

2025 Form 6 - Full and Public Disclosure of Financial Interests

**General Information**

Name: Luther Keith Wilkins

Organization

Suborganization

Title

N/A

**CANDIDATE FOR**

Position

Agency Name

Position sought or held

State Representative

Florida House of Representatives

House District 70

**Net Worth**

My Net Worth as of December 31, 2025 was \$ 30,000.00

**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 \$ 8,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| N/A                  |                |

**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 |
|------------------|--------------------------------------|---------------------|
| Capital One      | PO 30285, Salt Lake City, Utah 84130 | \$ 31,400.00        |

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 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 |
|--------------------------------------------|-----------------------------|--------|
| See Attached                               |                             |        |

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 |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| See Attached            |                                           |                   |                                       |

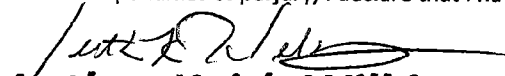
**Interests in Specified Businesses**

**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.

  
**Luther Keith Wilkins**

Digitally signed: 05/31/2026

WESTROCK SERVICES LLC  
1000 ABERNATHY ROAD NE  
ATLANTA, GA 30328

e/f Employee's name, address, and ZIP code

LUTHER K WILKINS  
3720 101ST AVE E  
PARRISH, FL 34219

|                                       |                                                  |
|---------------------------------------|--------------------------------------------------|
| b Employer's FED ID number            | a Employee's SSA number                          |
| 1 Wages, tips, other comp.<br>7450.14 | 2 Federal income tax withheld<br>198.94          |
| 3 Social security wages<br>7450.14    | 4 Social security tax withheld<br>461.91         |
| 5 Medicare wages and tips<br>7450.14  | 6 Medicare tax withheld<br>108.03                |
| 7 Social security tips                | 8 Allocated tips                                 |
| 9 Dependent care benefits             | 10 Dependent care benefits                       |
| 11 Nonqualified plans                 | 12a See instructions for box 12                  |
| 14 Other                              | 12b                                              |
|                                       | 12c                                              |
|                                       | 12d                                              |
|                                       | 13 Stat emp. (Ret. plan) 3rd party sick pay<br>X |
| 15 State Employer's state ID no.      | 16 State wages, tips, etc.                       |
| 17 State income tax                   | 18 Local wages, tips, etc.                       |
| 19 Local income tax                   | 20 Locality name                                 |

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2026 JUN 11 PM 12:00

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

Social Security Number: [REDACTED]

LUTHER K WILKINS  
3720 101ST AVE E  
PARRISH, FL 34219



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PAGE 1 OF 1

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|                                                                                                                  |                                                  |
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| 3 Social security wages<br>7450.14                                                                               | 4 Social security tax withheld<br>461.91         |
| 5 Medicare wages and tips<br>7450.14                                                                             | 6 Medicare tax withheld<br>108.03                |
| d Control number Dept. Corp. Employer use only<br>[REDACTED] 44968 UXD0 A E S 31001                              |                                                  |
| c Employer's name, address, and ZIP code<br>WESTROCK SERVICES LLC<br>1000 ABERNATHY ROAD NE<br>ATLANTA, GA 30328 |                                                  |
| b Employer's FED ID number                                                                                       | a Employee's SSA number                          |
| 7 Social security tips                                                                                           | 8 Allocated tips                                 |
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| 11 Nonqualified plans                                                                                            | 12a See instructions for box 12                  |
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|                                                                                                                  | 13 Stat emp. (Ret. plan) 3rd party sick pay<br>X |
| e/f Employee's name, address and ZIP code<br>LUTHER K WILKINS<br>3720 101ST AVE E<br>PARRISH, FL 34219           |                                                  |
| 15 State Employer's state ID no.                                                                                 | 16 State wages, tips, etc.                       |

|                                                                                                                  |                                                  |
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