

HAND DELIVERED

2025 Form 6 - Full and Public Disclosure of Financial Interests

RECEIVED

General Information		
Name:	KARLA KEMP	
Organization	Suborganization	Title
N/A		
CANDIDATE FOR		
Position	Agency Name	Position sought or held
State Senate	Florida Senate	Senator District 18

Net Worth
My Net Worth as of <u>December 31, 2025</u> was <u>\$ 46,000.00.</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>\$ 475,000.00.</u>	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	
Description of Asset	Value of Asset
4019 42nd Ave N Saint Petersburg, FL 33714	\$ 316,000.00
Bank accounts at Achieva Credit Union	\$ 16,000.00

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Rocket Mortgage	PO Box 81860 5801 Postal Rd Cleveland, OH 44181	\$ 184,072.69
Nelnet Student Loans	PO Box 82561 Lincoln, NE 68501-2561	\$ 156,192.36
Suncoast Credit Union Auto loan	PO Box 11026 Tampa, FL 33680	\$ 2,766.72

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
National General Management Corporation	5630 University Parkway Winston-Salem, NC 27105	\$ 1,479.10
State of Florida Florida Commerce Special Payments Unit	Po Box 5350 Tallahassee, FL 32314-5350	\$ 3,300.00

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			

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Interests in Specified Businesses

Business Entity # 1

Name of Business Entity	National General Insurance Company
Address of Business Entity	5630 University Parkway Winston-Salem, NC 27105
Principal Business Activity	Insurance
Postion Held with Entity	Licensed Insurance Agent
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	NA

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.

Digitally signed: