

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

Benjamin Speaks

Telephone

(850) 661 3941

Mailing Address (include city, state and zip code)

PO Box 5651 Tallahassee, FL 32314

Street Address (include city, state and zip code)

2700 Welannee Blvd Apt 101 Tallahassee, FL 32308

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

3. Area, Scope and Jurisdiction of the Committee

*Miami-Dade County
To support or oppose candidates for county and municipal office and other activities not unlawful*

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) *and prohibited by Florida law.*

Government/Political

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
<i>Shelby Green</i>	<i>PO Box 5651 Tallahassee FL 32314</i>	<i>Treasurer</i>

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Shelby Green	PO Box 5651 Tallahassee, FL 32314	Chairwoman
Shelby Green	PO Box 5651 Tallahassee, FL 32314	Treasurer

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
Sybrina Sutton for Miami-Dade County Commission District I	16190 NW 27th Ave	County Commissioner District 1	Democrat

8. List Any Issues this Committee is Supporting: N/A

List Any Issues this Committee is Opposing: N/A

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Funds will be disbursed as prescribed and allowed under Florida law

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
Suntrust	3522 Thomasville, Rd Tallahassee, FL 32309

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
Form 8871	Upon Creation	IRS	Ogden, UT 84201

STATE OF Florida COUNTY Miami-Dade

I, Shelby Green, certify that the information in this Statement of

Organization is complete, true and correct.

X



Signature of Chairman of Political Committee

8/22/19

Date

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**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(2) and 106.021(1), F.S.)

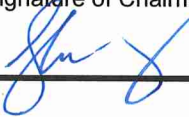
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CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository

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1. Committee Benjamin Speaks		2. Telephone (850) 661 3941	
3. Name of Treasurer or Deputy Treasurer Shelby Green		4. Email (optional) sbs11c2017@gmail.com	
5. Telephone (optional) (850) 661 3941			
6. Mailing Address PO Box 5651 Tallahassee, FL 32314			
7. Street Address 2700 Welannee Blvd Apt 101 Tallahassee, FL 32308			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Suntrust		10. Street Address 3522 Thomasville Rd	
11. City Tallahassee, FL		12. State FL	13. Zip Code 32309
14. Signature of Chairman X 		15. Name of Chairman (Print or Type) Shelby Green	

Campaign Treasurer's Acceptance of Appointment

I, **Shelby Green** (Please Print or Type), do hereby accept the appointment as
treasurer or deputy treasurer for **Benjamin Speaks** (Committee)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

8/22/19
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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ELECTIONS DEPARTMENT

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name Shelby Green Telephone 850 661 3941

Street Address 2700 Welanue Blvd Apt 101

City Tallahassee State FL Zip Code 32308

Mailing Address PO Box 5651

City Tallahassee, State FL Zip Code 32314

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

[Signature]
Signature of Registered Agent

8/22/19
Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

Committee or Organization Information

Name of Committee or Organization Benjamin Speaks

Street Address 2700 Welanue Blvd Apt 101 Telephone 850 661 3941

City Tallahassee State FL Zip Code 32308

[Signature]
Signature of Chairperson

Shelby Green
Printed Name of Chairperson

8/22/19
Date

MIAMI-DADE

Access to Handbook and the
Election Laws of the State of Florida

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ELECTIONS DEPARTMENT

Candidate/Chairperson:

Shelby

A

Green

First Name

Middle Name

Last Name

Benjamin Speaks

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

Candidate Qualifying Handbook ()
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

Political Committee Handbook ()
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: _____

Candidate / Chairperson Signature

Date: _____

8/22/19

Primary Telephone Number: _____

850 661 3941

Alternate Telephone Number: _____

E-mail address: _____

sbs llc 2017@gmail.com