

FOR OFFICE USE ONLY:

Indian River County-Elected Constitutional Officer

FLORIDA
COMMISSION ON ETHICS

SEP 08 2020

RECEIVED



*****AUTO**ALL FOR AADC 328 T4 P3 10 754

SUSAN ADAMS, COMMISSIONER, DISTRICT 1
100 S PINE ST
FELLSMERE FL 32948-6030

ID CODE



ID NO.

208855

CONF. CODE

Adams, Susan

PROCESSED

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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, 2019 was \$ 125,000.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 60,000

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.	120,000
Washington Mutual	15,000
Ithaca Financial	10,000
Raymond James	10,000

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	70,000
Capital One	20,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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
Marsh Landing Rest	44 N. Broadway	31,000
IRC	1801 27 th St.	62,000

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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			

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.

STATE OF FLORIDA

COUNTY OF

Indian River

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 1st day of

September, 2020 by Susan Adams

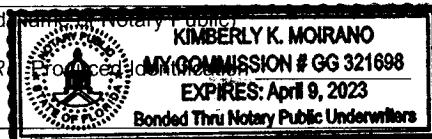
Kimberly K. Moirano
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Notary Public)

Personally Known ☒

OR

Type of Identification Produced



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

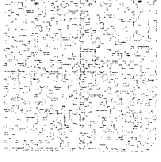
Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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



Board of County Commissioners
Indian River County
1801 27th Street
Vero Beach, FL 32960-3388

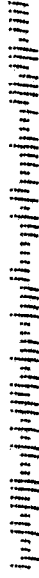
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FL 32888-0000
SEP 01 2020

Florida Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317-5709

32317-570903



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

OF FINANCIAL INTERESTS

INDIAN RIVER COUNTY
SUPERVISOR OF ELECTIONS

LAST NAME — FIRST NAME — MIDDLE NAME:

Adams Susan PARKER

MAILING ADDRESS:

100 S. Pine St.

CITY:

Fellsmere

ZIP:

32948

COUNTY:

Indian River

NAME OF AGENCY:

Indian River County BOCC

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner, District 1

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

2020 JUN -8 PM 2:18

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COMMISSION ON ETHICS

JUN 17 2020

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VALUE OF ASSET

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Washington Mutual Funds	15,000
Itink Financial Checking Savings	10,000
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AMOUNT OF LIABILITY

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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.

STATE OF FLORIDA
COUNTY OF Indian River

Sworn to (or affirmed) and subscribed before me this 5th day of

June, 2020 by Susan Adams

Mary Beth Ruege
(Signature of Notary Public--State of Florida)

Mary Beth Ruege
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

Susan Adams
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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Date

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