

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/12/2023

General Information

Name: Michele Maxwell

Address: 72 CHAPMAN RD P.O. Box 491, APALACHICOLA, FL 32320

PID 289734

County: Franklin

AGENCY INFORMATION

Organization	Suborganization	Title
Franklin County	Elected Constitutional Officer	
Franklin County	Elected Constitutional Officer	Clerk of Circuit Court

Net Worth

My Net Worth as of December 31, 2022 was \$ 175,000.00.

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 \$ 30,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Real Property Gulf Colony Franklin County	\$ 250,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo	P.O. Box 10335 Des Moines IA	\$ 64,076.12
Ally Auto	P.O. Box 380901 Bloomington, MN	\$ 18,011.31
GM Financial	Arlington TX	\$ 29,098.93

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Franklin County Clerk of Court	33 Market Street, Apalachicola Florida 32320	\$ 114,000.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

- ☒ 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.

Signature of Reporting Official or Candidate

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

Michele Maxwell

Digitally signed: 04/12/2023

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