

## 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 15:16 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 08 / 01 / 15 To 08 / 31 / 15 Report Type: M 8

Original  Amendment  Special Election Report

### (6) Contributions This Report

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

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . Ø

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . Ø

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . Ø

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . Ø

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . Ø

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . Ø

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . Ø

### (9) TOTAL Monetary Contributions To Date

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

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . Ø

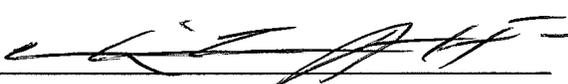
### (11) Certification

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 08 / 01 / 15 through 08 / 31 / 15 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /							
/ /							
/ /							
/ /							
/ /							

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

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

(3) Cover Period 08/01/15 through 08/31/15 (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
(6) Sequence Number					
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