| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|
| (1) | Michelle Franklin | OFFICE USE ONLY | | | | | | | | |
| | Name | ONLINE SUBMISSION | | | | | | | | |
| (2) | 5430 NW Arrowhead Ter | Submitted on: | | | | | | | | |
| | Address (number and street) Port St. Lucie, FL 34986 | 3/5/2020 09:35:01 (eastern) | | | | | | | | |
| | City, State, Zip Code | | | | | | | | | |
| | 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) | | | | | | | | | |
| | (5) Report | Identifiers | | | | | | | | |
| Cove | er Period: From 2 / 1 / 2020 To | 2 / 29 / 2020 Report Type: M2 | | | | | | | | |
| X O | riginal Amendment Spo | ecial Election Report | | | | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | | | | |
| Casl | n & Checks \$, , <u>500</u> . <u>00</u> | Monetary | | | | | | | | |
| Loar | | Transfers to Office Account \$, , , 0 . 00 | | | | | | | | |
| Tota | I Monetary \$, , <u>500</u> . <u>00</u> | Total Monetary \$, , 87 . 90 | | | | | | | | |
| In-Ki | and \$,,, <u>0</u> .00 | ,, <u>07</u> . <u>50</u> | | | | | | | | |
| | | (8) Other Distributions \$, , 000 | | | | | | | | |
| (9) TOTAL Monetary Contributions To Date \$,23, _375 \cdot _00 | | | | | | | | | | |
| (T | (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 Treasurer Deputy Treasurer or electioneering comm.) | | | | | | | | | |
| X | | X | | | | | | | | |
| 51 | gnature | Signature | | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | Michelle Franklin | | | (2) I.D. Number 421 | | | | | |
|-----------------|-----------------------------------|------|------------|---------------------|-------------|-----------|-----------------|--|--|
| | 2/1/2020 | | | /29/2020 | | | | | |
| (3) Cover Perio | od// | thro | | | (4) Page | 1 | of ¹ | | |
| | - | _ | | * ** | \ , , , | 9 | | | |
| (5) | (7) | | (8) | (9) | (10) | (11) | (12) | | |
| Date | Full Name | | () | | | | | | |
| (6) | (Last, Suffix, First, Middle) | | | | | | | | |
| Sequence | Street Address & | C | ontributor | Contribution | In-kind | | | | |
| Number | City, State, Zip Code | Туре | Occupation | Туре | Description | Amendment | Amount | | |
| 0./11./0000 | St Lucie County | | pol actior | ı CH | | | \$500.0 | | |
| 2/11/2020 | Tiger - PAC, 371 E Midway Road | | comm | | | | | | |
| | Fort Pierce, FL 34982 | | | | | | | | |
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name | Michelle | e Fran | nklin | | | | (2) I.D. Nur | nber | 4 | 121 | |
|--------------|----------|--------|-------|---------|--------|-----|------------------|------|----|-----|--|
| | 2 | 2/1/20 | 20 | | 2/29/2 | 020 | * | - | | | |
| (3) Cover Po | eriod | 1 | 1 | through | 1 | 1 | (4) Page | 1 | of | 1 | |

| (5) | (7) | (8) | (9) | (10) | (11) |
|---------------------------|---|---|---------------------|-----------|---------|
| (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| 2/18/2020 | SLC Supervisor of Elections, 4132 Okeechobee Road Fort Pierce, FL 34947 | petition verification | МО | | \$50.20 |
| 2/28/2020 | Elections, SLC Supervisor of 4132 Okeechobee Road Fort Pierce, FL 34947 | petition verification | МО | | \$37.70 |
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| DS-DE 14 (Rev | | | | | |