

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Susan Adams  
 Name  
 (2) P.O. Box 333  
 Address (number and street)  
Fellsmere, FL 32948  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1195384]

Submitted on:  
 12/3/2019 19:16:39 (eastern)

Check here if address has changed (3) ID Number: 405

(4) Check appropriate box(es):

Candidate Office Sought: Board of County Commissioners - Dist 1

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 11 / 1 / 2019 To 11 / 30 / 2019 Report Type: M11

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,   1   , 000 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 000 . 00

In-Kind \$      ,      ,   0   . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      ,   0   . 00

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,      ,   0   . 00

**(8) Other Distributions**  
 \$      ,      ,   0   . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,   2   , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      ,   0   . 00

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Susan Adams (2) I.D. Number 405

(3) Cover Period 11/1/2019 through 11/30/2019 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/19/2019 / /	Youngs Market The One, 4233 20th St Vero Beach, FL 32960	B	produce	CH			\$1,000.00
1							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Susan Adams

(2) I.D. Number 405

(3) Cover Period 11/1/2019 through 11/30/2019

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
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