

## CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1235417]

Submitted on:  
 10/21/2020 09:55:08 (eastern)

Check here if address has changed

(3) ID Number: 421

(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 9 / 19 / 2020 To 10 / 2 / 2020 Report Type: G4

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 \$        , 10 , 554 . 66

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 10 , 554 . 66

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 37 , 674 . 40

### (10) TOTAL Monetary Expenditures To Date

\$        , 12 , 545 . 26

### (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 421

9/19/2020 through 10/2/2020

(3) Cover Period \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_ (4) Page 1 of 0

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|--|---------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Michelle Franklin

(2) I.D. Number 421

(3) Cover Period 9/19/2020 through 10/2/2020

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 9/30/2020<br>//           | Public Concepts, LLC,<br>5155 Corporate Way<br>D2<br>Jupiter, FL 33458                         | campaign<br>marketing,<br>mailers,<br>postage                              | MO                         | Add               | \$10,239.33    |
| 1                         |  |  |                            |                   |                |
| 10/2/2020<br>//           | Aztec Graphix,<br>3343 S US Highway 1<br>Suite 1<br>Fort Pierce, FL 34982                      | campaign<br>magnets  | MO                         | Add               | \$288.90       |
| 2                         |  |  |                            |                   |                |
| 10/2/2020<br>//           | Staples,<br>2609 South Federal Highway<br>Fort Pierce, FL 34982                                | campaign<br>materials  | MO                         | Add               | \$26.43        |
| 3                         |  |  |                            |                   |                |
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