

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Benjamin Speaks  
 Name  
 (2) PO Box 5651  
 Address (number and street)  
Tallahassee, FL 32314  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1212485]  
 Submitted on:  
 6/19/2020 22:07:08 (eastern)

Check here if address has changed

(3) ID Number: 2284

(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 6 / 1 / 2020 To 6 / 12 / 2020 Report Type: 20P1

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$        , 10 , 000 . 00

Loans                      \$        ,        , 0 . 00

Total Monetary      \$        , 10 , 000 . 00

In-Kind                      \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures      \$        ,        , 155 . 00

Transfers to Office Account      \$        ,        , 0 . 00

Total Monetary      \$        ,        , 155 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 23 , 250 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 230 . 00

### (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 EXPENDITURES**

(1) Name Benjamin Speaks

(2) I.D. Number 2284

(3) Cover Period 6/1/2020 through 6/12/2020

(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					
6/2/2020 / /	SB Solutions Consulting, PO Box 5651 Tallahassee, FL 32314	treasury and compliance services	MO		\$140.00
1					
6/9/2020 / /	Wells Fargo, 420 Montgomery St San Francisco, CA 94163	bank fees	MO		\$15.00
2					
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