

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christopher Alcantara  
Name

(2) 574 Giralda Ave.  
Address (number and street)

Deltona, FL 32725  
City, State, Zip Code

**OFFICE USE ONLY**

18-02-10 10:12 REV D

*JD*

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 01 / 01 / 16 To 01 / 31 / 16 Report Type: M2

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ 100 , \_\_\_\_ . 00

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

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

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

### (7) Expenditures This Report

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

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_ , 1,202 . 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)

- Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

X Carina Alcantara  
Signature

(Type name)

- Candidate     Chairperson (only for PC and PTY)

X \_\_\_\_\_  
Signature

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

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

(3) Cover Period 01 / 01 / 16 through 01 / 31 / 16 (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)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
01 / 20 / 16	Ellen Juliano 1042 Rosetta Dr. De Honra, FL 32725	I	unemployed	CHE			\$100
01							
/ /							
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