

Statement of Financial Interests for 2025



Departure Date :

PERSONAL INFORMATION

First Name and Initial:

Patricia

Last Name:

Billie Miller

Street Address 1:

95 Liberty Street

Street Address 2:

Unit A4

City:

Stamford

State:

CONNECTICUT

Zip:

06902

☐ If you are claiming an exemption from disclosure for this property under FOIA

Phone Number:

(860) 240-0422

Email Address:

Patricia.Miller@cga.ct.gov

OCCUPATION

☐ Current Dual Employment

Current State Position:

Connecticut General Assembly

Membership:

Senator - Democrat

Name of District:

27

☐ If you also hold or have held a different State position than the position above during the period for which this filing is being made, and that position also required the filing of the SFI form

Previous State Position:

Membership:

Name of Agency:

SPOUSE☒ If you do not have a Spouse**FAMILY MEMBERS (CHILDREN)**☒ If you do not have dependent children**REAL PROPERTY**☐ If you do not own a property☐ If you are claiming an exemption from disclosure for this property under FOIA

Street Address a 1:

Street Address 2:

95 Liberty Street

Unit A4

City:

State:

Zip:

Stamford

CONNECTICUT

06902

Country:

Owner or Beneficiary:

Patricia Billie Miller

☒ Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

BUSINESSES**BUSINESS (WITH WHICH ASSOCIATED)**☒ If you are not associated with any business

BUSINESSES**TRUSTS**☒ If you are not part of a trust**INCOME SOURCES**☐ If you do not have an Income Source(s)**Type Of Income Received:**

Pension

Name of Employer or Other Source:

Municipal Employee Retirement Fund

Recipient:

Self

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

Connecticut General Assembly

Recipient:

Self

Type Of Income Received:

Social Security

Name of Employer or Other Source:

Social Security Administration

Recipient:

Self

BLIND TRUST☒ If you do not have a Blind Trust(s)

SECURITIES

☐ If you had no interest in securities with a fair market value in excess of \$5,000 at any time during the calendar year

Security Name:

METLIFE, INC

Owner or beneficiary if held by another:

Self

☒ Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

LEASES

☒ If you do not have a State lease(s)

CONTRACTS

☒ If you do not have a State contract(s)

CONFIDENTIAL ADDENDUM

☒ I choose to retain confidentiality. Note: You must be ready to file all confidential information in this one session.

CERTIFICATION

- I UNDERSTAND that if I fail to file this statement timely and accurately, I may be subject to a penalty of up to \$10,000.
- I UNDERSTAND that all information I provide on this form shall be a matter of public record and may be disclosed by the Office of State ethics upon request, unless exempt from disclosure by General Statutes 1-83(c) or the Freedom of Information Act, Connecticut General Statutes 1-200 *et. seq* if I chose to retain confidentiality on my addendum.
- I UNDERSTAND that if, by reason of impossibility, I am unable to provide the information required by this form, I may petition the Citizen's Ethics Advisory Board for a waiver.
- I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Annual Statement of Financial Interests, including the Confidential Addendum, is a complete and accurate statement of financial interests, as defined by Connecticut General Statutes 1-83(b)(1), for myself, my spouse, and dependent residing in my household, during the calendar year 2025 , and if I am a departing official, also during the period of time I held office or position in the current year.

☒ I have read and agree to all above certifications.

Name:

Patricia Billie Miller

Filed Date and Time:

04/27/2026 1:00 AM

Original Filed Date and Time

04/27/2026 1:00 AM