

# OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

SEP 29 2025

QUALIFYING OFFICES

Name <i>ANTHONY N. CAGGIANO</i>		Office to Which Elected <i>MARGATE CITY COMMISSIONER</i> <i>SEAT #1</i>	
Address <i>5790 MARGATE BLVD</i>	City <i>MARGATE</i>	State <i>FL</i>	Zip Code <i>33063</i>
Name of Bank <i>TRUIST</i>			
Address <i>7282 W. ATLANTIC BLVD</i>	City <i>MARGATE</i>	State <i>FL</i>	Zip Code <i>33063</i>

This report contains *0* pages of Deposits and Disbursements, upon which I have written my initials covering the period of *7/1/2025* through *9/30/2025*.

Balance on hand at beginning of reporting period	\$ <u><i>2,480<sup>89</sup><sub>xx</sub></i></u>
Deposits during reporting period	\$ <u><i>0</i></u>
Disbursements during reporting period	\$ <u><i>0</i></u>
Balance on hand at end of reporting period	\$ <u><i>2,480<sup>89</sup><sub>xx</sub></i></u>

I, *ANTHONY N. CAGGIANO*, certify that this report is complete, true and correct.

X *[Signature]*  
Signature of Elected Official

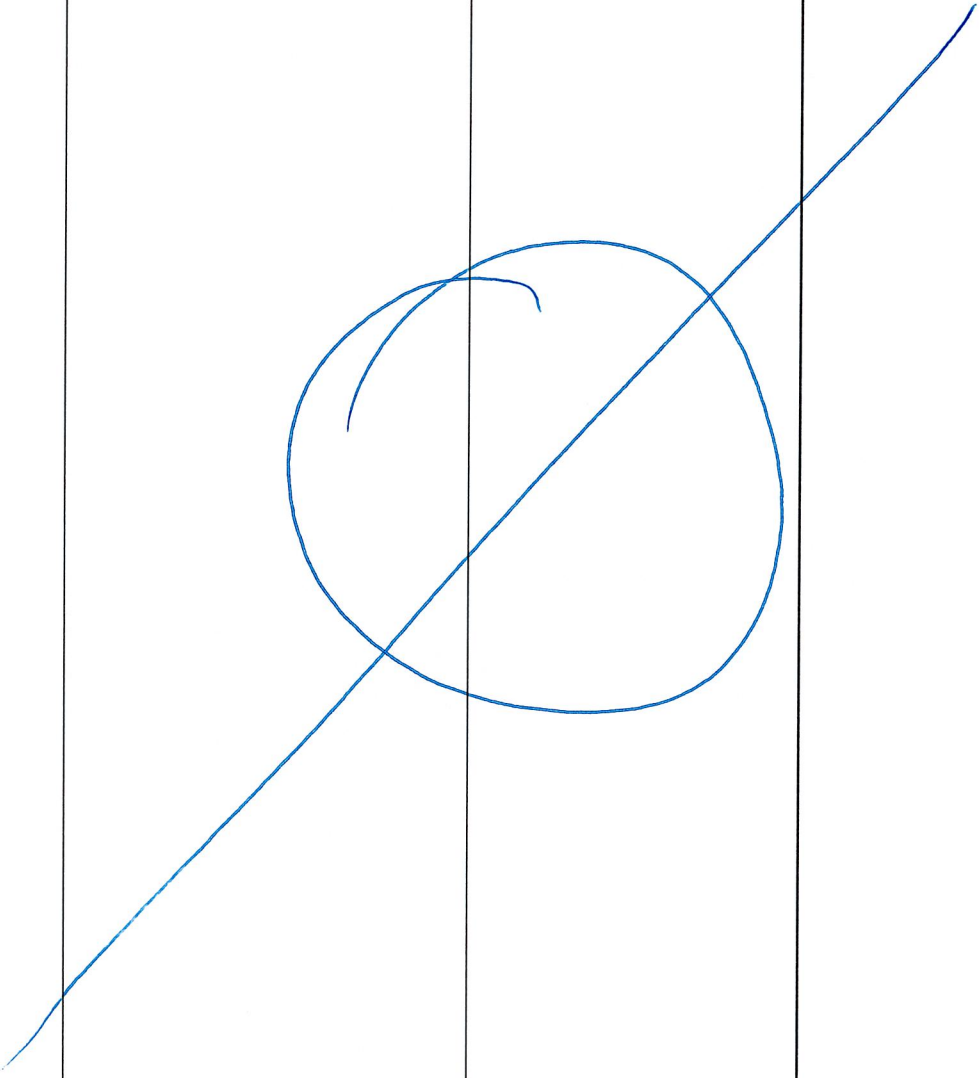
MARGATE

SEP 29 2025

QUALIFYING OFFICES

# OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT			
			Disbursement	Deposit		
						
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL		
