CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christopher M. Alcantara
Name

(2) 574 Giralda Ave.
Address (number and street)

Deltona, FL 32725
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

10-12-16P1:44 RCVD JR

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: City of Deltona Commission, Dist. 4
☐ 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 10 / 01 / 16 To 10 / 07 / 16 Report Type: G4

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 300 . 00
Loans	$ ___ , ___ , ___ . Ø
Total Monetary	$ ___ , ___ , 300 . Ø
In-Kind	$ ___ , ___ , ___ . Ø

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 112 . Ø
Transfers to Office Account	$ ___ , ___ , ___ . Ø
Total Monetary	$ ___ , ___ , 112 . Ø

(8) Other Distributions

$ ___ , ___ , ___ . Ø

(9) TOTAL Monetary Contributions To Date

$ ___ , 5 , 556 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , ~~3,638.11~~ 3,750.11

(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) Christopher M. Alcantara
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Christopher M. Alcantara
☒ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christopher M Alcantara **(2) I.D. Number** _____

(3) Cover Period 10 / 01 / 16 through 10 / 07 / 16 **(4) Page** ____ of ____

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10 / 03 / 16 01	Economic Growth PAC 5471 Spring Hill Dr. Spring Hill, FL 34606	F	Econ-Growth PAC	CHE			$150
10 / 04 / 16 02	Rene Sepulveda 1650 Fruitland Dr. Deltona, FL 32725	I		CHE			$100
10 / 05 / 16 03	Linda White 1908 Salem Ct. Deltona, FL 32738	I		CHE			$50
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Christopher M. Alcantara (2) I.D. Number _____

(3) Cover Period 10/01/16 through 10/07/16 (4) Page _____ of _____

(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
10/01/16 01	Bank of America 100 North Tryon St Charlotte, NC 28255	Return Check Chargeback	CAN		$100
10/01/16 02	Bank of America 100 North Tryon St. Charlotte, NC 28255	Return item chargeback fee	CAN		$12
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