2024 Form 1 - Statement of Financial Interests

Filed with COE: 07/01/2025

General Information

Name: Mr David Ralph Miles

PID 212213

AGENCY INFORMATION

Organization	Suborganization	Title
Howey-In-The-Hills	Mayor And Town Council	Town Council

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
Defense Finance and Accounting Center US Military Retired Pay	8899 E. 56th Street; Indianapolis, IN 46249-1200	United States Army Retired Pay
Edward Jones	201 Progress Parkway; Maryland Heights, MO 63043	Investment Firm for my IRA, minimum annual distribution
Social Security Administration	P.O. Box 67620; Wilkes-Barre, PA 18767-7620	Federal Government Social Security Benefits
Florida Retirement System, Division of Retirement	P.O. Box 9000; Tallahassee, FL 32315-9000	State of Florida Retirement Benefits
US Department of Veterans Affairs	P.O. Box 149975; Austin, TX 78714-8975	U.S. Veterans Benefits, 100% Disabled

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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
IRA with Edwards Jones	My personally owned IRA with Proceeds of employment at Village Center Community Development District, The Villages, FL

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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
United Southern Bank	P.O. Box Drawer 29; Umatilla, FL 32784-0029
Campus USA Credit Union	P.O. Box 147029; Gainesville, FL 32614
Capital One Auto Finance	P.O. Box 60511; City of Industry, CA 91716

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

David Ralph Miles

Digitally signed: **07/01/2025**

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