STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

03-26-19A11:04 RCVD

1. Full Name of Committee		Telephone			
Coalition for Access and	Representation		321.594.3922		
Mailing Address (include cit	tv. state and zip code)		1		
PO Box 1917 Winter Parl	• •				
	.,				
Street Address (include city, state and zip code)					
730 Minnesota Ave, Wint	er Park, FL 32789				
2. Affiliated or Connected O committees)	rganizations (includes other committe	es of continuous ex	istence and political		
Name of Affiliated or					
Connected Organization	Mailing Address		Relationship		
N/A					
3. Area, Scope and Jurisdict	ion of the Committee				
winter Park FL political committee Community Awareness, Education	formed in support of possible future West W on Government and Public Policy	inter Park Candidates a	nd Ballot measures		
4 Nature of Ornavioration on					
Political	Organization's Special Interest (e.g., n	nedical, legal, educa	tion, etc.)		
Folitical					
5 Identify by Name Address	and Position, the Custodian of Books	and Assaults (in a			
Full Name					
	Mailing Address	Comn	nittee Title or Position		
Barbara Chandler	PO Box 1917 Winter Park, FL 32	789 Chair			
	at the state of th				

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)						
Full Name	Mailing Add	dress	Committee Title or Position			
Barbara Chandler	PO Box 1917 Winter P	1917 Winter Park, FL 32790		Treasurer		
Committee is Supportin	7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)					
Full Name	Mailing Address	Office	Sought	Party		
N/A						
8. List Any Issues this Cor	mmittee is Supporting: see sta	itement of area and scor	ре	,		
List Any Issues this Con	List Any Issues this Committee is Opposing:					
N/A	porting the Entire Ticket of a					
Contribute to charitable	tion, What Disposition will be organization or as otherwi	ise provided by law	٧			
	eposit Boxes, or Other Depos	sitories Used for Cor	nmittee F	unds		
Name of Bank or Depos	sitory & Account Number		Mailing A	Address		
TD Bank		PO Box 1917 Winter Park, FL 32790				
and Positions of Such (ed to be Filed by this Committ Officials, If Any	tee with Federal Offic	ials and	the Names, Addresses		
Report Title	Dates Required to be Filed	Name & Position of 0	Official	Mailing Address		
STATE OF Florida	STATE OF Florida		Orange county			
Barbara Chandler , certify that the information in this Statement of				n this Statement of		
Organization is complete, true	and correct.					
X Mary Jan & Signature of Cha	3.24.2019 Date					

REGISTERED AGENT OFFICE USE ONLY STATEMENT OF APPOINTMENT (Section 106.022, F.S.) 03-25-19A11:04 RCVD Original Appointment Change of Appointment Change of Mailing Address Change of Physical Address Registered Agent and Office Information Name Telephone Barbara Chandler 321.594.3922 Street Address 730 Minnesota Ave City State Zip Code Winter Park FL 32789 Mailing Address 1917 P.O. Box City State Zip Code Winter Park FL 32790 I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and-filing it with the applicable filing officer. 2.24.2017 Signature of Registered Agent Date Former Registered Agent and Office Information (for changes only) Name Telephone N/A Street Address City State Zip Code **Committee or Organization Information** Name of Committee or Organization Coalition for Access and Representation Street Address Telephone 730 Minnesota Ave 321.594.3922 City State Zip Code Winter Park 32789 Signature of Chairperson 2.24.2017 Barbara Chandler **Printed Name of Chairperson**

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES

(Sections 106.011(2) and 106.021(1), F.S.)

03-25-19A11:04 RCVI

CHECK APPROPRIATE BOX:		VICE III	OFFICE USE ONLY		
Initial Filing of Form Re-filing to Change: Primary Tre	asurer Deputy	Treasurer	Primary/Secondary Depository		
Committee or Organization		2. Telephone			
Coalition for Access and Representation		(321.) 594.	3922		
Name of Treasurer or Deputy Treasurer 4. Email (optional barbarachandle) barbarachandle	al) erwntrprk@gmail	5. Telephone (optional) htrprk@gmail (321) 594.3922			
6. Mailing Address P.O.Box 1917 Winter Park, FL 32790					
7. Street Address 730 Minnesota Ave Winter Park, FL					
8. The following bank has been designated as the Primary Depository Secondary Depository					
9. Name of Bank	10. Street Address				
TD Bank	810 North Orlando Ave				
11. City Winter Park	12. Star	te	13. Zip Code 32789		
14. Signature of Chairman X Dunda — Chairman	15. Name of Chairman (Print or Type) Barbara Chandler				
Campaign Treasurer's Acceptance of Appointment					
Barbara Chandler		. do hereb	y accept the appointment as		
(Please Print or Type) treasurer or deputy treasurer for Coalition for Access and Representation					
(Committee or Organization) UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.					
Date X 3-26-Pleasurer Signature of Campaign Treasurer or Deputy Treasurer					