

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

15-11-10 16:14 RCVD

[Signature]

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 10 / 01 / 15 To 10 / 31 / 15 Report Type: M / O

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 2,0 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 2,7,5 . ⁰⁰ ____

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

Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 9,0,7 . ⁰⁰ ____

(10) TOTAL Monetary Expenditures To Date

\$ 2,7,5 . 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) Carina Alcantara
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

x Carina Alcantara
 Signature

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

x Christopher M. Alcantara
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 / 01 / 15 through 10 / 31 / 15 (4) Page _____ of _____

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
10 / 16 / 15	01	George C. King 1475 Paul Caswell Hinesville, GA 31313	I	Driver Trainer	CAS			\$10
10 / 16 / 15	01	Freddie Grisson 4518 Dawn Ct. Columbus, GA 31907	I	retired	CAS			\$10
1 / 1								
1 / 1								
1 / 1								
1 / 1								
1 / 1								
1 / 1								

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Christopher Accantara

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 15 through 10 / 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
10 / 05 / 15	Mark Stall Graphics 1882 Marietta Blvd NW Atlanta, GA 30318	Post cards and post Board signs	CAN		\$275
01					
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