I FILED FOR THE YEAR: 2019
FORM 6F I FILED FOR THE PERIOD January 1, THROUGH
DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: State Representative, District 13
WITH THIS GOVERNMENTAL AGENCY: Florida House of Representatives

PART A -- NET WORTH

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date used on the original Form 6 or 6F you are seeking to amend, together with that date:
My net worth as of June 5, 2020 was \$ - \$11,100.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):
If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:
The aggregate value of my household goods and personal effects as of the above date was \$

Table with 2 columns: DESCRIPTION OF ASSET, VALUE OF ASSET. Rows include: Delete - 8754 10th Avenue, Jacksonville, FL (\$89,000.00), Add - Bank Accounts (Community First Credit Union) (\$2,000.00)

PART C -- LIABILITIES

Table with 2 columns: NAME AND ADDRESS OF CREDITOR, AMOUNT OF LIABILITY. Rows include: Navient, P.O. Box 9988, Wilkes-Barre, PA 18773 (Student Loan) (\$31,000.00), Delete - American Express (\$2,400.00), Delete - Chase Visa (\$3,900.00)

Table with 2 columns: NAME AND ADDRESS OF CREDITOR, AMOUNT OF LIABILITY. Section: JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

PART D -- INCOME

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here:
PRIMARY SOURCES OF INCOME (Instructions on page 4):

Table with 3 columns: NAME OF SOURCE OF INCOME EXCEEDING \$1,000, ADDRESS OF SOURCE OF INCOME, AMOUNT

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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 5]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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.

**PART G — EXPLANATION OF CHANGES**

Deleted asset erroneously included and deleted specific listing of credit card liabilities. Added bank accounts information and address of reported student loan liability. Net worth has been adjusted to reflect changes.

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

**OATH**

STATE OF FLORIDA  
COUNTY OF DUVAL

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.

Sworn to (or affirmed) and subscribed before me by means of

physical presence or  online notarization, this 18 day of

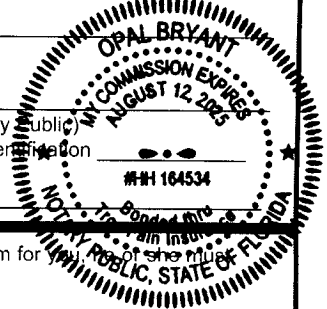
August, 2021 by TRACIE DAVIS

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

Opal Bryant  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
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, complete the following statement:

I, Mark Herron, prepared the CE Form 6X 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.

Mark Herron  
Digitally signed by Mark Herron  
DN: cn=Mark Herron, o=Messer Caparelli,  
ou, email=mherron@lawfla.com, c=US  
Date: 2021.08.17 10:40:52 -0400

Signature

Aug. 18, 2021  
Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

**INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:**

**PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. **Instructions for individual sections are found on pages 3-5, attached.**

**PART G:**

Use this section of the form to explain the changes in your original Form 6 or 6F.

**OATH:**

All information on this form should be submitted under oath.

**WHERE TO FILE:**

If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303..

**Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.**