

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Anthony N. Caggiano
 Name
7856 NW 1st Street
 Address (number and street)
Margate, Fl. 33063
 City, State, Zip Code

OFFICE USE ONLY

MARGATE

APR 14 2020

QUALIFYING OFFICES

Postmarked
w/also

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Margate City Commissioner Seat 1
- 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 03 / 01 / 2020 To 03 / 31 / 2020 Report Type: 2020 M03

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1,000.00

Loans \$, , .00

Total Monetary \$, 1,000.00

In-Kind \$, , .00

(7) Expenditures This Report

Monetary Expenditures \$, , 3.00

Transfers to Office Account \$, , .00

Total Monetary \$, , 3.00

(8) Other Distributions
 \$, , .00

(9) TOTAL Monetary Contributions To Date
 \$, 9,500.00

(10) TOTAL Monetary Expenditures To Date
 \$, , 942.85

(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) Anthony N. Caggiano

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Anthony N. Caggiano

Candidate Chairperson (only for PC and PTY)

X
 Signature

X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

MARGATE

(1) Name Anthony N. Caggiano

(2) I.D. Number _____

(3) Cover Period 03/ 01 /2020 through 03/ 31 /2020

(4) Page 1 **APR 14 2020** of 4

(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					
03/23/2020 / /	BB&T 7282 W. Atlantic Blvd Margate, Fl. 33063	Service Charge	CAN		\$3.00
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QUALIFYING OFFICES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name **Anthony N. Caggiano**

(2) I.D. Number _____

(3) Cover Period **03 / 01 / 2020** through **03 / 31 / 2020**

(4) Page **APR 14 2020** of **1**

QUALIFYING OFFICES

(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							
03/15/2020 / /	Legacy Healing Center 2690 N. SR 7 Margate, Fl. 33063	B	Healer	CHE			\$1,000.00
001							
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