## **General Information**

Name: Hon Michelle Salzman

PID 287679

#### **AGENCY INFORMATION**

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

#### **CANDIDATE FOR**

Position	Agency Name	Position sought or held	
State Representative	House of Representatives	District One	

#### **Net Worth**

This section not amended by filer.

#### **Assets**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is N/A.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Bank of America Checking	\$ 7,800.00

Liabilities		
LIABILITIES IN EXCESS OF \$1,00	0:	
Name of Creditor	Address of Creditor	Amount of Liability
This section not amended by filer.		
JOINT AND SEVERAL LIABILITIES	S NOT REPORTED ABOVE:	
Name of Creditor	Address of Creditor	Amount of Liability
This section not amended by filer.		
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Income					
Identify each separate source an income. Or attach a complete confidence of Please redact any social security posted to the Commission's web	opy of your 202 or account nur site.	23 federal incom mbers before at	ne tax return, including al taching your returns, as t	l W2s, schedules, a he law requires the	nd attachments.
PRIMARY SOURCES OF INCOME:					
Name of Source of Income Excee	eding \$1,000	Address of Source of Income			Amount
This section not amended by file	r.				
SECONDARY SOURCES OF INCOM	E (Major custo	mers, clients, et	c. of businesses owned b	y reporting person	):
Name of Business Entity	Name of Maj Business' Inco	or Sources of ome	Address of Source	Principal Activity	Business of Source
This section not amended by filer.					
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Interests in Specified Bu	usinesses				
Business Entity # 1					
This section not amended by filer.					

Training
This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.
☑ I certify that I have completed the required training under Section 112.3142, F.S.
Required training under Section 112.3142, F.S., not applicable to filer for this form year.

### **Amendment Reason**

Explanation of changes why are you amending your previous form 6 submission? adding bank account

# **Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6X and that the facts stated in it are true.

# Michelle Salzman

Digitally signed: 06/04/2024

Filed with COE: 06/04/2024