

2025 Form 6 - Full and Public Disclosure of Financial Interests

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DEPARTMENT OF STATE

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DIVISION OF ELECTIONS
TALLAHASSEE, FL

General Information

Name: Ms Lisa Klein

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

State Representative

Florida House of Representatives

State Representative, District 73

Net Worth

My Net Worth as of December 31, 2025 was \$ 84,454.57.

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.

The aggregate value of my household goods and personal effect is \$ 12,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence located at 2634 Hope Street Sarasota FL 34231	\$ 340,000.00
Business Checking Account (Chase Bank)	\$ 5,525.54
Roth IRA (Fidelity Account)	\$ 7,525.22

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Navy Federal Credit Union	P.O. Box 3303 Merrifield VA 22119	\$ 173,317.00
Nelnet (Federal Student Loan Servicer)	P.O. Box 82561 Lincoln, NE 68501-2561	\$ 72,000.00
Sallie Mae	PO Box 3225 Wilmington, DE 19804	\$ 2,169.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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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 2025 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 2025 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
SMH Health Care, Inc.	1700 N Tamiami Trail Sarasota Florida 34239	\$ 6,707.59
Mindful Therapy Studios	3030 University Parkway Sarasota Florida 34231	\$ 23,008.00

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

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.

Lisa Klein

Digitally signed: 06/05/2026

For Qualifying
Purposes Only