2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/02/2025

General Information

Name: Mr Anthony Joseph Davit

PID 291899

AGENCY INFORMATION

Organization	Suborganization	Title
Greater Orlando Aviation Authority	Employees	Chief Operating Officer
Windermere	Mayor And Town Council	

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(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
Greater Orlando Aviation Authority	One Jeff Fuqua Dr, Orlando FL 32827	Commercial Airport Operations
Charles Schwab & Co	211 Main St, San Francisco CA 94105	Investments
Defense Finance and Accounting Service (DFAS)	8899 E 56th St, Indianapolis IN 46249	Military Retirement
Department of Veterans Affairs (VA)	810 Vermont Av, Washington DC 20420	Military Disability

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
Lou Ann Dr, Apopka FL

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
Charles Schwab & Co	Brokerage Account and Roth IRA
Fidelity Investments	401k and Deferred Compensation
Empower Retirement	GOAA 401a and 457 Account

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
Provident Funding	PO Box 5914, Santa Rosa CA 65402

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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Signature of Filer

Anthony Joseph Davit

Digitally signed: **06/02/2025**

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