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

16-05-09 15:20 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 04 / 01 / 16 To 04 / 30 / 16 Report Type: M4

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 120 . 00
Loans	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 120 . 00
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 89 . 22
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 89 . 22

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

(9) TOTAL Monetary Contributions To Date
$ ___ , 3 , 157 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 693 . 45

(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
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 04 / 01 / 16 through 04 / 30 / 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
04/16/16 01	James C. Ulman PO Box 162882 Altamonte Spring FL 32716-2882	I		CAS			$20
04/16/16 02	Howard Maddox 5973 Kenlyn ct. Orlando, FL 32808	I		CHE			$50
04/17/16 03	Dr. Michael R. Moore 2901 Tyron Cir. Tallahassee, FL 32309	I		CHE			$50
/ /							
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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 04 / 01 / 16 through 04 / 30 / 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
04/04/16	Bank of America 100 North Tryon St. Charlotte, NC 28255	Monthly Fee	CAN		$17
04/07/16	Fast Signs 1265 Upsala Rd. #1133 Sanford, FL 32771	Perforated Car window Sign Balance	CAN		$72.22
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES