

## 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**  
 [1296544]

Submitted on:  
 5/11/2023 12:44:51 (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 4 / 1 / 2023 To 4 / 30 / 2023 Report Type: M4

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      \$        ,        , 0 . 00

Transfers to Office Account      \$        ,        , 0 . 00

Total Monetary      \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 36 , 917 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 33 , 310 . 13

### (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

4/1/2023 through 4/30/2023

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

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type      Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|--|--|--|-----------------------------|--------------------------------|-------------------|----------------|
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |
| /      /    |  |  |  |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Apopka Area Concern Citizens Coalition

(2) I.D. Number 159

(3) Cover Period 4/1/2023 through 4/30/2023

(4) Page 1 of 0

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |