2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/02/2025

General Information

Name: Robert Anthony Miller

CONFIDENTIAL

PID 283911

AGENCY INFORMATION

Organization	Suborganization	Title
Department Of Legal Affairs	Employees	Assistant Statewide Prosecutor

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
Florida Attorney General's Office-Statewide Prosecution	135 W Central Blvd, Orlando, FL 32801	Assistant Statewide Prosecutor

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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
Bank Accounts	Huntington Bank
PERS	Public Employment Retirement System (Ohio)
FRS	Florida Retirement System
Deferred Compensation	Nationwide

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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
MOHELA Federal Loan Servicing	6335 Sprint Drive, Chesterfield, MO 63005
PennyMac	PO Box 514387, Los Angeles, CA 90051

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

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Filer

Robert Anthony Miller

Digitally signed: **06/02/2025**

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