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

15-12-07 14:51 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 11 / 01 / 15 To 11 / 30 / 15 Report Type: M11

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks $ 2 , 0. 00 , ___ . ___

Loans $ ___ , ___ , ___ . ___

Total Monetary $ ___ , ___ , ___ . ___

In-Kind $ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures $ ___ , ___ , ___ . ___

Transfers to Office Account $ ___ , ___ , ___ . ___

Total Monetary $ ___ , ___ , ___ . ___

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , ___ , 907. 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) Carina Alcantara
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

x Carina Alcantara
Signature

(Type name) Christopher Alcanta
☑ Candidate ☐ Chairperson (only for PC and PTY)

x [signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 11 / 01 / 15 through 11 / 30 / 15 (4) Page 1 of 1

(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
11 / 18 / 15	Sara Jones 44 Wadfield Dr. Port Orange, FL 32129	I	retire	CAS			$20
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES