2024 Form 1 - Statement of Financial Interests

Filed with COE: 05/28/2025

General Information

Name: Ms Nancy Maria Sera

PID 289621

AGENCY INFORMATION

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

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
Social Security Administration	P.O.Box 67620 Wilks-Barre, PA 18767-7620	Social Security Benefits.
Vanguard Fiduciary Trust Company	P.O. Box 1101, Valley Forrge, PA 19482-1101	Defined Benefit Plans.
City of Cedar Key	490 2nd St, Cedar Key, FL 32625	Manages the governance of the city
Pershing LLC as Custodian Rollover account	One Pershing Plaza, Jersey City NJ 07399	Distribution from Pensions, Annuities, Retirement or Profit Sharing Plans
Cedar Key Chamber of Commercee	450 2nd St, Cedar Key, Fl 32625	Business Association Advocacy Group, promoting business in town, offering visiotrs information about services and teaching them about the history of Cedar Key

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
N/A

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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
N/A	

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

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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

Nancy Maria Sera

Digitally signed: **05/28/2025**

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