

# FORM 1

# STATEMENT OF FINANCIAL INTERESTS

# 2018

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
Davis, Marcia Ann

MAILING ADDRESS :  
4224 Renaissance Preserve Way

CITY : ZIP : COUNTY :  
Fort Myers 33916 Lee

NAME OF AGENCY :  
Housing Authority of the City of Fort Myers

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Executive Director

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.  
CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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pm 8/29

\*\*\*\* **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** \*\*\*\*

**DISCLOSURE PERIOD:**  
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**  
FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Employment -HACFM	4224 Renaissance Preserve Way Fort Mye	Affordable Housing

**PART B -- SECONDARY SOURCES OF INCOME**  
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

5154 Lake Summer Loop Moseley, VA 23120 -House
1020 Apple Ave Lehigh Acres, FL -33971 -Land

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NONE	

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Mr. Cooper Mortgage Corp	8950 Cypress Waters Blvd Coppell, TX 75019

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	
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 G — TRAINING**

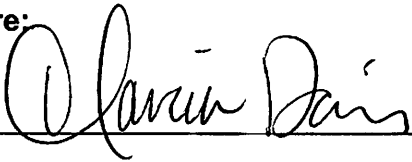
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

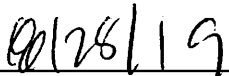
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:



**CPA or ATTORNEY SIGNATURE ONLY**

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

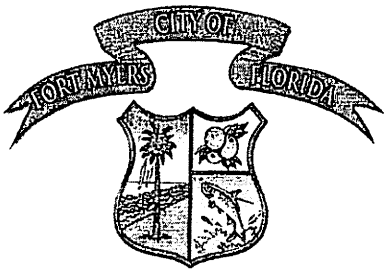
**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.



City of Palms

**THE HOUSING AUTHORITY**  
OF THE CITY OF FORT MYERS, FLORIDA

4224 Renaissance Preserve  
Way Fort Myers, FL 33916  
(239) 344-3220  
www.hacfm.org

Supervisor of Elections  
PO BOX 2545  
Fort Myers, Florida 33902

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August 29, 2019

**Executive Director**

Marcia Davis

To Whom It May Concern,

**Chairman**

E. Bruce Strayhorn, Esq.

Included herewith please find the Form 1, Statement of Financial Interest Form for Mrs. Marcia Davis.

**Vice Chairwoman**

Mattie Young

We apologize for the delay in providing this form to the Office of the Supervisor of Elections.

**Commissioners**

Joseph P. D'Alessandro

Should you need additional information or have any questions or concerns, please feel free to contact me at 239-344-3222.

Richard Fain

Thank you,

Margaret M. Geltner

Douglas A. Hogg

Lissie Betances  
Executive Assistant

Rev. Israel Suarez

Encl.



Affirmative Action/Equal Opportunity Employer



State of Florida  
Commission on Ethics  
P.O. Drawer 15709  
Tallahassee, FL 32317-5709

RECEIVED  
Financial Disclosure Grace Period  
Expires on September 3, 2019 at 5 p.m.

HOUSING AUTHORITY  
OF THE CITY OF FORT MYERS  
Housing Authority of the City of Fort Myers  
4224 Renaissance Preserve Way  
Fort Myers FL 33916 -4800



**URGENT REMINDER!  
YOU MUST ACT NOW!**

Earlier this year, you were notified of your obligation to file a CE Form 1, Statement of Financial Interests, for the year ending December 31, 2018. The grace period for filing this form will expire on September 3, 2019 at 5 p.m., and according to our records, you still have not filed your CE Form 1.

Pursuant to State law, an automatic fine of \$25 per day for each day late (up to a maximum fine of \$1,500) will be assessed against you if your CE Form 1 is not received by September 3, 2019. Failure to file can result in removal from public office or employment. Please file your CE Form 1 immediately with your county Supervisor of Elections!

If you have ANY questions, please contact  
State of Florida  
Commission on Ethics  
(800) 262-8824 or (850) 488-7864.

A calendar for the month of September 2019. The days of the week are listed at the top: Sun, Mon, Tue, Wed, Thu, Fri, Sat. The dates are arranged in a grid. The date 3 is circled, indicating the deadline. The calendar shows that September 3, 2019, is a Tuesday.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

The Housing Authority of the  
City of Fort Myers  
4224 Renaissance Preserve Way  
Fort Myers, FL 33916-4800

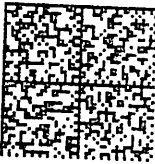
19SEP03AM0857 50E Lee Co

**CENTREMAIL**



7017 3380 0001 0146 4766

*Supervisor of Elections  
PO Box 2545  
Fort Myers FL 33902  
Re: Form 1 Bookstore*



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AUG 29 2019

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