

## 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**

10-07-12 13:16 RCVD

*JA*

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)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 06 / 01 / 15 To 06 / 30 / 15 Report Type: M6

Original  Amendment  Special Election Report

#### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . 0

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 100 . 00

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

\$ \_\_\_\_\_, \_\_\_\_\_, 100 . 00

#### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . 0

### (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

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

X *[Signature]*  
 Signature

X *[Signature]*  
 Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

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

(3) Cover Period 06/01/15 through 06/30/15 (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		
06/05/15	Alcantara, Christopher 574 Giraida Ave. De Honer, FL 32725	S	site-prop	LOA			\$100
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/ /							
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Christopher M. Alcantara

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 06/01/15 through 06/30/15

(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
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