2025 Form 1 - Statement of Financial Interests

Filed with COE: 04/15/2026

General Information

Name: Daniel W Nugent

PID 213203

AGENCY INFORMATION

Organization	Suborganization	Title
Starke	City Council	City Commissioner
Starke	Employees Retirement System Bd. Of Trustees	City Commissioner

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 Starke	District 1 City Commissioner

Disclosure Period

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

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	200 E. GAINES ST, TALLAHASSEE FL	RETIREMENT
DEPT OF VETERANS AFFAIRS	WASHINGTON, D.C.	DISABILITY
DFAS	8899 E 56TH ST, INDIANAPOLIS, IN	RETIREMENT
SOCIAL SECURITY ADMIN	6401 SECURITY BLVD, BALTIMORE MD	SOCIAL SECURITY

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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
1034 E. POWELL ST, STARKE, FL
703 PARKER ST, STARKE, FL

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
MUTUAL FUNDS	THRIFT SAVINGS PLAN
MUTUAL FUNDS	STATE OF FLORIDA DEFERRED COMPENSATION PLAN
BANK ACCOUNT	TD BANK
SAVINGS ACCOUNT	FIRST FLORIDA CREDIT UNION

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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
FIRST FLORIDA CREDIT UNION	PO BOX 43310, JACKSONVILLE, FL 32203-3310

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

Daniel W Nugent

Digitally signed: **04/15/2026**

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