

## 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 12 / 01 / 15 To 12 / 31 / 15 Report Type: M12

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 20.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 0

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 20.00

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 175.00

### (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

\$ \_\_\_\_\_, \_\_\_\_\_, 480.00

### (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

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 12/01/15 through 12/31/15 (4) Page \_\_\_\_\_ of \_\_\_\_\_

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type   Occupation |            | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description       | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|--|---|------------|-----------------------------|--------------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  | Type                                    | Occupation | Type                        | Description                          |                   | Amount         |
| 12/20/15                  | Flowers, Ann<br>502 Blackstone Ave.<br>De Hona, FL 32725                                       | I                                       |            | CAS                         |                                      |                   | \$20           |
| 01                        |  |   |            |                             |                                      |                   |                |
| 12/22/15                  | Alcantara, Christopher<br>574 Giralda Ave.<br>Deltona, FL 32725                                | S                                       | sole-prop  | IN K                        | Office Depot<br>Laminatz<br>Services |                   | \$175          |
| 02                        |  |   |            |                             |                                      |                   |                |
| 1 1                       |  |   |            |                             |                                      |                   |                |
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|                           |  |   |            |                             |                                      |                   |                |

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

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

(3) Cover Period 12/01/15 through 12/31/15 (4) Page \_\_\_\_\_ of \_\_\_\_\_

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|-------------|--|--|----------------------------|-------------------|----------------|
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