

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Lizbeth Benacquisto for Congress

ADDRESS (number and street)

610 S. Boulevard

Check if different than previously reported. (ACC)

Tampa

FL

33606

2. FEC IDENTIFICATION NUMBER ▼

C C00556241

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

19

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Lizbeth Benacquisto for Congress

Report Covering the Period: From: / / To: / /

	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))....	180.00	1125228.64
(b) Total Contribution Refunds (from Line 20(d))	0.00	38200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	180.00	1087028.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8151.11	1135060.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	945.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8151.11	1134114.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2914.40	
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Lizbeth Benacquisto for Congress

Report Covering the Period: From: / / To: / /

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).....	150.00	853127.35
(ii) Unitemized.....	30.00	28385.72
(iii) TOTAL of contributions from individuals ▶	180.00	881513.07
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	243715.57
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	180.00	1125228.64
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	50000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	50000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	945.78
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)..... ▶	180.00	1176174.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8151.11	1135060.02
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	0.00	0.00
(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	21200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	17000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	38200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8151.11	1173260.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10885.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	180.00
25. SUBTOTAL (add Line 23 and Line 24).....	11065.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8151.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2914.40

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Tonda S. Lawson

Mailing Address 4107 13th Street, W.

City State Zip Code
Lehigh Acres FL 33971

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown of FLorida employee benefits manager

Receipt For: 2014
 Primary General
 Other (specify) Special Primary

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : C-645-004305

Amount of Each Receipt this Period
50.00
 debt retirement

B. Full Name (Last, First, Middle Initial)
Tonda S. Lawson

Mailing Address 4107 13th Street, W.

City State Zip Code
Lehigh Acres FL 33971

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown of FLorida employee benefits manager

Receipt For: 2014
 Primary General
 Other (specify) Special Primary

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 05 / 2014

Transaction ID : C-646-004306

Amount of Each Receipt this Period
50.00
 debt retirement

C. Full Name (Last, First, Middle Initial)
Tonda S. Lawson

Mailing Address 4107 13th Street, W.

City State Zip Code
Lehigh Acres FL 33971

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown of FLorida employee benefits manager

Receipt For: 2014
 Primary General
 Other (specify) Special Primary

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 05 / 2014

Transaction ID : C-647-004307

Amount of Each Receipt this Period
50.00
 debt retirement

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150.00

150.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lizbeth Benacquisto for Congress

Full Name (Last, First, Middle Initial) A. Squire Patton Boggs, LLP			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014		
Mailing Address 2550 M Street, N.W.			Amount of Each Disbursement this Period 8040.00		
City Washington	State DC	Zip Code 20037	Transaction ID : D195-00Hh03		
Purpose of Disbursement legal services		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. eDonations			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014		
Mailing Address 117 N. Saint Asaph Street			Amount of Each Disbursement this Period 30.37		
City Alexandria	State VA	Zip Code 22314	Transaction ID : D247-001z08		
Purpose of Disbursement online fundraising		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. eDonations			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014		
Mailing Address 117 N. Saint Asaph Street			Amount of Each Disbursement this Period 30.37		
City Alexandria	State VA	Zip Code 22314	Transaction ID : D248-001z09		
Purpose of Disbursement online fundraising		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	8100.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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											
A. eDonations		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		03		2014
M M	/	D D	/	Y Y Y Y									
09		03		2014									
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period											
City Alexandria State VA Zip Code 22314		<table border="1"> <tr> <td>30.37</td> </tr> </table>		30.37									
30.37													
Purpose of Disbursement online fundraising		Transaction ID : D249-001z0A											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014											
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B.		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code		<table border="1"> <tr> <td></td> </tr> </table>											
Purpose of Disbursement		Category/Type											
Candidate Name		Disbursement For:											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C.		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code		<table border="1"> <tr> <td></td> </tr> </table>											
Purpose of Disbursement		Category/Type											
Candidate Name		Disbursement For:											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>30.37</td> </tr> </table>	30.37
30.37		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td>8131.11</td> </tr> </table>	8131.11
8131.11		

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC28

Lizbeth Benacquisto for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Lizbeth Benacquisto

Primary

General

Other (specify) ▼
Special Primary 2014

Mailing Address
610 S. Boulevard

City State ZIP Code
Tampa FL 33606

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

07

2014

02

07

2016

0.00

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed 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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Lizbeth Benacquisto for Congress

A. 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, #214	
City State Zip Code West Palm Beach FL 33407	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">36050.29</div>	Transaction ID : 58
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">36050.29</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Concepts, LLC	Nature of Debt (Purpose): website design
Mailing Address 5730 Corporate Way Suite 214	
City State Zip Code West Palm Beach FL 33407	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">7480.00</div>	Transaction ID : 59
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">7480.00</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Concepts, LLC	Nature of Debt (Purpose): voter contact
Mailing Address 5730 Corporate Way, #214	
City State Zip Code West Palm Beach FL 33407	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5995.39</div>	Transaction ID : 78
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5995.39</div>	

1) SUBTOTALS This Period This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">49525.68</div>
2) TOTALS This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Lizbeth Benacquisto for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs, LLLP

Mailing Address 2550 M Street, N.W.

City State Zip Code
Washington DC 20037

Nature of Debt (Purpose):
legla services

Outstanding Balance Beginning This Period	Transaction ID : 79	
8040.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	8040.00	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Timothy Baker Consulting, LLC

Mailing Address P. O. Box 424

City State Zip Code
Tallahassee FL 32302

Nature of Debt (Purpose):
political strategy consulting

Outstanding Balance Beginning This Period	Transaction ID : 80	
5000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Gula Graham

Mailing Address 499 S. Capitol Street, S.W., #420

City State Zip Code
Washington DC 20003

Nature of Debt (Purpose):
fundraising consulting

Outstanding Balance Beginning This Period	Transaction ID : 81	
16800.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	16800.00

1) SUBTOTALS This Period This Page (optional)	21800.00
2) TOTALS This Period (last page this line number only)	71325.68
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	50000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	121325.68