

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/25/2025

General Information

Name: Hon Alberto Milian

CONFIDENTIAL



AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	Circuit Court Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
Circuit Judge	Judicial Circuit 11th	Circuit Court Judge

Net Worth

My Net Worth as of December 31, 2024 was \$ 1,323,233.96.

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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 \$ 320,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Bank Account	\$ 255,279.02
Bank Account	\$ 61,054.88
Home	\$ 686,900.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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 2024 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.

☐ I elect to file a copy of my 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida	Tallahassee, FL	\$ 196,898.04

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

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

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.

Alberto Milian

Digitally signed: 06/25/2025

Filed with COE: 06/25/2025

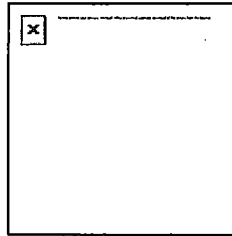
Milian, Alberto

From: Ethics FDMS Info <EthicsFDMSInfo@mail.disclosure.floridaethics.gov>
Sent: Wednesday, June 25, 2025 11:25 AM
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Luis M. Fusté
Chair
Paul D. Bain
Dr. James Bush, III
Laird A. Lile
Ashley Lukis
Linda Stewart



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, Florida 32317-5709

Kerrie J. Stillman
Executive Director

Steven J. Zuilkowski
*Deputy Executive Director/
General Counsel*

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(850) 488-3077 (FAX)
www.ethics.state.fl.us

325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303

A Public Office is a Public Trust

Success! The Florida Commission on Ethics received your Form 6 - Full and Public Disclosure of Financial Interests on June 25, 2025 submitted through the EFDMS system. Submitted disclosures are public record and viewable on the Commission's website. **This email is not the official verification that can be used to qualify for office.**

To obtain a verification and receipt of filing to submit to a qualifying officer, log into the EFDMS system: <https://disclosure.floridaethics.gov/Account/Login> and print the verification from the Filer dashboard.

You can also file amendments and update your contact information by logging into EFDMS.

Do not reply to this email as it is generated automatically and electronically and cannot accept electronic replies.

Florida Commission on Ethics
325 John Knox Road, Building E, Suite 200
Tallahassee, FL 32303

Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers of Fees and Charges

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: Alberto Milian Work Telephone: [REDACTED]
Work Address: 1351 NW 12 Street Miami, FL 33125 Judicial Office Held: Circuit Judge

1. Please identify all reportable gifts, bequests, favors, or loans you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION	SOURCE	AMOUNT
	N/A	N/A	\$
			\$
			\$
			\$

☐

Check here if continued on separate sheet

2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION (Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid or waived)	SOURCE

☐

Check here if continued on separate sheet

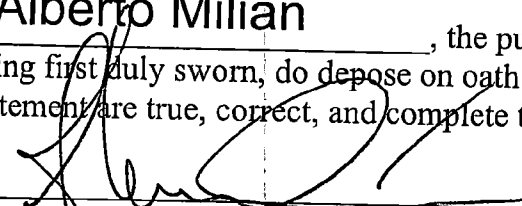
CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

County of Miami-Dade

I, Alberto Milian, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.

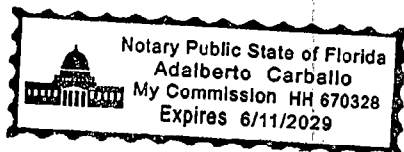

(Signature of Reporting Official)


(Signature of Officer Authorized to Administer Oaths)

My Commission expires 6/11/2029

Sworn to and subscribed before me this

25th day of June, 20 25



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