

2025 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 08/06/2025

General Information

Name: Sgt Kevin Little

PID 271819

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 06/01/2025

AGENCY INFORMATION

Organization	Suborganization	Title
Longwood	Fire & Police Pension Bd Of Trustees	Officer

Net Worth

My Net Worth as of June 1, 2025 was -\$ 354,000.00.

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, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Primary Residence	\$ 325,000.00
Bank Accounts	\$ 5,000.00
Deferred Comp Retirement	\$ 8,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mid Florida Credit Union	PO Box 8008 Lakeland, FL	\$ 175,286.00
Mccoys Credit Union	PO Box 593806, Orlando, FL	\$ 128,912.00
Fairwinds Credit Union	3087 N. Alafaya Trail, Orlando, FL	\$ 37,456.00
Lightstream	PO Box 849 Wilson, NC	\$ 17,315.00
Mid Florida Credit Union	PO Box 8008 Lakeland, FL	\$ 15,602.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2025, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
City of Longwood	235 W. Church Ave. Lonwood, FL	\$ 84,751.00

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 6F and that the facts stated in it are true.

Kevin Little

Digitally signed: **08/06/2025**

Filed with COE: 08/06/2025