	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Benjamins Voice PAC	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1191035]							
(2)	PO Box 5651	Submitted on:							
	Address (number and street) Tallahassee, FL 32308	8/12/2019 23:20:17 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 2259							
(4)	Check appropriate box(es):								
۲۰,	☐ Candidate Office Sought:								
	☑ Political Committee (PC)								
		Check here if PC or ECO has disbanded							
		☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Para et								
000	• • • • • • • • • • • • • • • • • • • •	Identifiers							
	er Period: From $\frac{7}{2}$ / $\frac{1}{2}$ / $\frac{2019}{2019}$ To								
X O	Original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	-	Monetary							
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , _26 . 20							
Loar	ns \$, , 0.00	Transfers to							
Luai	is	Office Account \$, , , 0 . 00							
Tota	al Monetary \$, , 0 . 00	, , , , , , , ,							
		Total Monetary \$, , _26 . 20_							
In-Ki	ind \$,,,_0.00								
		(8) Other Distributions							
		\$, , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
(3)	\$,, 200 . 00	\$, , 2620							
	,,,	, , , , , , , , , , , , , , , , , , , ,							
	(11) Certification								
	It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
Ιc	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)							
Х	ž	X							
	ignature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Benjamins Voice PA	C			(2) I.D. Number			
	7/1/2019			/31/2019				
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e1	of 0	
10045 VM		,	1400		- 44 (4 50/100)			
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)	_		_				
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	A	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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1 1								
1 1								
, ,								
1 1								
I I								
1 1								
I = I								
VM 966								
1 1								
1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Benjam:	ins Vo	oice P	AC			 (2) I.D. Nun	nber	2	2259	
	7	//1/20	19		7/31/20)19		-			
(3) Cover Pe	riod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
7/16/2019	SB Solutions Consulting, Po Box 5651 Tallahassee, FL 32314	treasury & compliance services	MO		\$26.20
1					
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