

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Jeff Benjamin  
Name City of Miami  
(2) WWW.JEFFBENJAMINFORMAYOR.COM  
Address (number and street) 200 Biscayne Blvd  
Miami, FL 33233  
City, State, Zip Code

RECEIVED  
OFFICE USE ONLY  
2012 OCT 18 PM 12:05  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate (office sought): Mayoral Candidate
- Political Committee  CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED
- Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 09/01/2012 To 09/30/12 Report Type Q3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 500.00

Loans \$ —

Total Monetary \$ 500.00

In-Kind \$ —

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \$500.00  
Roof top Event  
Food + Drinks

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**  
\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
\$ 5295.95

**(10) TOTAL Monetary Expenditures To Date**  
\$ 5295.95

**(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) Giammi Dejin

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** [Signature]  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Jeffrey Benjamin

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** [Signature]  
Signature

**FIRST AMENDMENT  
TO REPORT FOR PERIOD  
FROM 7/1/12 TO 9/30/12**

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Jeffrey Benjamin (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 07/01/2012 through 09/30/2012 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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
9/11/12	Fall Out Entertainment 1089 NY Ave Brooklyn NY 11218	347-399-9836	CHE		250.00
9/11/12	Bartley Enterprises Tampa FL 220 E. Madison St #5210		CHE		250.00
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**FIRST AMENDMENT**  
 TO REPORT FOR PERIOD  
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