

**General Information**

Name: Hon Kimberly M Daniels

PID 241819

**AGENCY INFORMATION**

| Organization             | Suborganization                | Title                |
|--------------------------|--------------------------------|----------------------|
| House Of Representatives | Elected Constitutional Officer | State Representative |

**CANDIDATE FOR**

| Position             | Agency Name                      | Position sought or held           |
|----------------------|----------------------------------|-----------------------------------|
| State Representative | Florida House of Representatives | State Representative, District 14 |

**Net Worth**My Net Worth as of December 31, 2025 was \$ 325,300.00.**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 \$ 375,000.00.

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

Filed with COE: 05/27/2026

### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor          | Address of Creditor                              | Amount of Liability |
|---------------------------|--------------------------------------------------|---------------------|
| Radifi Credit             | 1440-31 Dunn Avenue, Jacksonville, Florida 32218 | \$ 38,000.75        |
| Navy Federal Credit Union | PO Box 3000 Maryfield, Virginia 22119            | \$ 25,408.12        |
| VyStar                    | 13075 N Main St, Jacksonville, Florida 32218     | \$ 48,283.97        |
| Bank of America           | 1055 Dunn Avenue, Jacksonville, Florida 32218    | \$ 22,772.00        |

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

Filed with COE: 05/27/2026

### 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       |
|--------------------------------------------|---------------------------------------------|--------------|
| State of Florida                           | 400 S Monroe St, Tallahassee, Florida 32399 | \$ 29,697.00 |
| Rhema Way City Church                      | 1445 Steele St, Jacksonville, Florida       | \$ 70,000.00 |
| U.S. Military                              | 8899 E 56th Street, Indianapolis, Indiana   | \$ 51,600.00 |
| Kimberly Daniels Ministries International  | PO Box 28007, Jacksonville, Florida 32226   | \$ 10,000.00 |

#### 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

### Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

### 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.

***Kimberly M Daniels***

Digitally signed: 05/27/2026

Filed with COE: 05/27/2026