

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

DAVIS HOLLY LEIGH

MAILING ADDRESS:

1180 E TRIPLE CROWN LOOP

CITY:

HERNANDO

ZIP:

FL

COUNTY:

34442 CITRUS

NAME OF AGENCY:

CITRUS COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY COMMISSIONER, DISTRICT 5

CHECK IF THIS IS A FILING BY A CANDIDATE



2020 JUN 9 AM 8:02

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 4, 2020 was \$ 391,675.

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 \$ see attached

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

see attached

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

see attached

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
HORSEFLY GROUP LLC	1180 E TRIPLE CROWN POOP	75,000
MDBARNMASTER SOUTHEAST LLC	HERNANDO FL 34442	22,000

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
See attached			

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

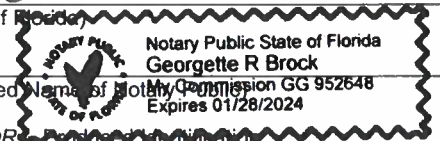
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Citrus

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 5th day of

June, 2020 by Holly Leigh Davis

Georgette R Brock
 (Signature of Notary Public--State of Florida)



(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, 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

County Commission, District 5

Holly Davis Financial Disclosure Addendum

Part B – Assets

		2020 JUN 9 AM 8:02	USD
Real Estate	1180 E Triple Crown Loop, Hernando FL 34442		275,000
Household goods			190,000
Business/brand asset	MDBarnmaster Southeast, LLC		100,000
Business/brand asset	Horsefly Group, LLC		40,000
Cash			25,325
Car	2018 Nissan Rogue		23,000
Trailer	2000 Jamco Stock Combo		15,000
Loan	Loan receivable		10,000
A/R	Unencumbered/earned/MDBarnmaster LLC		7,144

Part C – Liabilities

		USD
Real Estate	Navy Federal, PO Box 3000, Merrifield VA 1180 E Triple Crown Loop, Hernando FL 34442	200,332
Car	Ameris Bank, 3490 Piedmont Rd, Atlanta GA 2018 Nissan Rogue	22,472
Trailer	USAA, 9800 Fredericksburg Rd, San Antonio TX 2000 Jamco Stock Combo	13,837

Part D – Secondary Sources of Income

Horsefly Group LLC

- LexisNexis VitalChek, 6 Cadillac Dr, Brentwood TN online vital records
- Petrossian, 11-36 46th Rd, Long Island NY online retail

MDBarnmaster Southeast LLC

- Copper Light Farm, 6900 45th, Vero Beach FL horse boarding
- Eagles Rest Ranch, 7650 N Whippooril, Hernando FL horse boarding
- Inglehart Farm, 7315 65th St, Vero Beach FL horse boarding