

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

Rec'd 6/9/2020
 1:10 p.m.
 RCams

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 05 / 01 / 2020 To 05 / 30 / 2020 Report Type: M5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 300 . _____ 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 250 . _____ 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 300 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 461 . 42

(11) Certification

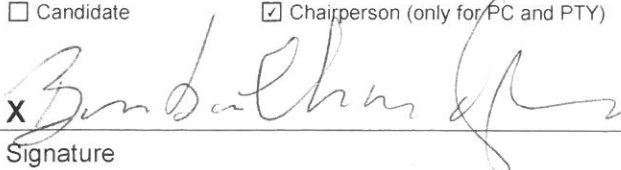
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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
 Signature 

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

X
 Signature 

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 05 / 1 / 2020 through 05 / 30 / 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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
5	Kathy Stewart Winter Park	I	Defense Contractor	CAS			\$300
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
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Coalition For Access & Representation

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Barbara Chandler (2) I.D. Number _____

(3) Cover Period 10/1/2019 through 5/31/2020 (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
10/1/2019	Best Buy Colonial Dr.	office supply PC's	PC's		
2/1/2020	Office Depot 1792	office supply P-1	PC's		
2/1/2020	Home to Go Virtual	web site	PC's		
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Barbara Chang (2) I.D. Number _____
Collection For Access & Representation

(3) Cover Period 10 / 1 / 2019 through 5 / 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
(6) Sequence Number		Type	Occupation	Type	Description		
<u>10</u> / <u>1</u> / <u>2019</u>	<u>Kathy Stewart</u>	<u>I</u>	<u>Defense Contractor</u>	<u>CAS</u>			
<u>5</u> / <u>1</u> / <u>2020</u>	<u>Kathy Stewart I</u>		<u>Defense Contractor</u>	<u>CAS</u>			
<u> </u> / <u> </u> / <u> </u>							
<u> </u> / <u> </u> / <u> </u>							
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WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

Rec'd 6/9/2020

1:10 p.m.

R. Canis

OFFICE USE ONLY

[Handwritten Signature]

Position for Access & Representation

Office Sought

730 W. Cypress Ave

Winter Park

FL

32789

Address

City

State

Zip Code

Candidate

Political Committee

Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).

Check here if address has changed since last report.

Check here if PC has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)

MONTHLY REPORT

PRIMARY ELECTION

GENERAL ELECTION

OTHER REPORT TYPE

Indicate report #

M 5

Indicate report #

P _____

Indicate report #

G _____

Indicate report type and # as applicable:

TERMINATION REPORT

SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

May 1, 2020

THROUGH

May 31, 2020

X

[Handwritten Signature]

Signature

[Handwritten Date]

Date

X

Signature

Date

REQUIRED SIGNATURES FOR:

Candidates:

Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:

Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Party Executive Committees:

Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.