FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2018

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Adams Susan

MAILING ADDRESS:
100 S Pine Street

CITY: Fellsmere | ZIP: 32948 | COUNTY: Indian River

NAME OF AGENCY:
Indian River County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Commissioner, District 1

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:
208855

FLORIDA
COMMISSION ON ETHICS
SEP 24 2019
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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 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, 20 18 was $ 95,256.00.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 45,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
100 S Pine St	122,830
Bank Accounts (Oculina Bank)	10,000
Stocks (Raymond James)	15,550

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PNC Bank, Carol Stream, IL	75,772.00
Capital One Auto	22,352

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

PART D – INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2018 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Indian River County	1801 27th St, Vero Beach, FL	58,313.21
Marsh Landing Restaurant	44 N Broadway, Fellsmere, FL	31,200.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART E – INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Marsh Landing, Inc		
ADDRESS OF BUSINESS ENTITY	PO Box 309 (44NBroadw		
PRINCIPAL BUSINESS ACTIVITY	Restaurant		
POSITION HELD WITH ENTITY	Vice President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No		
NATURE OF MY OWNERSHIP INTEREST	N/A		

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Florida

Sworn to (or affirmed) and subscribed before me this 23rd day of September, 2019 by Susan P. Adams.

Jessica Zamora
(Signature of Notary Public--State of Florida)

Jessica Zamora
(Print, Type, or Stamp Commissioned Name of Notary Public)

JESSICA ZAMORA
MY COMMISSION #GG291771
EXPIRES: JAN 15, 2023
through 1st State Insurance

Personally Known ✓ *OR* Produced Identification _____

Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

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32960
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S Adams
100 S. Pine St.
Fellsmere FL 32948

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Commission on Ethics
P.O. Drawer 15709
Tallahassee FL

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32960	9/24/19	$ 30.50

Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
9/23/19	☐ 10:30 AM ☐ 3:00 PM ☐ 12 NOON	$	$

Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
1:20 ☑ AM ☐ PM	$ Free	$	$

Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees
$	$	$ 30.50

Weight	Acceptance Employee Initials
☐ Flat Rate 1 lbs. 5 ozs.	

DELIVERY (POSTAL SERVICE USE ONLY)

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	☐ AM ☐ PM	
9.24.19	950 ☐ AM ☐ PM	Employee Signature

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