2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/07/2025

General Information

Name: Dr Beverly Ann Nash

PID 304150

AGENCY INFORMATION

Organization	Suborganization	Title
Quincy	Mayor And City Commission	Commissioner

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
Gadsden County School Board	35 Martin Luther King Jr. Blvd., Quincy, Florida 32351	substitute teaching
See Attached		

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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
N/A

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	

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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

Beverly Ann Nash

Digitally signed: **06/07/2025**

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1 Wages, tips, other comp. 1237.50	2 Federal income tax withheld 12.50
3 Social security wages 1237.50	4 Social security tax withheld 76.73
5 Medicare wages and tips 1237.50	6 Medicare tax withheld 17.94

Employer's name, address, and ZIP code

THE GADSDEN COUNTY SCHOOL BOAR
35 MARTIN LUTHER KING JR BLVD
QUINCY FL 32351

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee / Retirement plan / Third-party sick pay	12c
	12d
14	Employee's social security no. [redacted]
	Employer ID number (EIN) 59-6000615
	Control number

BEVERLY A NASH
PO BOX 696
QUINCY FL 32353

Employee's name, address, and ZIP code

15 St. / Employer's state ID number	16 State wages, tips, etc.	17 State income tax
FL 85-8012621915C-2		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Wage and Tax Statement — Form **W-2**
Copy B This information is being furnished to the IRS.
To Be Filed With Employee's FEDERAL Tax Return.
2024
OMB No. 1545-0008 — Department of the Treasury – Internal Revenue Service

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Wage and Tax Statement — Form **W-2**
Copy 2
To Be Filed With Employee's State, City, or Local Income Tax Return
2024
OMB No. 1545-0008 — Department of the Treasury – Internal Revenue Service

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