

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Coalition For Access and Representation

Name

(2) ~~730 Minnesota Ave~~ 2265 Mississippi Ave

Address (number and street)

Winter Park, FL 32789

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

12-02-20P03:25 RCVD

(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 11 / 1 / 2020 To 11 / 3 / 2020 Report Type: M/I

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 400 . 00
~~250~~ . ~~00~~

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

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 2, 254 . 19

(10) TOTAL Monetary Expenditures To Date

\$ _____, 2, 142 . 45

(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 Coolidge for Access & Representation (2) I.D. Number _____

(3) Cover Period 11 / 1 / 2020 through 11 / 30 / 2021 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
11 / 28 / 2020	Michele D'Amico 674 Dsced a WP FL 32784	I	Distress	PP			\$100
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

(3) Cover Period 11 / 1 / 2020 through 11 / 30 / 2020 (4) Page 1 of 1

(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
11 / 1 / 2020	Commercial Realty Group Inc. 2245 Le Rd		Ad		400 ⁰⁰
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					