2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/23/2025

General Information

Name: Mrs Nia Livingston

CONFIDENTIAL

PID 253449

AGENCY INFORMATION

Organization	Suborganization	Title
Neptune Beach	Mayor And City Council	Vice Mayor, Councilor Seat 5
Public Defender; 4Th Circuit	Employees	Assistant Public Defender

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
State of Florida-Office of the Public Defender, 4th Judicial Circuit	407 N. Laura St. , Jacksonville, FL 32202	Attorney
City of Neptune Beach	116 First St., Neptune Beach, FL 32266	Councilor

Filed with COE: 06/23/2025

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
Bank accounts (Navy Federal Credit Union)	No business, these are personal accounts
FRS 2055 Retirement Date Fund (2055)	FRS Investment Plan-Retirement Office of the Public Defender
FRS U.S. Stock Market Index Fund (120)	FRS Investment Plan-Retirement Office of the Public Defender
FRS U.S. Stock Fund (340)	FRS Investment Plan-Retirement Office of the Public Defender
Settlement from Insurance Claim on our primary residence	Tower Hill Signature Insurance Company, A.W.A. Contracting Company, Inc.

Filed with COE: 06/23/2025

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
First Federal Bank	804 South Ohio Ave., Live Oak, FL 32064
Mohela	633 Spirit Drive, Chesterfield, MO 63005
Navy Federal Credit Union	P.O. Box 3000, Merrifield, VA 22119
First Florida Credit Union	P.O. Box 43310, Jacksonville, FL 32203

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.

Filed with COE: 06/23/2025

Signature of Filer

Nia Livingston

Digitally signed: **06/23/2025**

Filed with COE: 06/23/2025