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

16-08-19 14:12 RCVD KS

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: City of Deltona Commission, District 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 07 / 30 / 16 To 08 / 12 / 16 Report Type: PS

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 80 . 00
Loans	$ ___ , ___ , ___ . Ø
Total Monetary	$ ___ , ___ , 80 . 00
In-Kind	$ ___ , ___ , ___ . Ø

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 17 . 00
Transfers to Office Account	$ ___ , ___ , ___ . Ø
Total Monetary	$ ___ , ___ , 17 . 00 CH

(8) Other Distributions

$ ___ , ___ , ___ . Ø

(9) TOTAL Monetary Contributions To Date

$ ___ , 3 , 010 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , 2 , 561 . 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

(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 07 / 30 / 16 through 08 / 12 / 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
08 / 10 / 16 01	Larry Wall 1721 Ingram ter. Deltona, FL 32725	I		CAS			$50
08 / 10 / 16 02	Marlene Wall 1721 Ingram ter. Deltona, FL 32725	I		CAS			$30
/ /							
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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 07/30/16 through 08/12/16 (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
08/03/16 01	Bank of America 100 North Tryon St. Charlotte, NC 28255	Monthly Fee	CAN		$17
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