

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Susan Parker Adams
 Name
 (2) PO Box 333
 Address (number and street)
Fellsmere, Fl 32948
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1302706]

Submitted on:
 1/10/2024 16:37:06 (eastern)

Check here if address has changed (3) ID Number: 496

(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 10 / 1 / 2023 To 12 / 31 / 2023 Report Type: Q4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2 , 500 . 00

Loans \$, , 0 . 00

Total Monetary \$, 2 , 500 . 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
 \$, 3 , 500 . 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 Parker Adams (2) I.D. Number 496
 (3) Cover Period 10/1/2023 through 12/31/2023 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
11/27/2023 / /	Quality Health Care, 9701 US Hwy 1 Sebastian, Fl 32958	B	medical	CH			\$500.00
1							
11/27/2023 / /	Adams, Fran B 11550 CR 507 Fellsmere, Fl 32948	I	retired	CH			\$1,000.00
2							
11/27/2023 / /	Magnolia Farms, Inc, 11550 CR 507 Fellsmere, Fl 32948	B	real estate	CH			\$1,000.00
3							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Susan Parker Adams

(2) I.D. Number 496

(3) Cover Period 10/1/2023 through 12/31/2023

(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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