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

Christopher Alcantara
574 Giralda Ave.
Deltona, FL 32725

OFFICE USE ONLY

16-01-08 12:59 RCVD

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☐ Candidate Office Sought: _____
☐ 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	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , ___ . ___
In-Kind	$ ___ , ___ , 175 . 00

(7) Expenditures This Report

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

(8) Other Distributions

$ ___ , ___ , ~~275~~ . ___ CMA

(9) TOTAL Monetary Contributions To Date

$ ___ , 1 , 102 . 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) Carina Alcantara
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

x Carina Alcantara
Signature

(Type name) Christopher Alcantara
☑ Candidate ☐ Chairperson (only for PC and PTY)

x [signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (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
12,20,15 / 1	Ann Flowers 502 Blackstone Ave. Deltona, FL 32725	I		CAS			$20
12,22,15	Christopher Alcantara 574 Giralda Ave Deltona, FL 32725	S	Sole-Prop	INK	Officedepot Laminate services		$175
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES