2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Mrs Lisa Kane DeVitto

PID 55143

AGENCY INFORMATION

Organization	Suborganization	Title
Crescent City	Mayor And City Commission	City Commissioner
DCF; Headquarters	Council on Homelessness	Council Member

Disclosure Period

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

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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
Rental Income -- tenant	1101 Carraway St, Tallahassee, FL 32308	Property rental
State of FL -- retirement	State of FL, Dept. Management Services, P.O. Box 9000, Tallahassee, FL 32315-9000	State of FL Retirement Plan
MML Investor Services, LLC	c/o National Financial Services, 499 Washington Blvd, Jersey City, NJ 07310	Investments/Brokerage Services
Social Security Administration	6401 Security Blvd, Baltimore, MD 21235	Federal Social Security Program Administration
Bank of America	P.O. Box 15293, Wilmington, DE 19850-5293	Financial Institution
Robert N. Wolf Trust	1212 N. Lake Shore Dr, Chicago, IL 60610	Personal Trust/Asset Management
TD Bank	PO Box 739 South Windsor CT 06074-0739	Financial Institution

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			

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Real Property

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

Location/Description
1101 Carraway St, Tallahassee, FL 32308; single family home

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
Cash/CD	Bank of America, P.O. Box 15293, Wilmington, DE 19850
Cash/CD	TD Bank, N.A., P.O. Box 739, South Windsor, CT 06074-0739
IRA	Merrill Lynch/Bank of America, P.O. Box 15293, Wilmington, DE 19850
Investment Account	MML Investor Services, LLC, c/o National Financial Services, 499 Washington Blvd, Jersey City, NJ 07310
Cash/CD	South State Bank, P.O. Box 9602, Winter Haven, FL 33883

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
Bank of America	P.O. Box 31785, Tampa, FL 33631-3785
New American Funding	8201 N. FM 620, Ste. 120, Austin, TX 78726

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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.

Signature of Filer

Lisa Kane DeVitto

Digitally signed: **06/30/2025**

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