

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/26/2023

General Information

Name: Ms Stacy L Miller

Address: 1000 NW 111 Avenue, Miami, FL 33172

PID 95570

County: Miami-Dade

AGENCY INFORMATION

Organization	Suborganization	Title
Department Of Transportation	Employees	Assistant Secretary For Finance & Administration
Miami-Dade Expressway Authority	Board of Directors	District Secretary

Net Worth

My Net Worth as of December 31, 2022 was \$ 1,830,564.28.

Assets

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, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 45,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
620 Lowell Lane (primary residence)	\$ 687,900.00
Putnam Investments Interest/Ordinary Gains	\$ 2,045.00
2006 Porsche 911S	\$ 23,429.00
2004 Toyota Highlander	\$ 2,822.00
State of Florida Deferred Compensation Plan (various funds)	\$ 901,095.07
Wells Fargo Savings/Checking	\$ 98,930.47
First Horizon Savings	\$ 98,543.63
Putnam Investments Mutual Funds	\$ 142,772.81
Putnam Investments Roth IRA	\$ 29,229.59
Ameritas Innuity	\$ 89,702.55
Ameritas Universal Life Surrender Value	\$ 66,977.04
Diamond Engagement Ring	\$ 10,000.00
Diamond Anniversary Band	\$ 3,000.00
Andrea Robbins/Max Becher Print	\$ 2,575.00
Roe Ethridge Print	\$ 1,550.00
Crystal Service for 12	\$ 7,500.00
China Service for 8	\$ 2,200.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Standard Mortgage	701 Poydras Street Box 45 New Orleans LA 70139	\$ 384,707.88

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Interests in Specified Businesses

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.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Stacy L Miller

Digitally signed: 06/26/2023

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