# 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 15:19 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 06 / 25 / 16 To 07 / 08 / 16 Report Type: P2

☒ Original ☐ Amendment ☐ Special Election Report

**(6) Contributions This Report**

| | |
|---|---|
| Cash & Checks | $ ___ , ___ , 100 . 00 |
| Loans | $ ___ , ___ , 200 . 00 |
| Total Monetary | $ ___ , ___ , 300 . 00 |
| In-Kind | $ ___ , ___ , ___ . Ø |

**(7) Expenditures This Report**

| | |
|---|---|
| Monetary Expenditures | $ ___ , ___ , 337 . 00 |
| Transfers to Office Account | $ ___ , ___ , ___ . Ø |
| Total Monetary | $ ___ , ___ , 337 . 00 |

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

**(9) TOTAL Monetary Contributions To Date**
$ ___ , 2,680 . 00

**(10) TOTAL Monetary Expenditures To Date**
$ ___ , 2,544 . 11

**(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 06 / 25 / 16 through 07 / 08 / 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 |
|---|---|---|---|---|---|---|---|
| 07,03,16 / 01 | Ramirez, Carol 2221 Trillium Park Ln. Sanford, FL 32773 | I | | CHE | | | $100 |
| 07,05,16 / 02 | Alcantara, Christopher 574 Giralda Ave. Deltona, FL 32725 | S | | LOA | | | $200 |
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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 06/25/16 through 07/08/16 (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 |
|---|---|---|---|---|---|
| 07/04/16 01 | Bank of America 100 North Tryon St. Charlotte, NC 28255 | Monthly Fee | CAN | | $17 |
| 07/06/16 02 | Alcantara, Catherine 574 Giralda Ave. Deltona, FL 32725 | Return of $50 donated in excess of the $50 Cash limit per person | CAN | | $50 |
| 07/06/16 03 | Alcantara, Carina 574 Giralda Ave. Deltona, FL 32725 | Return of $50 donated in excess of the $50 Cash limit per person | CAN | | $50 |
| 07/06/16 04 | Perez, Audry 574 Giralda Ave. Deltona, FL 32725 | Return of $50 donated in excess of the $50 Cash limit per person | CAN | | $50 |
| 07/06/16 05 | Qadir, Amir 601 Antoinette St. Deltona, FL 32725 | Return of $170 donated in excess of the $50 cash limit per person | CAN | | $170 |
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