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

16-07-12 15:18 RCVD

(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 04 / 01 / 16 To 04 / 30 / 16 Report Type: M4

☐ Original ☒ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 120.00
Loans	$ ___ , ___ , ___ . Ø
Total Monetary	$ ___ , ___ , 120.00
In-Kind	$ ___ , ___ , ___ . Ø

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 89.22
Transfers to Office Account	$ ___ , ___ , ___ . Ø
Total Monetary	$ ___ , ___ , 89.22

(8) Other Distributions
$ ___ , ___ , ___ . Ø

(9) TOTAL Monetary Contributions To Date
$ ___ , 1 , 650.00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 693.45

(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]
Signature

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

X [signature]
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 04 / 01 / 16 through 04 / 30 / 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
04,16,16 / 01	Norman, James C. PO Box 162882 Altamonte Springs, FL 32716-2882	I		CAS			$20
04,16,16 / 02	Maddox, Howard 5973 Kenlyn Ct. Orlando, FL 32808	I		CHE			$50
04,17,16 / 03	Moore, Dr. Michael R. 2901 Tyron Cir. Tallahassee, FL 32309	I		CHE			$50
/ /							
/ /							
/ /							
/ /							

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 04/01/16 through 04/30/16 (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
04/04/16 01	Bank of America 100 North Tryon St. Charlotte, NC 28255	Monthly Fee			$17
04/07/16 02	Fast Signs 1265 Upsala Rd. #1133 Sanford, FL 32771	Car window sign, balance			$72.22
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES