CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Frank Scaglione
Name

(2) 345 Lynn Ave
Address (number and street)
Satellite Beach, FL 32937
City, State, Zip Code

OFFICE USE ONLY

08-28-26 P04:54 IN

☐ **Check here if address has changed**

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: Satellite Beach City Council Member
☐ Political Committee (PC)
☐ Electioneering Communications Org. (ECO)
☐ Party Executive Committee (PTY)
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ **Check here if PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 08 / 14 / 26 To 08 / 28 / 26 Report Type: P7

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 147.06
Transfers to Office Account	$ 0.00
Total Monetary	$ 147.06

(8) Other Distributions

$ 0.00

(9) TOTAL Monetary Contributions To Date

$ 200.00

(10) TOTAL Monetary Expenditures To Date

$ 182.58

(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) Frank Scaglione
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X _____
Signature

(Type name) Frank Scaglione
☑ Candidate ☐ Chairperson (only for PC and PTY)

X _____
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Frank Scaglione (2) I.D. Number _____

(3) Cover Period 08/14/26 through 08/28/26 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
08/22/26 / 1	Frank Scaglione 345 Lynn Ave Satellite Beach, FL 32937	Door hangers	CAN		$147.06
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Frank Scaglione
Name

(2) 345 Lynn Ave
Address (number and street)
Satellite Beach FL 32937
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
08-14-26 A02:50 IN

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: Satellite Beach City Council Member
☐ Political Committee (PC)
☐ Electioneering Communications Org. (ECO)
☐ Party Executive Committee (PTY)
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ **Check here if PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 08 / 01 / 26 To 08 / 13 / 26 Report Type: P7

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 200.00
Loans	$ 0.00
Total Monetary	$ 200.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ ~~35~~ ~~52~~
Transfers to Office Account	$ 0.00
Total Monetary	$ ~~35~~ ~~52~~

(8) Other Distributions
$ 0.00

(9) TOTAL Monetary Contributions To Date
$ 200.00

(10) TOTAL Monetary Expenditures To Date
$ ~~35~~ ~~52~~

(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) Frank Scaglione
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X _____
Signature

(Type name) Frank Scaglione
☑ Candidate ☐ Chairperson (only for PC and PTY)
X _____
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Frank Scaglione **(2) I.D. Number** _____

(3) Cover Period 08 / 01 / 26 through 08 / 13 / 26 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
08 12 26 / 1	Scaglione, Frank 345 Lynn Ave Satellite Beach Florida 32937	S	attorney	CAS	—	—	$200
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Frank Scaglione (2) I.D. Number

(3) Cover Period 08/01/26 through 08/13/26 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
08/12/26 / 1	Scaglione, Frank 345 Lynn Ave Satellite Beach, FL 32937		CAN	–	$35.52
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES