

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Coalition For Access and Representation

Name
 (2) 730 Minnesota Ave
 Address (number and street)
 Winter Park, FL 32789
 City, State, Zip Code

Check here if address has changed

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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

OFFICE USE ONLY

09-02-20P02:47

(3) ID Number: _____

(5) Report Identifiers

Cover Period: From 6/1 / 2020 To 6/30 / 2020 Report Type: 271

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 260.25

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 260.25

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 400.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 922.07

(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

X Barbara Chandler
 Signature

(Type name) Barbara Chandler

Candidate Chairperson (only for PC and PTY)

X Barbara Chandler Barbara Chandler
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Coalition for Access and Representation

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 2020 through 06 / 30 / 2020

(4) Page _____ of _____

(5) Date	(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
(6) Sequence Number					
06/01/2020	Gennia Holder Time to Go Virtual! 1720 Fort creek Ln 32705		IEE		\$250
06/15/2020	Ernzian Theater Inc Ernzianland, Fl. 32751		*PCS		\$10.65
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