LEGISLATIVE RESOURCE CENTER

2014 APR -3 AM 9: 27

OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES

To: The Clerk, U.S. House of Representatives

Legislative Resource Center

B-106 Cannon House Office Building

Washington, D.C. 20515-6612

From: Lizbeth Anne Benacquisto

Fort Myers, FL 33901

Date: 03/25/14

RE: Amendment of Financial Disclosure Statement, Postmarked 03/24/14

Please find enclosed an Amended Financial Disclosure Statement. The original filing was postmarked March 24, 2014.

The only changes in the Amended Financial Disclosure Statement are as follows:

Schedule I – Earned Income (Including Honoraria):

On Page 2 of 9: Clarification that Strayhorn & Persons, P.L. and Florida Shores Bank are my husband's earned income.

Schedule II – Assets and "Unearned" Income:

On Page 6 of 9: Addition of my Florida Retirement Pension with a value of \$15,001 to \$50,000.

In all other aspects, the Financial Disclosure postmarked 3/24/14 remains unchanged.

8 ⊠	Yes 🔲	pendent child	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income ss you have fire	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	EXEMPTION—Have you because they meet all thr
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes 🔲	ot be	s and certain other "excepted trusts" need not spouse, or a dependent child?	nittee on Ethics iting you, your s	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—Details regard disclosed. Have you exclu
S	QUESTION)F THESE (MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF S
	esponse.	each "Yes" r	appropriate schedule attached for each "Yes" response.	and the	Each question in this part must be answered	Each q
X	Yes 🔲	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	<u>s</u>	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X	III. Did you, your spouse, or able liability (more than \$10,1 If yes, complete and attach
X	Yes	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	<u>s</u>	If. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	It. Did you, your spouse, or a income of more than \$200 in reportable asset worth more if yes, complete and attach
∑	Yes	efore the date r two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	No O	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes X	I. Did you or your spouse ha fees) of \$200 or more from a ff yes, complete and attach
			E QUESTIONS	OF THESE	in all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	in all sections, please type or print clearly in bit PRELIMINARY INFORMATION
who files		against any individual more than 30 days late.	April 30, 2014 A		entatives	Status House House employed
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V ES	OFFIDE OF THE CLERK H.S. HOUSE OF REPRESENTATIVES	OFFISE OF	Telephone:	Daytime	n Anne Benacquista	Name: Lizbeth
rage 1 of	LEGISLATIVE RESOURCE CENTER 2014 AFR -3 AM 9: 27	LEGISLATIVE RES	FORM B For use by candidates and new employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - Morch えり, 2019	UNITED STATES HOUSE OF REFINANCIAL DISCLOSURE STATES Period covered: January 1, 2013 -

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Lizbeth Anne

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honomatic)	men programs, and beneals re	benefits received under the Social Security Act. Amount	Security Act.
(The second in	·ype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First bank & Irust, Houston, IX	Director's Fee	\$400	\$3,200
Harris County, Texas Public Schools	Honorarium	0	\$1,000
		y }	NA
	MIONING	4, hay ho	469 62
Stramponn 3 Persons P.L. (Spouse)	Salary	Z	>
(Spouse)	Director's Fee	Z	NA
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McGreacr Condo	Winkler Ext Combo	Tuscalogia Carda	Well's Fourno Checking	Wells Forgo Premium	31 Twin Lakes Pd		DC Examples: Simon & Schuster	SP, Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (<i>traisss</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	location in Block A.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols).	Asset and/or Income Source	BLOCK A
For additional assets and unearned income, use next page.	X	X	X	X	×	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H I J K L M	trig year and is included only because it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because	Value of Asset	BLOCK B
X	X	×	X	X	X	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ne)		Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	Type of Income	вгоск с
X	X	X	X	×	X	×	X	X	\$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	X X X	Current Year	* This column is for income derived from assets solely held by your spouse or dependent child.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Amount of Income	ВГОСК В
X	×	×	X	X		×	×	X	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Preceding Year	d from assets solely held by your	Tax-Deferred" in Block C, you may rer assets, indicate the category of e box below. Dividends, interest, vested, must be disclosed as was earned or generated.	f Income	ΧD

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name 17 beth Anne Benacquistrage 4 of 9

BLOCK A			
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP,	В С D E F G H ! J K L	fy: e.g.,	Current Year
DC	\$15,000 -\$50,000 -\$100,000 I -\$250,000 I -\$500,000 I -\$1,000,000 01 -\$5,000,000 01 -\$25,000,000 001 -\$50,000,000		
McGrean Canda	\$1,4 \$1,6 \$15 \$50 \$10 \$25 \$50 \$1,6 \$25 Ove	NO. DIV REI INT CAI EXC	Non \$1 - \$20' \$1,0 \$2,5 \$5,0 \$15, \$50, \$1,0 Ove
Downburn office Bldg	×	X	XX
Hondry H off Bldg	×	X	×
Monroe to At Timber	×	Timbo	×
Dila Gas (Breitburn)	X	Royatics	_
Chowlotte Co FL Aa	×	Ag	
Handry Co Fl Agu	X	Pare	X
Vacourt and to mile	×	X	X
Ortiz Ave Property	X	X	× .
Overnoe River Property	×	line- stock	X
Kackfill Associates	X	X	*
Northwestern Wholelite	X	X	X
Brudental (wholelife)	X	X	X
Conseco (wholelife)	X	X	X

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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name Lizbeth Anne Benaconistage 5 of 9

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Iriquint Dami Cond	Travel Centers Amer	Sujcaymore Notwarks	- PMC-Sierra	- Net app. Inc.	- Motorola Solutions	-Juniper Networks	- J'DS Uniphase	- Amagn, Inc.	-Activade Finitech	fremier Select IRA		Asset and/or income Source	BLOCK A
×	×	8 X	X	X	X	×	×	×	X		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,	Value of Asset	BLOCK B
×	X	X	X	×	X	X	X	X	×		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify: e.g. Partnership Income or Farm Income)	Type of Income	BLOCK C
×	X	X	X	X	X	X	X	X	X		None -	Amount o	. BLO
X	X	X	X	X	X	X	X	X	X		None —	Amount of Income	BLOCKD

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SCHEDULE
I — ASSETS /
AND "UNEARN
MD" INCOMM

SCHEDULE II — ASSEIS AND "UNEARNED" INCOME	O "ONEARNED" INCOME		Name (12 beth home benoughing
BLOCK A	BLOCK B	вгоск с	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of income
S.P.	A B C D E F G H I J K L M	ify: e.g.,	Current Year
元, DC	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,0	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Speci	None — \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 ₹ \$5,001 - \$15,000 ≦ \$50,001 - \$100,000 ₹ \$100,001 - \$1,000,000 × \$1,000,001 - \$8,000,000 × \$100,001 - \$6,000,000 × \$100,001 - \$6,000,000 × \$100,000 ×
Cornerstone timencial			
-Applied Matis	X	X	X
-Bank of America	X	X	X
-Cisco Sus	X	X	×
-EMCCorp Mass	X	X	X
- Payal Bank of Can.	X	X	×
NextEra Energy	X	X	×
600C	3 X		N
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ranied if more charge is required.

SCHEDULE III — LIABILITIES

Name Lizbeth thme benniquisto Page 2 or 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

						JT DC,	
	* 6 0	Central Bount of SWFL	Brunk of America Ou	American Home Mortgogelubrown Mortgoge on Twin Lakes Pa	Example: First Bank of Wilmington, DE	Creditor	
Rb 3013	Durk 201	Aug 200	ીન્દ અ	MUDRAL	May 1998	Liability Incurred mo/year	Date
REBUIL CINE OF CYCLET C	June 2010 Mta on An Property	Augast Mortgage on Al Kentel Rop	Dec 2018 Levolving Charge	Mortque on Twin Lakes Pd	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
						\$10,001 \$15,000	1
X			X			450,000	0
	X			\	_	\$100,000	
		X			×	\$250,000 \$250,001—	7
						\$500,000	
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						\$5,000,001 \$25,000,000	
						\$25,000,001 \$50,000,000	-
						Over \$50,000,000	-
	ι	1	1	[Spouse/DC Liability over	7

SCHEDULE IV -- POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of an honorary nature.	ature.
Position	Name of Organization

SCHEDULE III - LIABILITIES

Name Lizbeth	
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

							Am	ount o	Amount of Liability	ijţ			
n sp	Orbelitor	Date Liability	Type of Liability	A	В	ם ;	Е	· 17		o -			r >
ង្សី	Ciedio	mo/year	•	\$10,001— \$15,000 \$15,001—	\$50,000 \$50,001—	\$100,000 \$100,001 \$250,000	\$250,001— \$500,000	\$500,001— \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,00 \$50,000,000	Over \$50,000,000 Spouse/DC	Liability ove \$1.000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE										
	Wells Fargo	Dec 200	Dec 2003 My on Windeler Kontroll			X	\						
	CENTRAL BONNE OF SWELL TOWN BOIN WITH DW: MICTIFEREN PRANTO	JOS MA	Mta on Marcago Rental		Ϋ́	/\							
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SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

			Position	and positions solely of an honorary nature.
				ature.
			Name of Organization	
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SCHEDULE V — AGREEMENTS

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efit plan maintained by a former employer. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or ben-

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services