

# 2025 Form 6 - Full and Public Disclosure of Financial Interests

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DIVISION OF ELECTIONS  
TALLAHASSEE, FL

## General Information

Name: Dr PAUL SOHI

Organization

Suborganization

Title

N/A

## CANDIDATE FOR

Position

Agency Name

Position sought or held

State Representative

State House of Representative

State Representative

## Net Worth

My Net Worth as of May 29, 2026 was \$ 4,037,744.81.

## 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 \$ 150,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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| Description of Asset | Value of Asset  |
|----------------------|-----------------|
|                      | \$ 23,060.00    |
|                      | \$ 13,950.00    |
|                      | \$ 7,200.00     |
|                      | \$ 1,076.00     |
|                      | \$ 1,044.00     |
|                      | \$ 334,040.00   |
|                      | \$ 117,410.00   |
|                      | \$ 98,040.00    |
|                      | \$ 319,550.00   |
|                      | \$ 23,290.00    |
|                      | \$ 1,900.00     |
|                      | \$ 1,087.00     |
|                      | \$ 688,020.00   |
|                      | \$ 264,500.00   |
|                      | \$ 338,080.00   |
|                      | \$ 295,500.00   |
|                      | \$ 30,360.00    |
|                      | \$ 813,800.00   |
|                      | \$ 720,140.00   |
|                      | \$ 474,440.00   |
|                      | \$ 264,000.00   |
|                      | \$ 920,261.00   |
|                      | \$ 300,000.00   |
|                      | \$ 529,830.00   |
|                      | \$ 90,000.00    |
|                      | \$ 1,002.00     |
| Total                | \$ 6,669,691.00 |
| See Attached         |                 |

**2025 Form 6 - Full and Public Disclosure of Financial Interests****Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor                          | Amount of Liability |
|------------------|----------------------------------------------|---------------------|
| SV BANK          | 1206 Springfield Pike, Cincinnati, OH 45215  | \$ 157,127.44       |
| SV BANK          | 1206 Springfield Pike, Cincinnati, OH 45215  | \$ 232,163.96       |
| SV BANK          | 1206 Springfield Pike, Cincinnati, OH 45215  | \$ 104,779.48       |
| SV BANK          | 1206 Springfield Pike, Cincinnati, OH 45215  | \$ 256,168.29       |
| SV BANK          | 1206 Springfield Pike, Cincinnati, OH 45215  | \$ 83,745.90        |
| SV BANK          | 1206 Springfield Pike, Cincinnati, OH 45215  | \$ 563,720.71       |
| SV BANK          | 1206 Springfield Pike, Cincinnati, OH 45215  | \$ 544,240.41       |
| CINFED           | 4801 Kennedy Ave, Cincinnati, OH 45209       | \$ 375,000.00       |
| REGIONS BANK     | 105 Palm Bay Rd. NE West Melbourne, FL 32904 | \$ 220,000.00       |
| SOUTH BANK       | 855 21st St, Vero Beach, FL 32960            | \$ 95,000.00        |
| See Attached     |                                              |                     |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

## 2025 Form 6 - Full and Public Disclosure of Financial Interests

### 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       |
|--------------------------------------------|---------------------------------------------|--------------|
| CINCINNATI DENTAL CARE                     | 4535 MONTGOMERY ROAD CINCINNATI OHIO 45212  | \$ 50,000.00 |
| MEDICARE                                   | 7500 Security Boulevard Baltimore, MD 21244 | \$ 42,000.00 |

#### 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.

***PAUL SOHI***

Digitally signed: 06/05/2026

For Qualifying  
purposes Only

Description of Asset

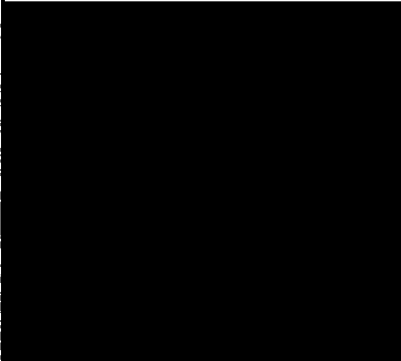
Value of Asset

|                        |         |
|------------------------|---------|
|                        | 23060   |
|                        | 13950   |
|                        | 7200    |
|                        | 1076    |
|                        | 1044    |
|                        | 334040  |
|                        | 117410  |
|                        | 98040   |
|                        | 319550  |
|                        | 23290   |
|                        | 1900    |
|                        | 1087    |
|                        | 688020  |
|                        | 264500  |
|                        | 338080  |
|                        | 295500  |
|                        | 30360   |
|                        | 813800  |
|                        | 720140  |
|                        | 474440  |
|                        | 264000  |
| 3.137E+19              | 920261  |
| 3.13931E+20            | 300000  |
|                        | 529830  |
| 3.13931E+18            | 90000   |
|                        | 1002    |
| 100148898 (1369)(1746) |         |
| Total:                 | 6669691 |

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TALLAHASSEE, FL

| T <sub>T</sub> Liability Identification - Parcel ID                               |  | Liability Value |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------|
|  |                                                                                     | \$83,745.00     |
|                                                                                   |                                                                                     | \$157,127.00    |
|                                                                                   |                                                                                     | \$232,163.00    |
|                                                                                   |                                                                                     | \$360,947.00    |
|                                                                                   |                                                                                     | \$544,240.00    |
|                                                                                   |                                                                                     | \$350,000.00    |
|                                                                                   |                                                                                     | \$563,720.71    |
| Total                                                                             |                                                                                     | \$2,291,942.00  |

JUNE 4, 2026

Florida Division of Elections  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, FL 32399

**VIA FEDEX**

Re: Submission of Form 6 and Qualifying Documents

To Whom It May Concern:

Enclosed please find my completed Form 6, which is submitted to be appended to my other qualifying papers.

Please include Form 6 with my qualifying documents and process this submission accordingly. Should you require any additional information, please contact me at your convenience. Email [dr.paulsohi@gmail.com](mailto:dr.paulsohi@gmail.com)

Thank you for your attention to this matter.

Sincerely,

Dr. Paul Sohi

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