

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

03-26-19A11:04 RCVD

1. Full Name of Committee

Coalition for Access and Representation

Telephone

321.594.3922

Mailing Address (include city, state and zip code)

PO Box 1917 Winter Park, FL 32790

Street Address (include city, state and zip code)

730 Minnesota Ave, Winter Park, FL 32789

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

N/A

3. Area, Scope and Jurisdiction of the Committee

Winter Park FL political committee formed in support of possible future West Winter Park Candidates and Ballot measures
Community Awareness, Education on Government and Public Policy

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

Political

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name

Mailing Address

Committee Title or Position

Barbara Chandler

PO Box 1917 Winter Park, FL 32789

Chair

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 Address	Committee Title or Position
Barbara Chandler	PO Box 1917 Winter Park, FL 32790	Treasurer

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 Committee is Supporting: see statement of area and scope

List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Contribute to charitable organization or as otherwise provided by law

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
TD Bank	PO Box 1917 Winter Park, FL 32790

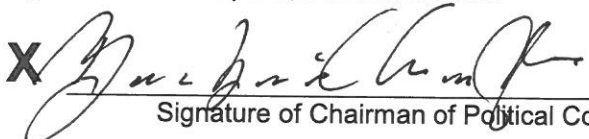
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address

STATE OF Florida Orange COUNTY

I, Barbara Chandler, certify that the information in this Statement of

Organization is complete, true and correct.


Signature of Chairman of Political Committee

3.26.2017
Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

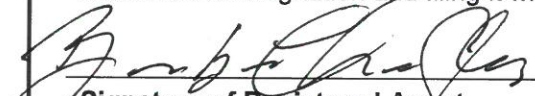
03-25-19A 11:04 RCVD

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name Barbara Chandler		Telephone 321.594.3922
Street Address 730 Minnesota Ave		
City Winter Park	State FL	Zip Code 32789
Mailing Address 1917 P.O. Box		
City Winter Park	State FL	Zip Code 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.


Signature of Registered Agent


3.26.2017
Date

Former Registered Agent and Office Information (for changes only)

Name N/A	Telephone	
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization Coalition for Access and Representation		
Street Address 730 Minnesota Ave	Telephone 321.594.3922	
City Winter Park	State FL	Zip Code 32789


Signature of Chairperson

Barbara Chandler
Printed Name of Chairperson

3.26.2017
Date

