

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

(3) ID Number: _____

OFFICE USE ONLY

10-09-26 P12:09 IN

(4) Check appropriate box(es):

☒ Candidate Office Sought: City Councilmember

☐ 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 09 / 19 / 2026 To 10 / 02 / 2026 Report Type: G4

☒ 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 \$ _____ , _____ , 431.39

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 431.39

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 200.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 620.97

(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 Frank Scaglione

Signature

(Type name) Frank Scaglione

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Frank Scaglione

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Frank Scaglione

(2) I.D. Number _____

(3) Cover Period 09 / 19 / 2026 through 10 / 02 / 2026

(4) Page 1 of 1

(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					
09/30/26	Signs on the Cheap 11525A Stonehollow Dr Ste 120 Austin, TX, 78758, US	Campaign Signs	MON	N/A	\$431.39
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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

(3) ID Number: _____

OFFICE USE ONLY

09-25-26 P04:31 IN

(4) Check appropriate box(es):

☒ Candidate Office Sought: Satellite Beach City Councilmember

☐ 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 09/05/2026 To 09/18/2026 Report Type: G3

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1,000.00

Loans \$, , .

Total Monetary \$, , .

In-Kind \$, , .

(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

\$, 1,200.00

(10) TOTAL Monetary Expenditures To Date

\$, , 189.58

(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 Frank Scaglione

Signature

(Type name) Frank Scaglione

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Frank Scaglione

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 09 / 05 / 2026 through 09 / 18 / 2006 (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		
9 / 17 / 26	Realtors Political Advocacy Committee	B	Realtors	CHE	N/A	N/A	\$1,000.00
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WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

09-11-26 P04:03 IN

OFFICE USE ONLY

Frank Scaglione

Name

City Councilmember

Office Sought

345 Lynn Ave

Address

Satellite Beach, FL 32937

City

State

Zip Code



Candidate



Political Committee



Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).



Check here if address has changed since last report.



Check here if PC has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)



QUARTERLY REPORT



PRIMARY ELECTION



GENERAL ELECTION



OTHER REPORT TYPE

Indicate report #

Q _____

Indicate report #

P _____

Indicate report #

G 2

Indicate report type and #
as applicable:



TERMINATION REPORT



SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

8/22/2026

THROUGH 09/04/2026

X

Frank Scaglione

Signature

9/11/26

Date

X

Frank Scaglione

Signature

9/11/26

Date

REQUIRED SIGNATURES FOR:

Candidates:

Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:

Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Party Executive Committees:

Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

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 / 17 / 26 To 08 / 28 / 26 Report Type: P7

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 0

Loans \$ _____ , _____ , 0 . 0

Total Monetary \$ _____ , _____ , 0 . 0

In-Kind \$ _____ , _____ , 0 . 0

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 147 . 06

Transfers to Office Account \$ _____ , _____ , 0 . 0

Total Monetary \$ _____ , _____ , 147 . 06

(8) Other Distributions

\$ _____ , _____ , 0 . 0

(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]
Signature

(Type name) Frank Scaglione

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]
Signature

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	(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	Frank Scaglione 345 Lynn Ave Satellite Beach, FL 32937	Door hangers	CAN		\$ 47.06
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CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

08-14-26 A02:50 IN

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

(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
~~0.00~~

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 35.52
~~0.00~~

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 200.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 35.52
~~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) Frank Scaglione
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]
Signature

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

X [Signature]
Signature

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	(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		
08/12/26	Scaglione, Frank 345 Lynn Ave Satellite Beach Florida 32937	S	attorney	CAS	—	—	\$200
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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	(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	Scaglione, Frank 345 Lynn Ave Satellite Beach, FL 32937		CAN	-	\$35.52
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