

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Save Our Elections

ADDRESS (number and street) 7724 NW 155th Terrace

Check if different than previously reported. (ACC) Penbroke Pines FL 33028

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00688796

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of FL

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y 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.

Glaser, Ezra , , ,

Type or Print Name of Treasurer

Signature of Treasurer Glaser, Ezra , , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Save Our Elections

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="36989.40"/>	<input type="text" value="36989.40"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="36989.40"/>	<input type="text" value="36989.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35652.15"/>	<input type="text" value="35652.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1337.25"/>	<input type="text" value="1337.25"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

**Save Our Elections**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36989.40	36989.40
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	36989.40	36989.40
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	36989.40	36989.40
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	36989.40	36989.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36989.40	36989.40

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	35652.15	35652.15
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35652.15	35652.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35652.15	35652.15

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36989.40	36989.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36989.40	36989.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**Save Our Elections**

**A. Culver, Hugh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 Alhambra Plaza  
 1510  
 City Coral Gables State FL Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 9980.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2018  
**Transaction ID : SA11AI.4099**  
 Amount of Each Receipt this Period  
 9980.00  
 Memo Item Contribution

**B. Culver, Hugh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 Alhambra Plaza  
 1510  
 City Coral Gables State FL Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 17300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2018  
**Transaction ID : SA11AI.4101**  
 Amount of Each Receipt this Period  
 7320.00  
 Memo Item Contribution

**C. Culver, Hugh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 Alhambra Plaza  
 1510  
 City Coral Gables State FL Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Investor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 27280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2018  
**Transaction ID : SA11AI.4103**  
 Amount of Each Receipt this Period  
 9980.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	27280.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 12  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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)  
**Save Our Elections**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Schecter, Julie, , ,**

Mailing Address 72 W Berlin Road

City Boston	State MA	Zip Code 01740
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4854.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2018

**Transaction ID : SA11AI.4106**

Amount of Each Receipt this Period  
4854.70

Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Schecter, Laurie, , ,**

Mailing Address 4500 Surf Road

City Hollywood	State FL	Zip Code 33019
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4854.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2018

**Transaction ID : SA11AI.4104**

Amount of Each Receipt this Period  
4854.70

Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9709.40
<b>TOTAL</b> This Period (last page this line number only).....	36989.40

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Save Our Elections
FEC IDENTIFICATION NUMBER C C00688796

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Ai Advisors Inc.
Mailing Address 211 Nw 112nd Street
City Miami State FL Zip Code 33150
Purpose of Expenditure Research polling
Category/Type 005
Date of Public Distribution/Dissemination 10/29/2018
Amount 7000.00
Transaction ID : SE.4125
Date of Disbursement or Obligation 10/29/2018

Name of Federal Candidate: Canova, Tim, , ,
Support Oppose
Office Sought: House District: 23
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 16534.20
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Cohen, Zee, , ,
Mailing Address 2200 Palm Street
City Las Vegas State NV Zip Code 89104
Purpose of Expenditure Field Operations
Category/Type 006
Date of Public Distribution/Dissemination 10/28/2018
Amount 1860.00
Transaction ID : SE.4122
Date of Disbursement or Obligation 10/29/2018

Name of Federal Candidate: Canova, Tim, , ,
Support Oppose
Office Sought: House District: 23
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 9534.20
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 8860.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Glaser, Ezra, , ,

[Electronically Filed]

Date

12/06/2018

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Save Our Elections
FEC IDENTIFICATION NUMBER C C00688796

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Cohen, Zee, , , Memo Item
Mailing Address 2200 Palm Street 110
City Las Vegas State NV Zip Code 89104
Purpose of Expenditure Field Operations Category/Type 006
Date of Public Distribution/Dissemination 10 / 28 / 2018
Amount 1500.00
Transaction ID : SE.4127
Date of Disbursement or Obligation 10 / 30 / 2018

Name of Federal Candidate: Canova, Tim, , , Support Oppose
Office Sought: House Senate State: FL District: 23
Calendar Year-To-Date Per Election for Office Sought 18034.20
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Cohen, Zee, , , Memo Item
Mailing Address 2200 Palm Street 110
City Las Vegas State NV Zip Code 89104
Purpose of Expenditure Field Operations Category/Type 006
Date of Public Distribution/Dissemination 11 / 04 / 2018
Amount 6500.00
Transaction ID : SE.4133
Date of Disbursement or Obligation 11 / 04 / 2018

Name of Federal Candidate: Canova, Tim, , , Support Oppose
Office Sought: House Senate State: FL District: 23
Calendar Year-To-Date Per Election for Office Sought 33534.20
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 8000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Glaser, Ezra, , ,

[Electronically Filed]

Date 12 / 06 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Save Our Elections
FEC IDENTIFICATION NUMBER C C00688796

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Cohen, Zee, , , Memo Item
Mailing Address 2200 Palm Street 110
City Las Vegas State NV Zip Code 89104
Purpose of Expenditure Field Operations Category/Type 006
Date of Public Distribution/Dissemination 11 / 06 / 2018
Amount 1300.00
Transaction ID : SE.4135
Date of Disbursement or Obligation 11 / 20 / 2018

Name of Federal Candidate: Canova, Tim, , , Support Oppose
Office Sought: House Senate State: FL District: 23
Calendar Year-To-Date Per Election for Office Sought 35652.15
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Conde & Glaser LLP Memo Item
Mailing Address 291 Broadway 17th Fl
City New York State NY Zip Code 10007
Purpose of Expenditure Filing Services Category/Type 001
Date of Public Distribution/Dissemination 11 / 01 / 2018
Amount 4000.00
Transaction ID : SE.4129
Date of Disbursement or Obligation 11 / 01 / 2018

Name of Federal Candidate: Canova, Tim, , , Support Oppose
Office Sought: House Senate State: FL District: 23
Calendar Year-To-Date Per Election for Office Sought 22034.20
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5300.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Glaser, Ezra, , , [Electronically Filed] Date 12 / 06 / 2018

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Save Our Elections</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00688796
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Get out the vote</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 245 8th Ave 184			Amount <input type="text"/>		
City New York	State NY	Zip Code 10011	Transaction ID : <b>SE.4116</b>		
Purpose of Expenditure GOTV Efforts		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Canova, Tim, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>23</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item <b>Get out the vote</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 245 8th Ave 184			Amount <input type="text"/>		
City New York	State NY	Zip Code 10011	Transaction ID : <b>SE.4134</b>		
Purpose of Expenditure GOTV Efforts		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Canova, Tim, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>23</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Glaser, Ezra, , ,

*[Electronically Filed]*

Date  /  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Save Our Elections
FEC IDENTIFICATION NUMBER C C00688796

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Grassfire LLC
Mailing Address 225 Walden Street
City Cambridge State MA Zip Code 02140
Purpose of Expenditure Advisory services Category/Type 006
Date of Public Distribution/Dissemination 11/04/2018
Amount 5000.00
Transaction ID: SE.4131
Date of Disbursement or Obligation 11/04/2018

Name of Federal Candidate: Canova, Tim, , , Support
Office Sought: House District: 23 State: FL
Calendar Year-To-Date Per Election for Office Sought 27034.20
Disbursement For: General 2018

Full Name of Payee Westin Slope Marketing
Mailing Address 1271-20 Road
City Fruita State CO Zip Code 81521
Purpose of Expenditure Graphic Design Category/Type 006
Date of Public Distribution/Dissemination 10/29/2018
Amount 300.00
Transaction ID: SE.4120
Date of Disbursement or Obligation 10/29/2018

Name of Federal Candidate: Canova, Tim, , , Support
Office Sought: House District: 23 State: FL
Calendar Year-To-Date Per Election for Office Sought 7674.20
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 5300.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 35652.15

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Glaser, Ezra, , ,

[Electronically Filed]

Date 12/06/2018

Signature