

OF FINANCIAL INTERESTS RECEIVED

Please print or type your name, mailing address, agency name, and position below:

LAST NAME — FIRST NAME — MIDDLE NAME:
 Miller Russell Jeffrey

MAILING ADDRESS:
 8033 Paperbark Lane

CITY: ZIP: COUNTY:
 Port Richey 34668 Pasco

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 County Commissioner Distr 4

CHECK IF THIS IS A FILING BY A CANDIDATE

20 JUN 10 PM 4:29

**BRIAN E CORLEY
 SUPERVISOR OF ELECTIONS
 NEW PORT RICHEY, FLORIDA**

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 December 31, 20 19 was \$ 220,393.22.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 36,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home Port Richey, FL	\$234,000.00
GTE Financial Accounts	\$10,629.98
Regions Checking Account	\$6047.57
Please see Exhibit 1 Attached here and Incorporated	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
GTE Financial (Subaru auto loan) Tampa Fl 711 E. Henderson Av. Tampa FL 33602	\$13,584.33
Suntrust (Nissan truck loan) Nashville TN 401 Commerce St Nashville TN 37219	\$4559.11
Ditech Mtg Co (Port Richey Home) P.O. Box 15009 Tempe Az 85284	\$96,321.09

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

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I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
 NEW PORT RICHEY, FLORIDA

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
South East Employee Leasing Svc	2739 US Hwy 19 N Holiday, FL 34691	\$47,800.00

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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Res Q Contractor Svcs Inc		
ADDRESS OF BUSINESS ENTITY	8033 Paperbark Lane PR		
PRINCIPAL BUSINESS ACTIVITY	Gen Contractor (remodeling)		
POSITION HELD WITH ENTITY	Owner / Contractor		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes - 100%		
NATURE OF MY OWNERSHIP INTEREST	Sole Owner of Business		

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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.

STATE OF FLORIDA

COUNTY OF Pasco

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 10th day of

June, 2020 by Russell J. Miller

Charity Accaria
 (Signature of Notary Public--State of Florida)

Charity Accaria
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Notary Public State of Florida
 Charity Accaria
 My Commission GG 296553
 Expires 01/30/2023

Personally Known OR Produced Documentation

Type of Identification Produced _____

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

Exhibit "1" Part B Assets

Merrill Edge (Bank of America)	\$16069.82
Chase bank Checking account	\$2443.38
2006 Dodge Durango	Est Value \$1950.00
2008 Ford F250	Est Value \$7470.00
2007 Ford F150	Est Value \$1550.00
2002 Ford F150	Est Value \$2500.00
2011 Kia Sedona	Est Value \$1500.00
2012 Nissan Frontier	Est Value \$8910.00
2017 Subaru Outback	Est Value \$20,250.00

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