

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Apopka Area Concern Citizens Coalition
 Name
 (2) PO Box 921
 Address (number and street)
Apopka, FL 32704
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1300986]

Submitted on:
 11/6/2023 10:24:27 (eastern)

Check here if address has changed

(3) ID Number: 159

(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 individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 1 / 2023 To 10 / 31 / 2023 Report Type: M10

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 500 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 500 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 36 , 917 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 33 , 947 . 30

(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) _____

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Apopka Area Concern Citizens Coalition (2) I.D. Number 159

10/1/2023 through 10/31/2023

(3) Cover Period / / through / / (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Apopka Area Concern Citizens Coalition

(2) I.D. Number 159

(3) Cover Period 10/1/2023 through 10/31/2023

(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
(6) Sequence Number					
10/5/2023 / /	Senior Club, Apopka Progressive P.O box 4386 apopka, fl 32704	senior thanksgiving dinner	MO		\$500.00
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