CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Coalition For Access and Representation	OFFICE USE ONLY						
	Name							
(2)	730 Minnesota	Recd 2/10/2020						
	Address (number and street) Winter Park, FL 32789	12130 p.m						
	City, State, Zip Code							
	☐ Check here if address has changed	ged (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	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)	To reporte will be med						
(5) Report Identifiers								
Cove	er Period: From 01 01 01 /10	0.0						
☐ Original ☐ Amendment ☐ Special Election Report								
(6)								
		Monetary						
Cash & Checks \$, ,		Expenditures \$, , 187. 79						
Loon	- \$							
Loans \$, ,		Transfers to Office Account \$						
Total	Monetary \$, , .	Office Account \$						
, ,		Total Monetary \$.						
n-Kind \$, , .		, , , ,						
		(8) Other Distributions						
		\$, ,						
9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
10	,, <u>DD</u> . <u>DD</u>	\$,,,						
		7						
(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:								
Barbara Chandler								
☐ Inc	dividual (only for IE Treasurer Deputy Treasurer	(Type name) Barbara Chandler Candidate Chairperson (only for PC and PTV)						
or ele	ctioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Χ	a &1 - 1-	xh(ht)						
Sign	ature	Signature						
		- G. Million						

(1) Name	Costi fior For Recess	REPORT - ITEMIZE	(2) I.D. Number	TURES er			
(3) Cover Period / / / / クシthrough / / クラン (4) Page of							
(5) Date	(7)	(8)	(9)	(10)	(11)		
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought i contribution to a candidate)	f Expenditure Type	Amendment	Amount		
1 12920	Office Report	IEI			187.79 fliers		
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/ /							
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