

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christopher Alcántara
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

07-10-15P04:05 RCVD JK

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|--|----------------------|--|
| <input checked="" type="checkbox"/> Candidate | Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 06 / 01 / 15 To 06 / 30 / 15 Report Type: M6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$ <u>1</u> , <u>0</u> , <u>0</u> ⁰⁰ / <u>00</u>
Loans	\$ <u>—</u> , <u>—</u> , <u>—</u> / <u>—</u>
Total Monetary	\$ <u>—</u> , <u>—</u> , <u>—</u> / <u>—</u>
In-Kind	\$ <u>—</u> , <u>—</u> , <u>—</u> / <u>—</u>

(7) Expenditures This Report

Monetary Expenditures	\$ <u>—</u> , <u>—</u> , <u>—</u> / <u>—</u>
Transfers to Office Account	\$ <u>—</u> , <u>—</u> , <u>—</u> / <u>—</u>
Total Monetary	\$ <u>—</u> , <u>—</u> , <u>—</u> / <u>—</u>

(8) Other Distributions

\$ — , — , — / —

(9) TOTAL Monetary Contributions To Date

\$ 1 , 0 , 0 ⁰⁰ / 00

(10) TOTAL Monetary Expenditures To Date

\$ — , — , — / —

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

x Carina Alcántara
Signature

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

x [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 06 / 01 / 15 through 06 / 30 / 15 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
06 / 05 / 15	Christopher M. Alcántara 574 Giralda Ave Deltona, FL 32725	S	Soleprop Self-employed	CAS			\$100
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