

## 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**  
 [1191990]

Submitted on:  
 9/10/2019 14:38:47 (eastern)

Check here if address has changed (3) ID Number: 421

(4) Check appropriate box(es):

Candidate Office Sought: Property Appraiser

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 8 / 1 / 2019 To 8 / 31 / 2019 Report Type: M8

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,   2   , 600 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   2   , 600 . 00

In-Kind \$      ,      , 100 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      ,  55   . 00

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,      ,  55   . 00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,  15   , 175 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      ,  55   . 00

### (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  
 (3) Cover Period 8/1/2019 through 8/31/2019 (4) Page 1 of 1

(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							
8/1/2019 / /	Bailey, John K 1713 Frances Court Fort Pierce, FL 34949	I	retired	CH			\$500.00
1							
8/5/2019 / /	Chaves, Mike 9008 Champions Way Port St Lucie, FL 34986	I	retired	CH			\$100.00
2							
8/23/2019 / /	A&G Concrete Pools, 8880 Glades Cut Off Road Port St. Lucie, FL 34986	B	pool sales/cons truction	CH			\$1,000.00
3							
8/24/2019 / /	Allen, Sandra K. 1900 Trowbridge Road Fort Pierce, FL 34945	I	retired	CH			\$1,000.00
4							
8/1/2019 / /	Toshiba Business Solutions USA, 466 SW PSL Blvd. Suite 114 Port St. Lucie, FL 34953	B	copier/pri nter sales/serv ic	IK	printing		\$100.00
5							
/ /							
/ /							
/ /							

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

(1) Name Michelle Franklin

(2) I.D. Number 421

(3) Cover Period 8/1/2019 through 8/31/2019

(4) Page 1 of 1

(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					
8/12/2019 // /	USPS, 290 NW Peacock Blvd. Port St. Lucie, FL 34986	stamps	MO		\$55.00
1					
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