

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

INDIAN RIVER COUNTY  
SUPERVISOR OF ELECTIONS

2019 OCT -1 PM 3: 06

NOTE: This form must be on file with the qualifying  
officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change:  Treasurer/Deputy  Depository  Office  Party

2. Name of Candidate (in this order: First, Middle, Last)

SUSAN P ADAMS

3. Address (include post office box or street, city, state, zip  
code)

P.O. Box 333  
Fellsmere FL 32948

4. Telephone

(772) 1633 5663

5. E-mail address

susanadams219@gmail.com

6. Office sought (include district, circuit, group number)

IRC BOCC District 1

7. If a candidate for a nonpartisan office, check if  
applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In  No Party Affiliation  Republican Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer  Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

FRAN ADAMS

11. Mailing Address

P.O. Box 333 Fellsmere FL 32948

12. Telephone

(772) 1633 5663

13. City

Fellsmere

14. County

Indian River

15. State

FL

16. Zip Code

32948

17. E-mail address

18. I have designated the following bank as my  Primary Depository  Secondary Depository

19. Name of Bank

Ocala Bank

20. Address

2625 Airport Drive

21. City

Vero Beach

22. County

Indian River

23. State

Florida

24. Zip Code

~~32941~~ 32960

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND  
DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE

25. Date

9-9-19

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in name and check the appropriate block)

I, FRAN B ADAMS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer  Deputy Treasurer.

9-9-19

X

Date

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

INDIAN RIVER COUNTY  
SUPERVISOR OF ELECTIONS

2019 OCT -1 PM 3:00

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)

SUSAN P ADAMS

3. Address (include post office box or street, city, state, zip code)

P.O. Box 333

4. Telephone

(772) 16335653

5. E-mail address

SUSANADAMS219@gmail.com

Fellsmere FL 32948

6. Office sought (include district, circuit, group number)

IRC BOCC District 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In     No Party Affiliation     Republican Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

SUSAN ADAMS

11. Mailing Address

P.O. Box 333 Fellsmere FL 32948

12. Telephone

(772) 16335653

13. City

Fellsmere

14. County

Indian River

15. State

FL

16. Zip Code

32948

17. E-mail address

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank

Oculina Bank

20. Address

2625 Airport Drive

21. City

Vero Beach

22. County

Indian River

23. State

Florida

24. Zip Code

32960

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE

25. Date

9-9-19

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, SUSAN ADAMS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer

9-9-19

X

Date

Signature of Campaign Treasurer or Deputy Treasurer