

# FORM 6 FULL AND PUBLIC DISCLOSURE OF

2006

Please print or type your name, mailing address, agency name, and position below:

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

MANN, FRANKLIN BALCH

MAILING ADDRESS:

17281 BRENFIELD LANE

ALVA

33920

LEE

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

COUNTY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

DISTRICT 5 COMMISSIONER

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE  
USE ONLY:

**COPY**

ID No.

Conf. Code

P. Req. Code

PDF 2005

### PART A - NET WORTH

Please enter the value of your net worth as of December 31, 2006, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 2006 was \$ 3,978,000

### PART B - ASSETS

#### HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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.

The aggregate value of my household goods and personal effects (described above) is \$ 160,000

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Home - 17281 BRENFIELD LANE, ALVA, FL

2,131,000

BLDG - 2101 MCGREGOR BLVD FORT MYERS, FL

860,000

BLDG - 2900 MICHIGAN AVE FORT MYERS, FL

471,000

LOT - 2116 TOURNAMENT ST. FORT MYERS, FL

116,000

CONDO - 1425 CENTERVILLE ROAD #12 FORT MYERS, FL

96,000

ASST - UBS FINANCIAL SERVICES 7950 SUMMERLAKES DRIVE, FORT MYERS

144,000

### PART C - LIABILITIES

#### LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

### PART D - INCOME

You may ***EITHER*** (1) file a complete copy of your 2006 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2006 federal income tax return. (If you check this box and attach a copy of your 2006 tax return, you need not complete the remainder of Part D.)

#### PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
RENTAL INCOME	ITEMS 2, 3, 4 AND 5 PART B	106,533
CONSULTING	REALTORS ASSOC. FT MYERS BEACH/CANAL	13,980
LEE COUNTY COMMISSION	BOARD OF COUNTY COMMISSIONERS	6,804
DIVIDEND INCOME	UBS ACCOUNT, UBS FINANCIAL SERVICES	7,577

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	NONE		

### PART E - INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

### OATH

STATE OF FLORIDA  
COUNTY OF Lee

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 29th day of

June 2007 by FRANKLIN B. MANN

Bernice Ramos Feliciano  
(Signature of Notary Public--State of Florida)

BERNICE RAMOS FELICIANO  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced N/A

 Bernice Ramos Feliciano  
Commission # DD589927  
Expires October 19, 2010  
Berkley Tray Pain - Insurance, Inc. 800-385-7019

Franklin B. Mann  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.  
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.  
OTHER FORMS you may need to file are described on page 6.