CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Susan Adams	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION [1215037]						
(2)	P.O. Box 333	Submitted on:						
	Address (number and street)	7/3/2020 18:15:17 (eastern)						
	Fellsmere, FL 32948	//3/2020 10·13·1/ (cascern,						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 405						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Board of Coun	ty Commissioners - Dist 1						
	Political Committee (PC)	Charle have if DC as ECO has dishanded						
		☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	dentifiers						
Cove								
<u>X</u> 0	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$ , , ,000	Expenditures \$ , 3 , <u>860</u> . <u>34</u>						
•	• 000 00							
Loar	ns \$, <u>900</u> . <u>00</u>	Transfers to Office Account \$						
Tato	Il Monetary \$ , , 900 . 00	Office Account \$ , , , 0 . 00						
Tota	Il Monetary \$,	Total Monetary \$ , 3 860 . 34						
L. IZ:	• • 0 00	Total Monetary \$ , , 860 . 34						
In-Ki	ind \$,,,000	(2) 241						
		(8) Other Distributions \$ 0 . 00						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, _ <u>4</u> , <u>400</u> . <u>00</u>	\$, <u>3</u> , <u>978</u> . <u>34</u>						
	(11) Cert It is a first degree misdemeanor for any perso							
		• • • • • • • •						
I certify that I have examined this report and it is true, correct, and complete:								
_(T)	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Susan Adams	(2) I.D. Number							
(3) Cover Perio	6/1/2020 od///	thro		/12/2020 //	(4) Pag	je <u>1</u>	of		
(5) Date (6) Sequence Number	(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)	(12)		
6/5/2020	Adams, Susan 100 S Pine St Fellsmere, FL 32948		hospitalit y		Восоправл		\$900.0		
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _Su	ısan	Adams					(2) I.D. Numbe	r	4	105	an an
		6/1/20	20		6/12/2	020					
(3) Cover Per	riod	1	1	through	1	1	(4) Page 1		of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/10/2020	IRC Supervisor of Elections, 4375 43rd Ave Vero Beach, FL 32967	filing fee	МО		\$3,860.34
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