

## 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

**OFFICE USE ONLY**

16-07-12 15:17 RCVD

*[Signature]*

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: City of Deltona Commission, Dist. 4
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 11 / 01 / 15 To 11 / 30 / 15 Report Type: M11

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 20 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 20 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 460 . 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) Christopher M. Alcantara

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

X *[Signature]*

Signature

(Type name) Christopher M. Alcantara

Candidate  Chairperson (only for PC and PTY)

X *[Signature]*

Signature



**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Christopher M. Arcantara

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 11/01/15 through 11/30/15

(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
(6) Sequence Number					
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