

HAND DELIVERED

2025 Form 6 - Full and Public Disclosure of Financial Interests

RECEIVED

General Information		
Name: Mr Lee Wesley Dechee Butler Sr		
2026 JUN 11 PM 2:43 DIVISION OF ELECTIONS TALLAHASSEE, FL		
Organization	Suborganization	Title
N/A		
CANDIDATE FOR		
Position	Agency Name	Position sought or held
State Representative	Florida House Of Representaives	State Representative, District 20
Net Worth		
My Net Worth as of <u>December 31, 2025</u> was <u>\$ 300,000.00</u> .		
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 <u>\$ 10,000.00</u> .		
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:		
Description of Asset	Value of Asset	
Primary Residence	\$ 250,000.00	
Commercial Property	\$ 40,000.00	
Household Goods Combined	\$ 10,000.00	

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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 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.

Lee Wesley Dechee Butler Sr

Digitally signed: 06/08/2026

a. Employee's Social Security Number [REDACTED]		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) [REDACTED]		d. Control number		1 Wages, Tips, and other compensation 111200.69	2 Federal Income Tax withheld 12993.98	
c. Employer's Name, Address, and ZIP Code DFAS-CL/JFLP 1240 EAST NINTH STREET CLEVELAND OH 44199-2055		3 Social Security Wages 81393.81		4 Social Security Tax withheld 5046.42		
		5 Medicare Wages and Tips 81393.81		6 Medicare Tax withheld 1180.21		
		7 Social Security tips		8 Allocated Tips		
e/f. Employee's Name, Address, and ZIP Code LEE WESLEYDECHEE BUTLER 140 CAROLE RD PALATKA FL 32177		9 [REDACTED]		10 Dependent Care Benefits		
		12 See instructions for box 12 D 25 814.25 AA 814.25		14 See instructions for box 14		
		13 ☐ Statutory Employee ☒ Retirement Plan ☐ Third-party sick pay				
15 State FL	Employer's State ID Number	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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Form **W-2** Wage and Tax Statement **2025**

Department of the Treasury - Internal Revenue Service
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number [REDACTED]		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
b. Employer's Identification Number (EIN) [REDACTED]		d. Control Number		1 Wages, Tips, other compensation 111200.69	2 Federal Income Tax withheld 12993.98	
c. Employer's Name, Address, and ZIP Code DFAS-CL/JFLP 1240 EAST NINTH STREET CLEVELAND OH 44199-2055		3 Social Security Wages 81393.81		4 Social Security Tax withheld 5046.42		
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Form **W-2** Wage and Tax Statement **2025**

Department of the Treasury - Internal Revenue Service
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

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