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
08-26-16P12:23 RCVD JR

(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 08 / 13 / 16 To 08 / 25 / 16 Report Type: P6

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 200 . 00
Loans	$ ___ , ___ , ___ . Ø
Total Monetary	$ ___ , ___ , 200 . 00
In-Kind	$ ___ , ___ , ___ . Ø

(7) Expenditures This Report

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

(8) Other Distributions

$ ___ , ___ , ___ . Ø

(9) TOTAL Monetary Contributions To Date

$ ___ , 3 , 210 . 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

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 08 / 13 / 16 through 08 / 25 / 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
08/19/16 01	Chisholm High Alumni Association 2889 Cottageville St. Deltona, FL 32738	B		CHE			$50
08/23/16 02	Eric J. Allen 1092 Sylvia Dr. Deltona, FL 32725	I		CHE			$100
08/23/16 03	Sean D. King 1516 Coronet Dr. Deltona, FL 32725	I		CHE			$50
/ /							
/ /							
/ /							
/ /							

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 08 / 13 / 16 through 08 / 25 / 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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES