APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE)					OSC SOE JUL9'2112:59				
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				
ANGELA M. EADY				1352 ROCKY ROAD					
4. Telephone 5. E-mail address					KTET IN THE				
(407) 978-7249 angela eady 825@ irahus.com									
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if									
CITY COMMESSIONER					applicable:				
SEAT 2					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 Party candidate.									
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer									
10. Name of Treasurer or Deputy Treasurer GLORIA R. EMANUEL									
11. Mailing Address					12. Telephone			phone	
2880 FLORIDA AVENUE					(401)301-5303				
13. City	14. Cou		15. St		16. Zip Code	17. E-mai	l address		
KISSIMMEE	OSE	EDLA	FZ	- /	34744	aema	nue/1	323@ gmail.com	
18. I have designated the fo	llowing	bank as my		Pri	imary Depositor	у 🗌	Seconda	ry Depository	
19. Name of Bank					20. Address				
BB\$1				1302 EAST VINE STREET					
21. City KISSIMMEE	2	2. County () SCEOL	4		23. State			24. Zip Code	
		U			1			34744	
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 20					26. Signature of Candidate				
+18/2021				X	X Loula M' Lad				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I, <u>GIORTA R. EMANUEC</u> , do hereby accept the appointment (Please Print or Type Name)									
- 7/8/2021 X Glorin R. Emanuel									
Date Signature of Campaign Treasurer or Deputy Treasurer									

DS-DE Q (Rov 10/10)

Rule 1S-2.0001. F.A.C.