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01/15/2018 15 : 31

PAGE 1 / 7

FFC I	REPORT AND DIS For An A	-	MENTS		С	• Office Use Only
1. NAME OF COMMITTEE (in full)			Example: If typin over the lines.	g, type	12FE4M5	
Lizbeth Benacquisto f	Or Congress					
ADDRESS (number and street) Check if different than previously reported. (ACC)					FL 33	3606
2. FEC IDENTIFICATION I C C00556241	NUMBER V	3. IS THIS REPORT	× NEW (N)		AMENDER (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (C (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly	Report (Q1) Report (Q2)	(b) 12-Day PF	RE-Election Report Primary (12P Convention (General (120 Special (125	
October 15 Quart January 31 Year-F		Election of (c) 30-Day PC	on L OST-Election Rep General (30G		Runoff (30R)) State of Special (30S)
Termination Repo	rt (TER)	Election c	m M /	D D /	YYYYY	in the State of
5. Covering Period	10 / D D /	Y Y Y Y 2017	through	м м 12	/ D D / 31	Y Y Y Y 2017
I certify that I have examined Type or Print Name of Treasur	Watkins, Nan er		knowledge and	belief it is tr	ue, correct and c	complete.
NOTE: Submission of false, erro	atkins, Nancy, H., , neous, or incomple	te information ma	[Electronically]		Date	15 2018
Office Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

- 	FEC Form 3 (Revised 05/2016)	of Receipts and Disbursements	PAGE 2/7
	Vrite or Type Committee Name Lizbeth Benacquisto for Congress	3	
R	Report Covering the Period: From:	10 / D D / Y Y Y Y 2017 To:	M M / D D / Y Y Y Y Y 12 31 / 2017
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (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 Line 7(a))	0.00	0.00
8.	Cash on Hand at Close of Reporting Period (from Line 27)	4981.36	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY 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

Image#	2018	01159	09041	0070
mayom	20100		03041	0010

Γ	EC Form 3 (Revised 05/2016)	TAILED SUMMARY PAGE of Receipts	PAGE 3/7
	Vrite or Type Committee Name		
	Lizbeth Benacquisto for Congress		
R	Report Covering the Period: From:	/ D D / Y Y Y Y 01 2017 To	: 12 / D D / Y Y Y Y 12 31 / 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
	(ii) Unitemized (iii) TOTAL of contributions	0.00	0.00
	from individuals	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) The Candidate (e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12.	. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13.	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
14.	OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15.	. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16.	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		
7. OPERATING EXPENDITURES		0.00		
8. 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. 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		
1. OTHER DISBURSEMENTS		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

					PAGE 5 OF 7	
CHEDULE C (FEC) DANS	Form 3)		Use separate schedule(s) for each category of the Detailed Summary Page			
ME OF COMMITTEE (In Fuliiste for the second	,			Transac	tion ID : SC22	
LOAN SOURCE Full Nam	•	dle Initial)		Memo Item	Election: 2014 Primary General	
Mailing Address 610 S. Boulevard					✓ Other (specify) ▼ Special Primary 2014	
City Tampa		State FL	ZIP Code 33606	e	X Personal Funds of the Candida	
Original Amount of Loan	50000.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Peri 50000.00	
TERMS Date Incurre M02 ^M / D07 ^D /		C 02 M / D 07 D	Date Due	Interest Rate (If none, enter 2020 Y 0.0	0)	
List All Endorsers or Gua 1. Full Name (Last, First, I		Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, N	1iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, M	1iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, M	1iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
UBTOTALS This Period This	Page (optional)			······	5000.00	
OTALS This Period (last pag	e 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	otor or Cred	itor	Nature of D website de	ebt (Purpose): sign
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
3) TOTAL OUTSTANDING LOANS from Schedu		<u> </u>		
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	···· •	71325.68			
3) TOTAL OUTSTANDING LOANS from Sched	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
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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