2025 Form 1 - Statement of Financial Interests

Filed with COE: 07/13/2026

General Information

Name: Jolie Judy Davis

PID 309101

AGENCY INFORMATION

Organization	Suborganization	Title
Cedar Key	Community Redevelopment Agency	Commissioner
Cedar Key	LPA Board	Board Member
Cedar Key	Mayor And City Commission	City Commissioner

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

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
Jolie J. Davis, Sole Practitioner	PO Box 6, Cedar Key, FL 32625	Legal income
Jolie J. Davis, Tutor	PO Box 6, Cedar Key, Florida 32625	Tutoring income

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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
Victoriam Dei, LLC	Investments	PO Box 6, Cedar Key, Florida 32625	Investments

Real Property

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

Location/Description
1/4 Dock Street Property, Cedar Key - Parcel ID 087650000
Lots of 1st St, Cedar Key - Parcel ID 0853500400
Shiloh Lots - Parcel ID 0902300100, Parcel ID 0902300802, Parcel ID 0902300825

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
Stocks	Fidelity
Annuity	Guardian
Roth IRA	SEI
Traditional IRA	SEI
Annuity	Lincoln Financial
Trust	Jolie J. Davis Revocable Living Trust
Cash	Seacoast Checking

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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
N/A	

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

Jolie Judy Davis

Digitally signed: **07/13/2026**

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