

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Coalition For Access and Representation
 Name _____
 (2) P.O.Box 1917
 Address (number and street) _____
 Winter Park, FL 32790
 City, State, Zip Code _____

OFFICE USE ONLY
Rec'd 9/6/19
3:27 p.m.

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: _____
 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 08 / 01 / 2019 To 08 / 31 / 2019 Report Type: MS
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500.00
 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
 \$ _____ , _____ , 500.00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , _____ . _____

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

(Type name) Barbara Chandler
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

X _____
 Signature