2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Charlie Miranda

PID 4117

AGENCY INFORMATION

Organization	Suborganization	Title
Tampa	Mayor And City Council	
Tampa Bay Water	Board of Directors	Councilman, District 6

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
City of Tampa	315 E. Kennedy Blvd.	City Councilman
State of Florida	Tallahassee, Fl.	On-call State Steward
U.S. Govt. Social Security	Washington, DC	Social Security
Rental Properties	Tampa Florida	Rents

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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
2918 W. Lake Ave, Tampa, Fl
2329 W. Grace Street, Tampa, Fl
3316 W. Saint Conrad Street, Tampa, Fl
2925 W. Palmetto, Tampa, Fl
4904 N. Arrawana Avenue, Tampa, Fl
4915 N. Arrawana Avenue, Tampa, Fl
3212 W. Cordelia Sreet, Tampa, Fl
4909 N. Shirley Drive, Tampa, Fl (1/2 Interest)
Land, Palatka, (Hwy 20)

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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
Bay City Bank - Checking	Personal
Money Market Acct.	Personal
6 Month CD	Personal
10 Month CD	Personal
24 Month CD	Personal
Owner of Mortgage	Personal
Thrift Retirement	Personal
State of Florida Retirement	Personal
Four Automobiles	Personal

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	

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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	
Name of Business Entity	Charlie Miranda Jr Trust
Address of Business Entity	2918 W Lake Ave
Principal Business Activity	Housing
Postion Held with Entity	Trustee
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	Manager of trust

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

Charlie Miranda

Digitally signed: **06/30/2025**

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