CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Ben Carroll	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	3027 U.S. Hwy 17	Submitted on:						
	Address (number and street)	10/22/2020 11:04:12 (eastern)						
	Fleming Island, FL 32003							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:682						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Sheriff							
	☐ 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	Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From 8 / 18 / 2020 To	11 / 16 / 2020 Report Type: TR						
X o		ecial Election Report						
	Contributions This Report							
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	h & Checks \$, , , 000	Monetary						
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
. .	\$ 0.00	Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , 000	Total Monetary \$, 891 . 53						
	ind \$, , 0.00	Total Monetary \$, , <u>891</u> . <u>53</u>						
In-Ki	ind \$,,,	(0) 0(1 5: (:) (:						
		(8) Other Distributions \$, , 0.00						
		\$, , <u> 0</u> . <u>_00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>70</u> , <u>601</u> . <u>69</u>	\$, <u>70</u> , <u>601</u> . <u>69</u>						
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13. F.S.)						
Lo		, , , ,						
I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		x						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Ben Carroll			(2) I.D. Number					
	8/18/2020		1	1/16/2020					
(3) Cover Per	riod / /	thro	ough	11_	(4) Page	e <u>1</u>	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
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1									
1 1									
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1 1									
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J I									
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ben C	arroll					(2) I.D. Num	nber	(582	300
	8/18/2	020		11/16/2	2020					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/17/2020	Seamark Ranch, 3631 Seamark Ranch Road, FL-16 Green Cove Springs, Fl 32043	donation	MO		\$891.53
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DS-DE 14 (Rev.					