

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

OFFICE USE ONLY

16-07-12 15:17 RCVD

Check here if address has changed

(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 01 / 01 / 16 To 01 / 31 / 16 Report Type: M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100.00

Loans \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , 100.00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 0

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

Total Monetary \$ _____ , _____ , _____ . 0

(8) Other Distributions

\$ _____ , _____ , _____ . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 580.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 275.00

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

Signature

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

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 01/01/16 through 01/31/16 (4) Page _____ of _____

(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	Amendment	Amount
01/20/16	Juliana Ellen 1042 Rosetta Dr. Deltona, FL 32725	I		CHE			\$100
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/ /							
/ /							
/ /							
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/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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

(3) Cover Period 01/01/16 through 01/31/16 (4) Page _____ of _____

(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					
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