

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.).

**RECEIVED**

IAN 10 2023

GERTRUDE WALKER  
SUPERVISOR OF ELECTIONS, ST LUCIE CO.

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**

**Michelle R. Franklin**

**3. Address (include post office box or street, city, state, zip code)**

5430 Arrowhead Terrace  
Port St. Lucie, FL 34986

**4. Telephone**

( 772 ) 370-3939

**5. E-mail address**

mfranklin4pa@gmail.com

**6. Office sought (include district, circuit, group number)**

St. Lucie County Property Appraiser

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a**

Write-In     No Party Affiliation     Republican Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Michelle M. Sheperd

**11. Mailing Address**

405 NE Midvale Street

**12. Telephone**

( 772 ) 475-5973

**13. City**

Port St. Lucie

**14. County**

St. Lucie

**15. State**

FL

**16. Zip Code**

34983

**17. E-mail address**

mmsheperd@gmail.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

Seacoast National Bank

**20. Address**

1901 S. U.S. Highway 1

**21. City**

Fort Pierce

**22. County**

St. Lucie

**23. State**

FL

**24. Zip Code**

34950

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

1/9/23

**26. Signature of Candidate**

*Michelle R. Franklin*

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, Michelle M. Sheperd, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer.     Deputy Treasurer

01/09/2023

Date

*M Sheperd*

Signature of Campaign Treasurer or Deputy Treasurer