



Florida Commission on Ethics

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

"A Public Office is a Public Trust"

FLORIDA
COMMISSION ON ETHICS

SEP 16 2021

RECEIVED

COMPLAINT 21-159

ORIGINAL

1. PERSON BRINGING COMPLAINT:

Name: DAVID HODGES, P.L. Telephone Number: 904-237-5917

Address: P.O. BOX 61797

City: JACKSONVILLE County: DUVAL State: FL Zip Code: 32236

2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

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

Name: REP. TRACIE DAVIS Telephone Number: _____

Address: 2706 FLANDERS ST

City: JACKSONVILLE County: DUVAL Zip Code: 32206

Title of office or position held or sought: STATE REPRESENTATIVE DISTRICT 13

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

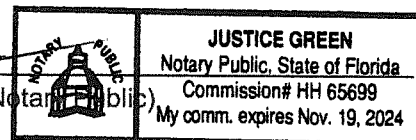
STATE OF Florida
COUNTY OF Duval

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 by means of ☒ physical presence or ☐ online notarization, this 14th day of September, 20 21, by David Hodges.
(name of person making statement)

David Hodges
SIGNATURE OF COMPLAINANT

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



Personally Known _____ OR Produced Identification ☒
Type of Identification Produced: Driver License

COMPLAINT AGAINST Subject: STATE REP TRACIE DAVIS

In reference to the Form 6 filed by subject and received by the COE on Aug 20, 2021:

1. It is alleged that **subject failed to comply with state law requiring that Part A Net Worth be filed as of Dec 31, 2020**, in that she filed as of 6 months prior (July 1, 2020), and is therefore not in compliance.
2. It is realleged that subject has not listed a benefit of the use of a car on which she is not listed as an owner on the title. This VW is driven by her and her State Rep tag is attached thereupon. It is alleged that subject did not list as an asset nor as a benefit. It is alleged that either the subject has an ownership interest in the corporation listed in the title to the vehicle or that the subject is being gifted the use of a vehicle by the corporation or her husband and that she failed to declare either. **There is no question that those listed in the title are not entitled to the use of a State legislator's tag.**
3. **Subject did not list her State of Florida retirement income** previously listed on Form 6 filed June 12, 2020.
4. On handwritten Form 6 filed Aug 23, 2021, subject deleted liabilities of \$2400 to American Express and \$3900 to Chase Visa and added asset of checking account balance of \$2000 at Community First Credit union without showing any change in income. **Subject did not explain where she got the \$8300.** It is alleged that subject did not list additional income source.
5. Net worth was listed as negative \$11,100 as of June 5, 2020 on Form 6 filed by hand on August 23, 2021. The ghosted \$8300 alleged in #4 above was augmented by \$1204.70 at Community First Credit Union combined with an improvement in net worth by \$3,576.58 just 25 days later on Form 6 filed Aug 30, 2021 reflecting net worth as of July 1, 2020. **With no reported change in income, how did this \$13,000+ improvement occur?** It is alleged that subject did not report additional income sources.

Scan or visit verify.add123.com to verifyVerification Code: **9BHSC20**

Florida Vehicle Record

Retrieved On: Mon September 13, 2021 06:22:58 PM EDT

Registration Data	Vehicle Data	Title Data
Tag: TD13	VIN: 3VWV67AT1CM619503	Title: 0108476092
Issue Date: 05/08/2017	Year: 2012	Issue Date: 09/19/2013
Exp. Date: 06/30/2022	Make: VOLK	Use: PRIVATE
Reg/Post Date: 10/30/2020	Model: Beetle*	Odo Read: 14973
Decal No: 02615538	Trim: 2.0T*	Odo Status: ACTUAL
Reg. Use: PRIVATE	Body: 2 DOOR	Odo Date: 08/31/2013
Reg. Status: ACTIVE	Class Code: 1 (PASSENGER VEHICLE)	Sales Date: 08/31/2013
Decal Type: MOTOR VEHICLE	Weight: 3014	Prev. State: FL
Initial Reg Fee: NOT PAID	Color: WHITE	No. Of Liens: 0
Inventory Code: OHP (CODE OHP)	Fuel: GAS	Title Pending: false
	Vehicle Type: AUTO	Dealer Lic. No.: VF10009601

Additional Record Data

Last Title Transaction Type: LIEN MAINTENANCE ONLY

** THIS VEHICLE HAS AN ELECTRONIC TITLE **

Vehicle Interests

Owner 1 ROBERT DAVIS CONSTRUCTION INC
731 DUVAL STATION RD STE 107-103
JACKSONVILLE, FL 32218

JOINT OWNERSHIP: **OR**

Owner 2 ROBERT EDWARD DAVIS
2224 RIBAUT SCENIC DR
JACKSONVILLE, FL 32208

DL1 #: D120765604100

Sex: M

DOB: 11/10/1960

Registrant 1 ROBERT DAVIS CONSTRUCTION INC
731 DUVAL STATION RD STE 107-103
JACKSONVILLE, FL 32218

Registrant 2 ROBERT EDWARD DAVIS
2224 RIBAUT SCENIC DR
JACKSONVILLE, FL 32208

DL1 #: D120765604100

Sex: M

DOB: 11/10/1960

(DPPA 3) Verify information submitted by individual; if info not correct, to obtain correct info to prevent fraud, pursue legal remedies against or recovery of debt.

This information is provided by the Florida Department of Highway Safety and Motor Vehicles (DHSMV). Auto Data Direct, Inc. is an authorized provider of real-time Florida motor vehicle and driver license data. Auto Data Direct, Inc. is not responsible for the unauthorized use of the information provided from the DHSMV database.

This Motor Vehicle Record is extracted directly from the State or Jurisdiction's official Motor Vehicle Records database, in real time. The authenticity of these records may be authenticated in real time using the ADD on-line authorization system.

Personal information (including, but not limited to: name, address, date of birth, DL number) appearing on driver and vehicle records is protected by the Driver Privacy Protection Act (DPPA). The use of personal information for reasons not allowed by the DPPA will result in loss of information access privileges and may result in legal action.

Any person who knowingly discloses any information in violation of the Driver Privacy Protection Act (DPPA) may be subject to criminal sanctions and civil liability specified in law for unauthorized use of the data.

* Field information provided by Auto Data Direct, Inc.

3

Subject: Tracie Davis tag on VW
From: Ftci <ftci@comcast.net>
Date: 10/7/20, 9:28 AM
To: David HODGES <ftci@comcast.net>

IMG_4110.jpg



Sent from my iPhone

FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2020

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Davis Tracie

MAILING ADDRESS:

101 East Union Street, Ste 402

Jacksonville 32202 Duval County

CITY : ZIP : COUNTY :

NAME OF AGENCY :

State of Florida

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

State Representative

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PROCESSED

FLORIDA
COMMISSION ON ETHICS

AUG 30 2021

RECEIVED

266441

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2020 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 July 1, 2020 was \$ -7,523.42

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
Community First Credit Union	\$3,204.70

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Navient (student loan) P.O. Box 9532, Wilkes-Barre, PA 18773-9532	\$30,000.00

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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 South Monroe Street, Tallahassee, FL	\$29,697.00

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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☐ 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.


SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF DE VAL

Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this 28th day of

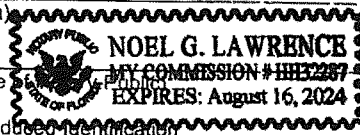
August, 2021 by TRACIE DAVIS


(Signature of Notary Public—State of Florida)

NOEL G. LAWRENCE
(Print, Type, or Stamp Commissioned Name)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____



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 ☐

PROCESSED

266441

FLORIDA
COMMISSION ON ETHICS

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

AUG 23 2021
RECEIVED

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):

Davis Tracie

MAILING ADDRESS:

101 East Union Street, Suite 402

CITY:

ZIP:

COUNTY:

Jacksonville

32202

Duval

◆ THIS FORM AMENDS THE (Choose one)

☒ FORM 6 I FILED FOR THE YEAR: 2019

(Use a separate Form 6X for each Form 6 you are amending.)

☐ FORM 6F I FILED FOR THE PERIOD
January 1, _____ THROUGH _____

(Must be between January 1 of the last year in which you held public office
or employment and the last date you held that office or employment.)

◆ 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, 20 20 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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET

VALUE OF ASSET

Delete - 8754 10th Avenue, Jacksonville, FL

\$89,000.00

Add - Bank Accounts (Community First Credit Union)

\$2,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000

ADDRESS OF SOURCE OF INCOME

AMOUNT

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.

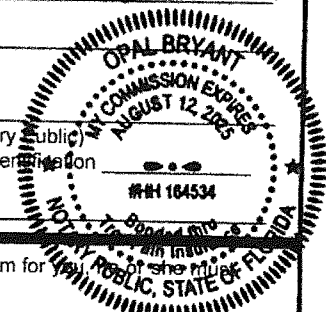
Sworn to (or affirmed) and subscribed before me by means of

☒ 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 Caporella
ou=email:mherron@lawfla.com, c=US
Date: 2021.08.17 10:40:32 -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.

FOR OFFICE USE ONLY:

PROCESSED

House Of Representatives-Elected Constitutional Officer



*****AUTO**ALL FOR AADC 328 T1 PI 159 159

HON TRACIE DAVIS, STATE REPRESENTATIVE
101 E UNION ST STE 402
JACKSONVILLE FL 32202-3065RECEIVED
DEPARTMENT OF STATE
2020 JUN 12 AM 8:50
DIVISION OF ELECTIONS

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
8754 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
Navient 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 ofJune, 2020by Tracie Davis

(Signature of Notary Public--State of Florida)

FARISHA HAMID

(Print, Type, or Stamp Commissioned)



FARISHA HAMID

Commission # GG 208221

Expires April 17, 2022

Bonded Three Troy Pain Insurance 800-385-7819

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.

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 ☐ 10