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PAGE 1 / 7

FEC FORM 3	AND DIS	-			Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRIN	•	Example: If typing, type over the lines.	12FE4M5	
	quisto for Congress			1 1 1 1 1 1	
ADDRESS (number and Check if diff than previou reported. (Ad	erent Jampa	ard		FL 1	
2. FEC IDENTIFIC		CITY ▲ 3. IS THIS REPORT	× NEW (N) OR	STATE AMENDE	ZIP CODE ▲ STATE ▼ DISTRICT ED FL 19
(a) Quarterly Re April 15	PORT (Choose One) ports: Quarterly Report (Q1) Quarterly Report (Q2) 15 Quarterly Report (Q3)	(b) 12-Day Pl	RE-Election Report for the Primary (12P) Convention (12C)	General (12 Special (12	
	31 Year-End Report (YE) ion Report (TER)	(c) 30-Day P(DST -Election Report for th General (30G)	ne: Runoff (30F	
		Election	on	/ · · · · · · · · · · · · · · · · · · ·	in the State of
5. Covering Period		Y Y Y Y Y 2017			Y Y Y Y 2017
Type or Print Name of	amined this Report and to Watkins, Nar f Treasurer		knowledge and bellet it is	s true, correct and	complete.
Signature of Treasure	Watkins, Nancy, H., ,		[Electronically Filed]	Date	/ D D / Y Y Y Y 09 2017
NOTE: Submission of f	alse, erroneous, or incomple	ete information ma	ay subject the person signin	g this Report to the	penalties of 52 U.S.C. §30109
Office Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

	FEC Form 3 (Revised 05/20	of Re	eceipts and Disbursements		PAGE 2 / 7
	Vrite or Type Committee Name Lizbeth Benacquisto for (Congress			
R	Report Covering the Period: F	rom: 04 /	01 / Y Y Y Y 2017	To: 06 / 30	/ ¥ ¥ ¥ ¥ 2017
			COLUMN A This Period	COLUM Election Cycl	
6.	Net Contributions (other than Ic	ans)			
	(a) Total Contributions (other than loans) (from Lin	e 11(e))	0.00	,	0.00
	(b) Total Contribution Refunds (from Line 20(d))		0.00	,	0.00
	(c) Net Contributions (other th (subtract Line 6(b) from Lin		0.00	,	0.00
7.	Net Operating Expenditures				
	(a) Total Operating Expenditure (from Line 17)		0.00		0.00
	(b) Total Offsets to Operating Expenditures (from Line 14		0.00	,	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Lin		0.00		0.00
8.	Cash on Hand at Close of Reporting Period (from Line 27)		4981.36		
9.	Debts and Obligations Owed T e the Committee (Itemize all on Schedule C and/or Schedule D		0.00		
10.	Debts and Obligations Owed B the Committee (Itemize all on Schedule C and/or Schedule D		121325.68		

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

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Γ	FEC Form 3 (Revised 05/2016)	AILED SUMMARY PAGE of Receipts	PAGE 3 / 7
Wr	rite or Type Committee Name		
L	izbeth Benacquisto for Congress		
Re	eport Covering the Period: From:	/ D D / Y Y Y Y 01 / 2017 To:	M M / D D / Y Y Y Y 06 30 2017
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than		
	Political Committees (i) Itemized (use Schedule A)	0.00	0.00
		0.00	0.00
	(ii) Unitemized (iii) TOTAL of contributions	· · · · · · · · · · ·	0.00
	from individuals	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate	0.00	0.00
	(e) TOTAL CONTRIBUTIONS (other than loans)	, ,	, ,
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12.	TRANSFERS FROM OTHER		
		0.00	0.00
	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	0.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
		y y ***	y y w
	OFFSETS TO OPERATING EXPENDITURES		
	(Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS	0.00	0.00
	(Dividends, Interest, etc.)	7 7 *	0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00

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FEC Form 3 (Revised 05/2016)

DETAILED SUMMARY PAGE

of Disbursements

PAGE 4 / 7

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17. OPERATING EXPENDITURES	0.00	0.00		
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	, , 0.00		
(b) Of All Other Loans(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00		
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00		
21. OTHER DISBURSEMENTS	0.00	0.00		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	0.00		

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	4981.36
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)	4981.36
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	4981.36

5					PAGE 5 OF 7	
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Fuind izbeth Benacquisto for				Transac	tion ID : SC22	
LOAN SOURCE Full Nam Lizbeth Benacquisto	•	dle Initial)		Memo Item	Election: 2014 Primary General	
Mailing Address 610 S. Boulevard					X Other (specify) ▼ Special Primary 2014	
City Tampa		State FL	ZIP Code 33606	9	X Personal Funds of the Candidat	
Original Amount of Loan	50000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio 50000.00	
TERMS Date Incurre M02 ^M / D07 ^D / Y		02 M / 07 D	Date Due	Interest Rate (If none, enter 2020 Y 0.	0)	
List All Endorsers or Gua 1. Full Name (Last, First,		Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1 x	
2. Full Name (Last, First, N	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1	
3. Full Name (Last, First, N	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	g	
4. Full Name (Last, First, N	Middle Initial)	ļ		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
UBTOTALS This Period This	s Page (optional)			······	50000.00	
OTALS This Period (last page	ne in this line only)			50000.00	

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) Lizbeth Benacquisto A. Full Name (Last, First, Middle Initial) of De Public Concepts, LLC Mailing Address 5730 Corporate Way, #214	btor or Cre	ditor	(Use separate schedule(s) for each numbered line) Nature of D direct mail	PAGE 6 OF 7 FOR LINE NUMBER: (check only one) 9 x 10 Pebt (Purpose): services	
City West Palm Beach	State FL	Zip Code 33407			
Outstanding Balance Beginning This Period 36050.29 Amount Incurred This Period 0.00		Payment This Period		on ID : 39 ng Balance at Close of This Period 36050.29	
B. Full Name (Last, First, Middle Initial) of Del Public Concepts, LLC	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Concepts, LLC				
Mailing Address 5730 Corporate Way Suite 214 City West Palm Beach	State FL	Zip Code 33407			
Outstanding Balance Beginning This Period 7480.00 Amount Incurred This Period 0.00		Payment This Period 0.0		on ID : 40 ng Balance at Close of This Period 7480.00	
C. Full Name (Last, First, Middle Initial) of De Public Concepts, LLC Mailing Address 5730 Corporate Way, #214	ebtor or Cre	ditor	Nature of D voter conta	ebt (Purpose): act	
City	State	Zip Code			
West Palm Beach Outstanding Balance Beginning This Period 5995.39 Amount Incurred This Period 0.00	FL	Payment This Period	Outstandi	ion ID : 42 ng Balance at Close of This Period 5995.39	
 SUBTOTALS This Period This Page (optiona TOTALS This Period (last page this line num 	-			49525.68	
4) ADD 2) and 3) and carry forward to appropr	iate line of \$	Summary Page (last page or		· · · · · · · · · · · · · · · · · · ·	

FEC Schedule D (Form 3) (Revised 05/2016)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) Lizbeth Benacquisto	for Co	onaress	(Use separate schedule(s) for each numbered line)	PAGE 7 OF 7 FOR LINE NUMBER: (check only one) 9 X 10
A. Full Name (Last, First, Middle Initial) of D Gula Graham			Nature of D fundraising	ebt (Purpose): consulting
Mailing Address 499 S. Capitol Street, S.W.,	#420			
City Washington	State DC	Zip Code 20003		
Outstanding Balance Beginning This Period	ł		Transactio	on ID : 44
16800.00		Dourmont This Davied	Qutatandi	ng Delence at Class of This Deviad
Amount Incurred This Period		Payment This Period		ng Balance at Close of This Period
0.00		0.(16800.00
B. Full Name (Last, First, Middle Initial) of De Timothy Baker Consulting, LL		tor		ebt (Purpose): ategy consulting
Mailing Address P. O. Box 424				
City Tallahassee	State FL	Zip Code 32302		
Outstanding Balance Beginning This Period 5000.00 Amount Incurred This Period	ł	Payment This Period	Transactio	on ID : 45 ng Balance at Close of This Period
0.00		0.0	00	5000.00
C. Full Name (Last, First, Middle Initial) of D	ebtor or Crec	litor	Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
y y y		7 7		- y
1) SUBTOTALS This Period This Page (optional	al)		···· •	21800.00
2) TOTALS This Period (last page this line nun	nber only)		···· •	71325.68
3) TOTAL OUTSTANDING LOANS from Sched	lule C (last pa	age only)	···· •	50000.00
4) ADD 2) and 3) and carry forward to approp	riate line of S	Summary Page (last page or	nly) 🕨	121325.68

FEC	Schedule	D	(Form	3)	(Revised	05/2016)
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