	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Lou Salvagio	OFFICE USE ONLY ONLINE SUBMISSION						
	Name	[1239274]						
(2)	9 Bonnie Ln	Submitted on:						
	Address (number and street)	11/16/2020 10:14:36 (eastern)						
	Palm Coast, F1 32137 City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 531						
(4)	_	(-,						
(")	(4) Check appropriate box(es): X Candidate Office Sought: Palm Coast City Council Member Seat 1 Political Committee (PC) Check here if PC or ECO has disbanded Party Executive Committee (PTY) Check here if PTY has disbanded Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed							
	(5) Report	Identifiers						
Cove	er Period: From <u>8</u> / <u>14</u> / <u>2020</u> To	11 / 16 / 2020 Report Type: TRP						
X 0	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	h & Checks \$, , 0 . 00	Monetary						
Loar		Transfers to Office Account \$, , , 0 · 00						
Tota In-Ki	I Monetary \$,,,0	Total Monetary \$, 3 , 944 . 00						
HEIN	nu *,,	(8) Other Distributions \$, , <u>0</u> 00						
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc							
(Ty	(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							
X	onature	X Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lou Salvagio		(2) I.D. Number							
(3) Cover Peri	8/14/2020 lod////	thro	1 ough	1/16/2020	(4) Pag	ie ¹	of ⁰		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
1 1									
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1 1									

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	me_Lou Salvagio					(2) I.D. Nu	mber	531			
		8/14/2	020		11/16/	2020					
(3) Cover Po	eriod	1	1	through	/	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/1/2020	Salvagio, Lou 9 Bonnie Ln Palm Coast, FL 32137	loan repayment	MO		\$3,944.00
1	Tarm Coast, FI 32137				
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DS-DE 14 (Rev					