

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 _____

OFFICE USE ONLY
 09-02-20P02:44 RCVD
 09-02-20 02:44

Check here if address has changed

(3) ID Number: _____

(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

(5) Report Identifiers

Cover Period: From 07 / 01 / 2020 To 07 / 30 / 2020 Report Type: M7

Original Amendment Special Election Report

(6) Contributions This Report

Amend

Cash & Checks \$ _____ , _____ , 113. 96

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0. 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , 922. 07 *(20)*

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 913. 96

(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*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Coalition for Access & Representation (2) I.D. Number _____

(3) Cover Period 7 / 1 / 2020 through 7 / 31 / 2020 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7 / 5 / 2020	Ice Cream Fundraiser in Shady Park	Other	→	CAS			\$ 5.00 <hr/> \$ 11596
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							