2025 Form 1 - Statement of Financial Interests

Filed with COE: 03/16/2026

General Information

Name: Dr Beverly Ann Nash

PID 304150

AGENCY INFORMATION

Organization	Suborganization	Title
Quincy	Community Redevelopment Agency	Chairperson
Quincy	Mayor And City Commission	Mayor, District 5

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City of Quincy, Florida, City Commission, Local Elected Officer and Community Redevelopment Agency	City of Quincy, Florida, City Commission, District 5

Disclosure Period

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

Filed with COE: 03/16/2026

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 Benefits	P.O. Box 67620, Wilkes-Barre, PA 18767	Direct Deposit and Medicare
City of Quincy, Florida	404 W. Jefferson Street, Quincy, Florida 32351	city commissioner/mayor, District 5
Florida Department of Management Services, Division of Retirement	P.O. Box 9000, Tallahassee, Florida 32315-9000	retirement benefits
Gadsden County School District	35 Martin Luther King, Jr. Blvd., Quincy, Florida 32351	substitute teacher - part-time

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

Filed with COE: 03/16/2026

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
IRA Account	Fidelity Investments

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

Filed with COE: 03/16/2026

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

Beverly Ann Nash

Digitally signed: **03/16/2026**

Filed with COE: 03/16/2026