

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 07/03/2023

General Information

Name: Mrs Michelle Franklin

Address: 5430 NW Arrowhead Ter, Port St Lucie, FL 34986

PID 264593

County: Saint Lucie

AGENCY INFORMATION

Organization	Suborganization	Title
St. Lucie County	Elected Constitutional Officer	Property Appraiser

Net Worth

My Net Worth as of December 31, 2022 was \$ 677,460.00.

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 \$ 31,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
5430 Arrowhead Ter, PSL	\$ 397,000.00
2006 Chevy Silverado	\$ 4,000.00
2021 Chevy Trailboss	\$ 39,000.00
Bank Accounts (Seacoast)	\$ 78,566.00
Florida Prepaid	\$ 13,051.00
UESP	\$ 41,000.00
TIAA	\$ 156,941.00
Vanguard	\$ 10,109.00
Ameritrade (GE, AA, ARNC, AAPL)	\$ 11,982.00

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Valley Bank	PO BOX 953 Wayne, NJ 07474	\$ 28,642.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
United Bank	PO BOX 2373 Charleston, WV 25328	\$ 96,679.00

Income

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

☐ I elect to file a copy of my 2022 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
SLC PAO	2300 Virginia Av Fort Pierce, FL 34982	\$ 134,780.00

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.

Michelle Franklin

Digitally signed: 07/03/2023

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