

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Angela M. Eady  
 Name  
 (2) 1352 Rocky Road  
 Address (number and street)  
Kissimmee, FL 34744  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1255182]

Submitted on:  
 2/10/2022 02:36:05 (eastern)

Check here if address has changed (3) ID Number: 470

(4) Check appropriate box(es):

Candidate Office Sought: Kissimmee City Commission Seat 2

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 12 / 1 / 2021 To 12 / 31 / 2021 Report Type: M12

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 500 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 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**  
 \$      , 12 , 015 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      , 2 , 508 . 47

### (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 Angela M. Eady (2) I.D. Number 470

12/1/2021 through 12/31/2021

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
12/1/2021 / /	Olde Kissimmee Realty, Inc, 11 N. Vernon Avenue Kissimmee, FL 34741	B	realtor	CH		Add	\$500.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Angela M. Eady

(2) I.D. Number 470

(3) Cover Period 12/1/2021 through 12/31/2021

(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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