

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michelle Franklin  
 Name  
 (2) 5430 NW Arrowhead Terr  
 Address (number and street)  
Port St Lucie, FL 34986  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1116480]  
 Submitted on:  
 8/2/2016 20:45:17 (eastern)

Check here if address has changed (3) ID Number: 306

(4) Check appropriate box(es):  
 Candidate Office Sought: Property Appraiser  
 Political Committee (PC)  
 Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded  
 Party Executive Committee (PTY)  Check here if PTY has disbanded  
 Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 7 / 9 / 2016 To 7 / 22 / 2016 Report Type: P3  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 0 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 0 . 00  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 0 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 44 , 291 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 15 , 987 . 52

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer  
**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)  
**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michelle Franklin (2) I.D. Number 306  
 (3) Cover Period 7/9/2016 / 7/22/2016 through 7/22/2016 / 7/22/2016 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7/21/2016 / /	Gould, Brad and Vanessa 5874 NW Canada Street Port St. Lucie, FL 34986	I	attorney	CH		Delete	\$100.00
1							
7/21/2016 / /	Gould, Brad 5874 NW Canada Street Port St. Lucie, FL 34986	I	attorney	CH		Add	\$100.00
2							
7/22/2016 / /	Crippen, Stan and Cecilia 7929 Saddlebrook Drive Port St. Lucie, FL 34986	I	retired	CH		Delete	\$500.00
3							
7/22/2016 / /	Crippen, Stan 7929 Saddlebrook Drive Port St. Lucie, FL 34986	I	retired	CH		Add	\$500.00
4							
7/13/2016 / /	Sperber, Tanya and Clinton 1123 SW Forest Hill Cove Port St. Lucie, FL 34986	I	client administra tor	CH		Delete	\$100.00
5							
7/13/2016 / /	Sperber, Tanya 1123 SW Forest Hill Cove Port St. Lucie, FL 34986	I	client administra tor	CH		Add	\$100.00
6							
7/11/2016 / /	Brown, Sharon and Wayman 3146 SE Overbrook Drive Port St. Lucie, FL 34952	I	realtor	CH		Delete	\$250.00
7							
7/11/2016 / /	Brown, Sharon 3146 SE Overbrook Drive Port St. Lucie, FL 34952	I	realtor	CH		Add	\$250.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michelle Franklin (2) I.D. Number 306

(3) Cover Period 7/9/2016 through 7/22/2016 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
7/15/2016 / /	Ranieri, Stacy and Robert 2062 SW Racquet Club Drive Palm City, FL 34990	I	ceo	CH		Delete	\$25.00
9							
7/15/2016 / /	Ranieri, Stacy 2062 SW Racquet Club Drive Palm City, FL 34990	I	ceo	CH		Add	\$25.00
10							
/ /							
/ /							
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/ /							
/ /							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Michelle Franklin

(2) I.D. Number 306

(3) Cover Period 7/9/2016 through 7/22/2016

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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