FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTEREST 2012

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
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Miller , Robert H

********AUTO**ALL FOR AADC 335 T5 P1 187
Robert H Miller
Commissioner, District 5
Desoto County
Elected Constitutional Officer
7895 Ne Cubitis Ave
Arcadia, FL 34266-6040

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of Dec. 31, 20 12 was $ 116,300.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is $ 48,500.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
19 Foot Egret Boat 175 HP Evenrude Etec Outboard	20,000
EZ Fundz (Sole Proprietorship)	80,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Credit Card	32,200

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and attachments*, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds $1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Social Security	5520 Gavin Av Orlando FL 33812	19,068
Georgia Power Company Pension	P.O. Box 24989 Jacksonville FL 32241	4639
County of DeSoto BOCC	201 E. Oak St Arcadia FL 34266	2790
DeSoto Insurance	243 No Brevard Arcadia FL 34266	3000

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Robert L Miller

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Hillsborough

Sworn to (or affirmed) and subscribed before me this 27 day of June, 2013 by Robert Miller.

(Signature of Notary Public--State of Florida)

MARC SEIDENBERG
MY COMMISSION # DD 947327
EXPIRES: December 17, 2013
Bonded Thru Notary Public Underwriters

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ *OR* Produced Identification ✓

Type of Identification Produced FL Drivers License

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

FORM 6 ATTACHMENTS

LIABILITIES

SUNCOAST CREDIT UNION P.O.BOX 11904 TAMPA FL 33680 (TRUCK)	725.00
TOTAL LIABILITIES	725.00

PRIMARY SOURCE OF INCOME (CONT.)

GEORGIA POWER CO. PENSIONP.O.BOX 24989 JACKSONVILLE FL. 32241	4.639.00
DESOTO INSURANCE 243 NO. BREVARD AV. ARCADIA FL. 34266	7.550.00