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FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3 For An Authorized Committee			nittee		Office Use Only			
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, typr the lines.	pe	12FE4M5			
Lizbeth Benacquisto f	or Congress			1 1 1		1		
DDRESS (number and street)	610 S. Boulevard							
▼ Check if different								
than previously reported. (ACC)	Tampa				FL 33	3606		
. FEC IDENTIFICATION N	IUMRER ▼	CITY A		S	TATE A	ZIP CODE ▲		
C C00556241	_	IS THIS REPORT	X NEW (N) OI	R [	AMENDEI (A)	STATE ▼ DISTRICT		
. TYPE OF REPORT (C	hoose One) (b)	12-Day <b>PRE</b> -l	Election Report fo	r the:				
(a) Quarterly Reports:			Primary (12P)		General (120	Runoff (12R)		
X April 15 Quarterly	Report (Q1)		Convention (12C)	П	Special (12S			
July 15 Quarterly	Report (Q2)		Convention (120)		Special (123			
October 15 Quart	erly Report (Q3)	Election on	M M / D	D /	YYYY	in the State of		
January 31 Year-E	End Report (YE) (c)	30-Day <b>POST</b>	-Election Report f	or the:				
			General (30G)		Runoff (30R)	Special (30S)		
Termination Report	t (TER)	Election on	M M / D	D /	Y Y Y Y	in the State of		
. Covering Period	01 / D D / Y	<sup>Y</sup> 2020 Y	through	M M 03	/ 0 0 / 31	Y Y Y Y 2020		
certify that I have examined to	Watkins, Nancy, H.,	•	wledge and belief	f it is true	e, correct and c	complete.		
Wasignature of Treasurer	utkins, Nancy, H., ,	I	Electronically Filed]	Da	te 04	02 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
IOTE: Submission of false, error	neous, or incomplete info	rmation may s	ubject the person s	signing thi	is Report to the	penalties of 52 U.S.C. §3010		
Office Use Only						FEC FORM 3 (Revised 05/2016)		

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Lizbeth Benacquisto for Congress

2020 01 2020 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 4981.36 4981.36 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4981.36 4981.36 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 121325.68 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 05/2016)

of Receipts

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Write or Type Committee Name

### Lizbeth Benacquisto for Congress

01 03 01 2020 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (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 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 0.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) ..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 0.00 (Carry Total to Line 24, page 4).....

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	4981.36	4981.36
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19	LOAN REPAYMENTS:		
10.	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20	REFUNDS OF CONTRIBUTIONS TO:		
_0.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(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)	4981.36	4981.36
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	4981.36	
24	TOTAL RECEIPTS THIS PERIOD (from Line	0.00	
25.	SUBTOTAL (add Line 23 and Line 24)		4981.36
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	4981.36
	CASH ON HAND AT CLOSE OF REPORTIN	IG PERIOD	

# SCHEDULE B (FEC Form 3)

**PAGE** FOR LINE NUMBER: Use separate schedule(s) (check only one) **x** 17 18

5

8

for each category of the ITEMIZED DISBURSEMENTS 19b 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Lizbeth Benacquisto for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Robert Watkins & Company 2020 Mailing Address 610 S. Boulevard State City Zip Code **FEC Identification Number** FΙ Tampa 33606 Purpose of Disbursement accounting services Candidate Name Amount of Each Disbursement this Period Category/ Type 4981.36 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.4117 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 4981.36 TOTAL This Period (last page this line number only)..... 4981.36

### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

**PAGE** OF FOR LINE NUMBER: **X** 13a (check only one)

8

13b Transaction ID: SC/10.4104 NAME OF COMMITTEE (In Full) Lizbeth Benacquisto for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Benacquisto, Lizbeth, , , General Mailing Address 610 S. Boulevard Other (specify) Special-Primary City State ZIP Code X Personal Funds of the Candidate FL 33606 Tampa Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D07D M 02M ž014 2/7/2022 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 50000.00 TOTALS This Period (last page in this line only) ...... 50000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

**Excluding Loans** 

1)

2)

3)

4)

(Use separate schedule(s) for each numbered line) PAGE 7 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

NAME OF COMMITTEE (In Full)

izbeth Benacquisto	for Co	ongress			
A. Full Name (Last, First, Middle Initial) of DGraham, Gula, , ,	Nature of Debt (Purpose): fundraising consulting				
Mailing Address 499 S. Capitol Street, S.W.,	#420				
City Washington	State DC	Zip Code 20003			
Outstanding Balance Beginning This Period	d		Transaction ID : SD10.4109		
16800.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	16800.00		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Concepts, LLC			Nature of Debt (Purpose): direct mail services		
Mailing Address 5730 Corporate Way Suite 214					
City West Palm Beach	State FL	Zip Code 33407			
Outstanding Balance Beginning This Period	d		Transaction ID : SD10.4105		
36050.29					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	36050.29		
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	ditor	Nature of Debt (Purpose):		
Public Concepts, LLC			website design		
Mailing Address 5730 Corporate Way Suite 214					
City	State	Zip Code			
West Palm Beach	FL	33407			
Outstanding Balance Beginning This Period	d I		Transaction ID : SD10.4107		
7480.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	7480.00		
SUBTOTALS This Period This Page (options	al)		60330.29		
TOTALS This Period (last page this line nur	nber only) ····		·		
TOTAL OUTSTANDING LOANS from Sched	lule C (last p	page only)	·		
ADD 2) and 3) and carry forward to approp	riate line of	Summary Page (last page only)	<b>&gt;</b>		

## SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Exc

	BIS AND OBLIGATIONS			1	or each pered line)	(check only one)	9	
	ME OF COMMITTEE (In Full)				,		11.0	
L	izbeth Benacquisto f	or Co	naress					
_	Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Concepts, LLC				Nature of Debt (Purpose): voter contact			
	Mailing Address 5730 Corporate Way Suite 214				-			
	City West Palm Beach	State FL	Zip Code 33407					
	Outstanding Balance Beginning This Period 5995.39			,	Transacti	on ID : SD10.4108		
	Amount Incurred This Period	Payment This Period 0.00			Outstanding Balance at Close of This Period 5995.39			
	0.00							
	B. Full Name (Last, First, Middle Initial) of Deb Timothy Baker Consulting, LLC		itor		Nature of Debt (Purpose): political strategy consulting			
	Mailing Address P. O. Box 424							
	City Tallahassee	State FL	Zip Code 32302					
	Outstanding Balance Beginning This Period				Transaction ID : SD10.4111			
	5000.00  Amount Incurred This Period		Dayment This Dayled		Outstandi	ng Polonoo at Clas	o of Thio Dorigo	
	0.00		Payment This Period 0.0		Outstandi	ng Balance at Clos	5000.00	
ļ	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of Debt (Purpose):			
	Mailing Address							
ŀ	City	State	Zip Code					
	Outstanding Balance Beginning This Period							
	Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Clos	e of This Period	
	7	Ь	, , , , , , ,		L	7		
1)	SUBTOTALS This Period This Page (optional)	)		▶		7	10995.39	
2)	TOTALS This Period (last page this line number only)			····· <b>•</b>		, , .	71325.68	
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last p	age only)·····	···· •		,	50000.00	
4)	) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			nly) ►			21325.68	

PAGE

FOR LINE NUMBER:

(Use separate schedule(s)

OF