

**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

2023 SEP -7 PM 12:46

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)

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

SUSAN PARKER ADAMS

P.O. BOX 333

4. Telephone

5. E-mail address

(772) 7669635

susanadams219@gmail.com

FELLSMERE FL 32948

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

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

IRC BOCC, District 1

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

12. Telephone

PO BOX 333

(772) 7669635

13. City

14. County

15. State

16. Zip Code

17. E-mail address

FELLSMERE

INDIAN RIVER

FL

32948

susanadams219@gmail.com

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

19. Name of Bank

20. Address

iThink

516 N Broadway

21. City

22. County

23. State

24. Zip Code

FELLSMERE

INDIAN RIVER

FL

32948

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

26. Signature of Candidate

9-7-23

X Susan Adams

27. Treasurer's Acceptance of Appointment (fill in the blanks 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.

9-7-23

X Fran B Adams

Date

Signature of Campaign Treasurer or Deputy Treasurer

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

SUSAN PARKER ADAMS

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

P.O. Box 333

4. Telephone

(772) 1633 5653

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

12. Telephone

(772) 1633 5653

13. City

Fellsmere

14. County

INDIAN RIVER

15. State

FL

16. Zip Code

32948

17. E-mail address

susanadams219@gmail.com

18. I have designated the following bank as my

Primary Depository

Secondary Depository

19. Name of Bank

iThink Financial

20. Address

56 N. Broadway

21. City

Fellsmere

22. County

INDIAN RIVER

23. State

FL

24. Zip Code

32948

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

9-7-23

26. Signature of Candidate

X Susan Adams

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.

9-7-23

Date

X

Signature of Campaign Treasurer or Deputy Treasurer