

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**
PRESERVE FLORIDA

ADDRESS (number and street) **2600 S. DOUGLAS ROAD**
SUITE 900
 Check if different than previously reported. (ACC) **CORAL GABLES** **FL** **33134**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00686907** 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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 **RIESCO, JOSE, , ,**

Signature of Treasurer **RIESCO, JOSE, , ,** [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

PRESERVE FLORIDA

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"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="53270.67"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="66300.00"/>	<input type="text" value="124000.00"/>
(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="119570.67"/>	<input type="text" value="124000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="102618.53"/>	<input type="text" value="107047.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16952.14"/>	<input type="text" value="16952.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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
PRESERVE FLORIDA

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

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).....	61300.00	119000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	61300.00	119000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	66300.00	124000.00
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)).....▶	66300.00	124000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	66300.00	124000.00

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	102618.53	107047.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	102618.53	107047.86
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)	0.00	0.00
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)) ..	102618.53	107047.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102618.53	107047.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	66300.00	124000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66300.00	124000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	102618.53	107047.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	102618.53	107047.86

**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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
PRESERVE FLORIDA

A. CABANAS, HUMBERTO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1780 HUGHES LANDING BLVD #400

City THE WOODLANDS	State TX	Zip Code 77380
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Benchmark Hospitality Internat	Occupation (for Individual) Founder and Chairman
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2018

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
5000.00

Memo Item
CAMPAIGN CONTRIBUTION

B. CDC GROUP & ASSOCIATES
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11225 SW 133 TERRACE

City MIAMI	State FL	Zip Code 33176
---------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2018

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
1000.00

Memo Item
CAMPAIGN CONTRIBUTION

C. CONVIVA CARE SOLUTIONS, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4960 SW 72 AVENUE STE 406

City MIAMI	State FL	Zip Code 33155
---------------	-------------	-------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2018

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
2500.00

Memo Item
CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL 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: (check only one)	PAGE 7 OF 18
<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

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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

A. FLORIDA CRYSTALS CORPORATION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address ONE N. CLEMATIS STREET
 STE 100
 City WEST PALM BEACH State FL Zip Code 33401
 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 ▼ 25000.00

Date of Receipt 10 / 18 / 2018
Transaction ID : SA11AI.4117
 Amount of Each Receipt this Period 25000.00
 Memo Item
CAMPAIGN CONTRIBUTION

B. H2 HOSPITALIST GROUP LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 SW 72 AVENUE
 STE 201
 City MIAMI State FL Zip Code 33155
 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 ▼ 2500.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI.4130
 Amount of Each Receipt this Period 2500.00
 Memo Item
CAMPAIGN CONTRIBUTION

C. JLR LONG ISLAND, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10055 NW 12 STREET
 City MIAMI State FL Zip Code 33172
 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 ▼ 5000.00

Date of Receipt 10 / 19 / 2018
Transaction ID : SA11AI.4119
 Amount of Each Receipt this Period 5000.00
 Memo Item
CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	32500.00
TOTAL 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: (check only one)	PAGE 8 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

A. MAM TITLE CONSULTANTS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12700 BISCAYNE BOULEVARD
 City NORTH MIAMI State FL Zip Code 33181
 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 ▼ 5000.00

Date of Receipt 10 / 24 / 2018
Transaction ID : SA11AI.4126
 Amount of Each Receipt this Period 5000.00
 Memo Item
CAMPAIGN CONTRIBUTION

B. PEREZ, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 SEAGATE DRIVE #1603
 City NAPLES State FL Zip Code 34103
 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 ▼ 10000.00

Date of Receipt 10 / 30 / 2018
Transaction ID : SA11AI.4141
 Amount of Each Receipt this Period 10000.00
 Memo Item
CAMPAIGN CONTRIBUTION

C. SEAWAY TWO CORP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 ANASTASIA AVENUE
 City CORAL GABLES State FL Zip Code 33134
 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 ▼ 5000.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI.4134
 Amount of Each Receipt this Period 5000.00
 Memo Item
CAMPAIGN CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	20000.00
TOTAL 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 9 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZUNIGA, ANTONIO, , ,

Mailing Address 3773 RICHMOND AVENUE #289

City HOUSTON State TX Zip Code 77046

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

Name of Employer (for Individual) OAK SHORE CAPITAL Occupation (for Individual) MANAGING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 19 / 2018

Transaction ID : SA11A1.4137

Amount of Each Receipt this Period
300.00

Memo Item
CAMPAIGN CONTRIBUTION

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

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 / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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 / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	61300.00

**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 10 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

A. COMMUNITY LEADERSHIP PAC

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

Mailing Address PO BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00501775

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2018

Transaction ID : SA11C.4122

Amount of Each Receipt this Period
5000.00

Memo Item
CAMPAIGN CONTRIBUTION

B.

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

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	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
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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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 5555 HILTON AVENUE
#106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CC PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4143
Amount of Each Disbursement this Period
612.90

Memo Item

Full Name (Last, First, Middle Initial)

B. FORTE COMMUNICATIONS LLC

Mailing Address 444 BRICKELL AVE
SUITE 51-455

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4225
Amount of Each Disbursement this Period
5870.56

Memo Item

Full Name (Last, First, Middle Initial)

C. FORTE COMMUNICATIONS LLC

Mailing Address 444 BRICKELL AVE
SUITE 51-455

City MIAMI State FL Zip Code 33131

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 12 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4236
Amount of Each Disbursement this Period
1686.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8170.16

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

Full Name (Last, First, Middle Initial) A. GROUNDSWELL STRATEGIES		Date of Disbursement MM / DD / YYYY 10 / 29 / 2018
Mailing Address 770 PONCE DE LEON BLVD #302-B		FEC Identification Number C [] Transaction ID : SB21B.4145 Amount of Each Disbursement this Period [] 9213.78
City CORAL GABLES	State FL	Zip Code 33134
Purpose of Disbursement MAILERS	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GROUNDSWELL STRATEGIES		Date of Disbursement MM / DD / YYYY 11 / 01 / 2018
Mailing Address 770 PONCE DE LEON BLVD #302-B		FEC Identification Number C [] Transaction ID : SB21B.4229 Amount of Each Disbursement this Period [] 750.00
City CORAL GABLES	State FL	Zip Code 33134
Purpose of Disbursement DOOR HANGERS	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GROUNDSWELL STRATEGIES		Date of Disbursement MM / DD / YYYY 11 / 01 / 2018
Mailing Address 770 PONCE DE LEON BLVD #302-B		FEC Identification Number C [] Transaction ID : SB21B.4230 Amount of Each Disbursement this Period [] 5000.00
City CORAL GABLES	State FL	Zip Code 33134
Purpose of Disbursement PHONE BANKING	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 14963.78
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

A. GROUNDSWELL STRATEGIES

Full Name (Last, First, Middle Initial)

Mailing Address 770 PONCE DE LEON BLVD #302-B

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement GOTV MAILERS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4231

Amount of Each Disbursement this Period: 21042.70

Memo Item

B. GROUNDSWELL STRATEGIES

Full Name (Last, First, Middle Initial)

Mailing Address 770 PONCE DE LEON BLVD #302-B

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement MAILERS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4232

Amount of Each Disbursement this Period: 15084.15

Memo Item

C. LP STRATEGIES

Full Name (Last, First, Middle Initial)

Mailing Address 8250 SW 72 COURT #425

City MIAMI State FL Zip Code 33143

Purpose of Disbursement WALK PROGRAM

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4227

Amount of Each Disbursement this Period: 8000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 44126.85

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

Full Name (Last, First, Middle Initial)

A. LP STRATEGIES

Mailing Address 8250 SW 72 COURT
#425

City MIAMI State FL Zip Code 33143

Purpose of Disbursement
WALK PROGRAM

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2018			

FEC Identification Number

C
Transaction ID : SB21B.4235
Amount of Each Disbursement this Period
 768.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAJORITY STRATEGIES LLC

Mailing Address 12854 KENAN DRIVE
SUITE 145

City JACKSONVILLE State FL Zip Code 32258

Purpose of Disbursement
MEDIA BUYS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

FEC Identification Number

C
Transaction ID : SB21B.4144
Amount of Each Disbursement this Period
 14217.09

Memo Item

Full Name (Last, First, Middle Initial)

C. MAJORITY STRATEGIES LLC

Mailing Address 12854 KENAN DRIVE
SUITE 145

City JACKSONVILLE State FL Zip Code 32258

Purpose of Disbursement
VIDEO DESIGN AND ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2018			

FEC Identification Number

C
Transaction ID : SB21B.4226
Amount of Each Disbursement this Period
 7600.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

<input type="text"/> 22585.09

<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

Full Name (Last, First, Middle Initial)

A. OPPO LLC

Mailing Address 3551 BLAIRSTONE ROAD
STE 128-232

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
RESEARCH

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4191

Amount of Each Disbursement this Period

[REDACTED] 1195.00

Memo Item

Full Name (Last, First, Middle Initial)

B. REAGANISTA LLC

Mailing Address PO BOX 122

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4147

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. REAGANISTA LLC

Mailing Address PO BOX 122

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
REIMBURSEMENT - TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4149

Amount of Each Disbursement this Period

[REDACTED] 1691.53

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 7886.53

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

A. DELTA

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4149.1

Amount of Each Disbursement this Period: 934.60

Memo Item

B. SIXT USA POS

Full Name (Last, First, Middle Initial)

Mailing Address 1850 SE 17 STREET CAUSEWAY STE 207

City FT. LAUDERDALE State FL Zip Code 33316

Purpose of Disbursement RENTAL CAR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4149.2

Amount of Each Disbursement this Period: 305.36

Memo Item

C. REAGANISTA LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 122

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement REIMBURSEMENT - FUNDRAISING TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4193

Amount of Each Disbursement this Period: 1780.92

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1780.92

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

A. THE PALAZZO RESORT

Full Name (Last, First, Middle Initial)

Mailing Address 1645 CROSSPOINTE WAY

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4193.1

Amount of Each Disbursement this Period: 440.03

Memo Item

B. PRICELINE.COM

Full Name (Last, First, Middle Initial)

Mailing Address 800 CONNECTICUT AVENUE

City NORWALK State CT Zip Code 06854

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4193.1

Amount of Each Disbursement this Period: 523.68

Memo Item

C. SPIRIT AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 2800 EXECUTIVE WAY

City MIRAMAR State FL Zip Code 33025

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4193.1

Amount of Each Disbursement this Period: 239.19

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRESERVE FLORIDA

A. RIESCO AND COMPANY LLC

Full Name (Last, First, Middle Initial)

Mailing Address 2600 S. DOUGLAS ROAD
STE 900

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement PROFESSIONAL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: 11 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4238

Amount of Each Disbursement this Period: 2825.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Category/Type

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2825.00
TOTAL This Period (last page this line number only).....▶	102338.33