

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christopher Benjamin  
 Name  
 (2) PO Box 694011  
 Address (number and street)  
Miami Gardens, FL 33269  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1303069]

Submitted on:  
 1/22/2024 12:17:33 (eastern)

Check here if address has changed (3) ID Number: 2691

(4) Check appropriate box(es):

Candidate Office Sought: County Court Judge Group 29

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 10 / 1 / 2023 To 12 / 31 / 2023 Report Type: 23Q4

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**  
 \$        , 19 , 358 . 62

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 10 , 760 . 50

### (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 Christopher Benjamin (2) I.D. Number 2691

10/1/2023 through 12/31/2023

(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 Christopher Benjamin

(2) I.D. Number 2691

(3) Cover Period 10/1/2023 through 12/31/2023

(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					
12/5/2023 / /	HCT Certified Public Accountan, 3816 HOLLYWOOD BOULEVARD SUITE 203 HOLLYWOOD, FL 33021	reimbursement for fedex	MO	Delete	\$29.36
1					
12/5/2023 / /	HCT Certified Public Accountan, 3816 HOLLYWOOD BOULEVARD SUITE 203 HOLLYWOOD, FL 33021	reimbursement for fedex package	RM	Add	\$29.36
2					
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