

FORM 6

FULL AND PUBLIC DISCLOSURE

2021

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

PROCESSED

FLORIDA
COMMISSION ON ETHICS

SEP 06 2022

RECEIVED

208855

LAST NAME — FIRST NAME — MIDDLE NAME:

Adams, Susan Parker

MAILING ADDRESS:

100 S Pine St

CITY:

Fellsmere

ZIP:

32948

COUNTY:

Indian River County

NAME OF AGENCY:

Indian River County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Board of County Commissioners

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, 2021 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 21 was \$ 241,500.

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 \$ 62,000

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, Fellsmere FL	195,000
Raymond James (IRA) (Stocks)	45,000
Lincoln Financial Life Insurance	3,500

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PNC PO Box 1820 Dayton Oh	56,000
Capital One Auto, City of Industry CA	6,000

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2021 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 Restaurant	44 N Broadway Fellsmere	42,000
IRC BOCC	1801 27th St Vero Beach	65,000

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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☒ **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

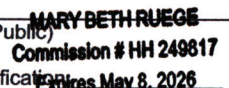
STATE OF FLORIDA

COUNTY OF Indian River

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

☒ physical presence or ☐ online notarization, this 1st day ofSeptember, 2022 by Susan AdamsMary 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 Produce Identification

Type of Identification Produced _____


MARY BETH RUEGE
Commission # HH 249817
Expires May 8, 2026

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

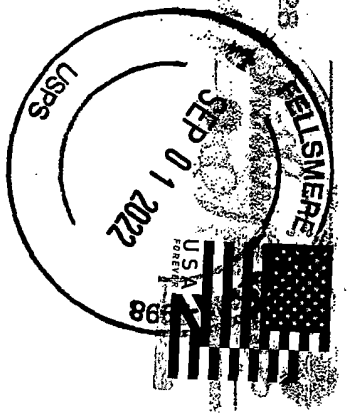
Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

Adams' Davey
11550 CR 507
Bellsmere, FL 32948

ORLANDO FL 328

1 SEP 2022 PM 2



Commission on Ethics
PO Drawer 15709
Tallahassee FL

32317-5709

32317-570908

