

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 Space PAC

ADDRESS (number and street) PO Box 372721 Check if different than previously reported. (ACC) Satellite Beach FL 32937

2. FEC IDENTIFICATION NUMBER C C00560771 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on 08/26/2014 in the State of FL. (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on in the State of

5. Covering Period 07/01/2014 through 08/06/2014

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 Mr. Frank Sasinowski

Signature of Treasurer Mr. Frank Sasinowski [Electronically Filed] Date 10/06/2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Space PAC

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="2014"/>	<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="103153.57"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="81.40"/>	<input type="text" value="225339.72"/>
(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="103234.97"/>	<input type="text" value="225339.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39546.01"/>	<input type="text" value="161650.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="63688.96"/>	<input type="text" value="63688.96"/>
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  
**Space PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	225000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	225000.00
(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) .....	0.00	225000.00
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).....	81.40	339.72
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))..... ▶	81.40	225339.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	81.40	225339.72

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	26072.14	101209.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	26072.14	101209.26
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) .....	13473.87	60441.50
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	39546.01	161650.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39546.01	161650.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	0.00	225000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	225000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	26072.14	101209.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	81.40	339.72
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25990.74	100869.54

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 29  
(check only one)

<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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)  
**Space PAC**

**A. Home Depot**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 N Courtenay Pkwy  
City Merritt Island State FL Zip Code 32952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **314.43**

Date of Receipt  
**07 / 07 / 2014**  
**Transaction ID : SA15.4558**  
Amount of Each Receipt this Period  
**72.63**  
Refund for materials

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>72.63</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>72.63</b>

**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"/> 24	<input type="checkbox"/> 25	<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

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)  
**Space PAC**

Full Name (Last, First, Middle Initial)

**A. Airtickets LTD**

Mailing Address Alexandrou Panagouli 118  
Agia Paraskevi 153 43

City Greece State ZZ Zip Code

Purpose of Disbursement  
Airfare

Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  
 Other (specify) ▼  
State: FL District: 08

Date of Disbursement  
MM / DD / YYYY  
07 / 28 / 2014

Transaction ID : **SB21B.4781**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Alamo Car Rental**

Mailing Address 1220 Rue Stanley

City Montreal State ZZ Zip Code

Purpose of Disbursement  
Transportation Expense

Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  
 Other (specify) ▼  
State: FL District: 08

Date of Disbursement  
MM / DD / YYYY  
07 / 28 / 2014

Transaction ID : **SB21B.4788**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. British Airways**

Mailing Address PO Box 300686

City Jamaica State NY Zip Code 11430-0686

Purpose of Disbursement  
Airfare

Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  
 Other (specify) ▼  
State: FL District: 08

Date of Disbursement  
MM / DD / YYYY  
07 / 28 / 2014

Transaction ID : **SB21B.4784**

Amount of Each Disbursement this Period

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

**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"/> 24	<input type="checkbox"/> 25	<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

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)  
**Space PAC**

Full Name (Last, First, Middle Initial)

**A. Charlies Auto Repair**

Mailing Address 690 S Patrick Dr

City State Zip Code  
Satellite Beach FL 32937

Purpose of Disbursement  
Fuel

**001**  
Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2014

**Transaction ID : SB21B.4752**

Amount of Each Disbursement this Period

56.24

Full Name (Last, First, Middle Initial)

**B. Charlies Auto Repair**

Mailing Address 690 S Patrick Dr

City State Zip Code  
Satellite Beach FL 32937

Purpose of Disbursement  
Fuel

**001**  
Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2014

**Transaction ID : SB21B.4760**

Amount of Each Disbursement this Period

77.01

Full Name (Last, First, Middle Initial)

**C. E-Spaces LTD**

Mailing Address 16/F, Kingsfield Centre  
18 Shell Street

City State Zip Code  
North Point, Hong Kong ZZ

Purpose of Disbursement  
Consulting Services

**001**  
Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2014

**Transaction ID : SB21B.4758**

Amount of Each Disbursement this Period

10000.00

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

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

10133.25



**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"/> 24	<input type="checkbox"/> 25	<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

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)  
**Space PAC**

Full Name (Last, First, Middle Initial)

**A. IRS**

Mailing Address PO Box 1214

City Charlotte State NC Zip Code 28201

Purpose of Disbursement  
Federal Payroll Tax

001

Candidate Name  
**GABRIEL ROTHBLATT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2014

**Transaction ID : SB21B.4742**

Amount of Each Disbursement this Period

1943.52

Full Name (Last, First, Middle Initial)

**B. Glenda Knudsen**

Mailing Address 398 San Remo Rd SW

City Palm Bay State FL Zip Code 32908

Purpose of Disbursement  
Bookkeeping services - June

001

Candidate Name  
**GABRIEL ROTHBLATT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

**Transaction ID : SB21B.4759**

Amount of Each Disbursement this Period

1050.00

Full Name (Last, First, Middle Initial)

**C. Lowe's**

Mailing Address 2150 Minton Rd

City Melbourne State FL Zip Code 32904

Purpose of Disbursement  
Paint

001

Candidate Name  
**GABRIEL ROTHBLATT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2014

**Transaction ID : SB21B.4722**

Amount of Each Disbursement this Period

317.72

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

3311.24

**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"/> 24	<input type="checkbox"/> 25	<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

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)  
**Space PAC**

Full Name (Last, First, Middle Initial)

**A. Lowe's**

Mailing Address 2150 Minton Rd

City Melbourne State FL Zip Code 32904

Purpose of Disbursement  
Paint

**001**  
Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 05 / 2014

**Transaction ID : SB21B.4732**

Amount of Each Disbursement this Period

46.62

Full Name (Last, First, Middle Initial)

**B. Lowe's**

Mailing Address 2150 Minton Rd

City Melbourne State FL Zip Code 32904

Purpose of Disbursement  
Paint

**001**  
Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 05 / 2014

**Transaction ID : SB21B.4733**

Amount of Each Disbursement this Period

93.24

Full Name (Last, First, Middle Initial)

**C. Mission Capitol Investments LLC**

Mailing Address 2425 Pineapple Ave  
Suite 108

City Melbourne State FL Zip Code 32935

Purpose of Disbursement  
Rent

**001**  
Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2014

**Transaction ID : SB21B.4708**

Amount of Each Disbursement this Period

967.69

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

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

1107.55

**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"/> 24	<input type="checkbox"/> 25	<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

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)  
**Space PAC**

Full Name (Last, First, Middle Initial)

**A. Mission Capitol Investments LLC**

Mailing Address 2425 Pineapple Ave  
Suite 108

City Melbourne State FL Zip Code 32935

Purpose of Disbursement  
Rent

001

Candidate Name  
**GABRIEL ROTHBLATT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : SB21B.4791

Amount of Each Disbursement this Period

1930.29
---------

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 820 Palm Bay Road

City Palm Bay State FL Zip Code 32905

Purpose of Disbursement  
Office Furniture, Supplies

001

Candidate Name  
**GABRIEL ROTHBLATT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : SB21B.4731

Amount of Each Disbursement this Period

348.69
--------

Full Name (Last, First, Middle Initial)

**C. Office Depot**

Mailing Address 820 Palm Bay Road

City Palm Bay State FL Zip Code 32905

Purpose of Disbursement  
Supplies

001

Candidate Name  
**GABRIEL ROTHBLATT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : SB21B.4734

Amount of Each Disbursement this Period

63.58
-------

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

2342.56
---------

**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"/> 24	<input type="checkbox"/> 25	<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

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)  
**Space PAC**

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 820 Palm Bay Road

City State Zip Code  
Palm Bay FL 32905

Purpose of Disbursement  
Office Supplies

001

Candidate Name  
**GABRIEL ROTHBLATT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2014

**Transaction ID : SB21B.4796**

Amount of Each Disbursement this Period

9.53

Full Name (Last, First, Middle Initial)

**B. Loraine Rhoades**

Mailing Address 1139 Itzehoe Ave NW

City State Zip Code  
Palm Bay FL 32907

Purpose of Disbursement  
Reimbursement

001

Candidate Name  
**GABRIEL ROTHBLATT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2014

**Transaction ID : SB21B.4724**

Amount of Each Disbursement this Period

51.45

Full Name (Last, First, Middle Initial)

**C. Loraine Rhoades**

Mailing Address 1139 Itzehoe Ave NW

City State Zip Code  
Palm Bay FL 32907

Purpose of Disbursement  
Payroll

001

Candidate Name  
**GABRIEL ROTHBLATT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2014

**Transaction ID : SB21B.4757**

Amount of Each Disbursement this Period

2285.74

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

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

2346.72

**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"/> 24	<input type="checkbox"/> 25	<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

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)  
**Space PAC**

Full Name (Last, First, Middle Initial)

**A. Loraine Rhoades**

Mailing Address 1139 Itzehoe Ave NW

City State Zip Code  
Palm Bay FL 32907

Purpose of Disbursement  
Reimbursement for mileage

**001**  
Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2014

**Transaction ID : SB21B.4771**

Amount of Each Disbursement this Period

22.96

Full Name (Last, First, Middle Initial)

**B. Loraine Rhoades**

Mailing Address 1139 Itzehoe Ave NW

City State Zip Code  
Palm Bay FL 32907

Purpose of Disbursement  
Payroll

**001**  
Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2014

**Transaction ID : SB21B.4793**

Amount of Each Disbursement this Period

2285.18

Full Name (Last, First, Middle Initial)

**C. Southern Colors Inc.**

Mailing Address 1592 Baker Street

City State Zip Code  
Palm Bay FL 32907

Purpose of Disbursement  
Painting

**001**  
Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2014

**Transaction ID : SB21B.4738**

Amount of Each Disbursement this Period

1000.00

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

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

3308.14

**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"/> 24	<input type="checkbox"/> 25	<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

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)  
**Space PAC**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 1595 Palm Bay Rd

City State Zip Code  
Palm Bay FL 32905

Purpose of Disbursement  
Office Furniture

Category/  
Type

Candidate Name  
**GABRIEL ROTHBLATT**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 08

Date of Disbursement

/  /

**Transaction ID : SB21B.4714**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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







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

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Mark Antokas</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount <span style="border: 1px solid black; padding: 2px;">518.24</span>
City State Zip Code Merritt Island FL 32952	<b>Transaction ID : SE.4505</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Purpose of Expenditure Sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">52799.91</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mark Antokas</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount <span style="border: 1px solid black; padding: 2px;">122.22</span>
City State Zip Code Merritt Island FL 32952	<b>Transaction ID : SE.4507</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 31 / 2014
Purpose of Expenditure Sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">53219.64</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">640.46</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Mr. Frank Sasinowski* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 06 / 2014

Signature

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

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>City of Fellsmere</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 22 S. Orange Street	Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>
City Fellsmere	State FL
Zip Code 32948	Transaction ID : <b>SE.4421</b>
Purpose of Expenditure sign permit	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 18 / 2014
Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate GABRIEL ROTHBLATT
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>08</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">52050.23</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Reid Friedson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 670 Hernado St Apt A	Amount <span style="border: 1px solid black; padding: 2px;">1082.32</span>
City Fort Pierce	State FL
Zip Code 34949	Transaction ID : <b>SE.4404</b>
Purpose of Expenditure sign preparation & distribution	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 02 / 2014
Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate GABRIEL ROTHBLATT
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>08</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">48925.58</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1107.32</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Mr. Frank Sasinowski*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 06 / 2014

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

NAME OF COMMITTEE (In Full) <b>Space PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00560771	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Reid Friedson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 26 / 2014</b>	
Mailing Address 670 Hernado St Apt A		Amount <b>569.56</b>	
City Fort Pierce	State FL	Zip Code 34949	<b>Transaction ID : SE.4408</b>
Purpose of Expenditure sign preparation & distribution	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>	
Name of Federal Candidate <b>GABRIEL ROTHBLATT</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>08</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>51010.26</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sherry Hershberger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 26 / 2014</b>	
Mailing Address 1556 Waldorf Circle NE		Amount <b>67.40</b>	
City Palm Bay	State FL	Zip Code 32905	<b>Transaction ID : SE.4516</b>
Purpose of Expenditure Sign preparation & distribution	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>	
Name of Federal Candidate <b>GABRIEL ROTHBLATT</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>08</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>52867.31</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>636.96</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<b>0.00</b>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>636.96</b>

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.

*Mr. Frank Sasinowski*  
Signature

[Electronically Filed]

Date **10 / 06 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC
FEC IDENTIFICATION NUMBER C C00560771
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Sherry Hershberger
Mailing Address 1556 Waldorf Circle NE
City Palm Bay State FL Zip Code 32905
Purpose of Expenditure Sign preparation & distribution Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Calendar Year-To-Date Per Election for Office Sought 53379.90

Date of Public Distribution/Dissemination 04/26/2014
Amount 160.26
Transaction ID : SE.4518
Date of Disbursement or Obligation 07/31/2014
Office Sought: House District: 08 State: FL
Disbursement For: Primary General 2014

Full Name of Payee Home Depot
Mailing Address 200 N Courtenay Pkwy
City Merritt Island State FL Zip Code 32952
Purpose of Expenditure sign materials Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Calendar Year-To-Date Per Election for Office Sought 47187.16

Date of Public Distribution/Dissemination 04/26/2014
Amount 219.53
Transaction ID : SE.4399
Date of Disbursement or Obligation 07/01/2014
Office Sought: House District: 08 State: FL
Disbursement For: Primary General 2014

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 379.79

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 Mr. Frank Sasinowski [Electronically Filed] Date 10/06/2014

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

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Home Depot</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 2829 W New Haven Ave	Amount <span style="border: 1px solid black; padding: 2px;">342.34</span>
City State Zip Code West Melbourne FL 32904	<b>Transaction ID : SE.4400</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 02 / 2014
Purpose of Expenditure Sign Materials	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">47529.50</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Home Depot</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 200 N Courtenay Pkwy	Amount <span style="border: 1px solid black; padding: 2px;">18.13</span>
City State Zip Code Merritt Island FL 32952	<b>Transaction ID : SE.4415</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 16 / 2014
Purpose of Expenditure sign materials	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">51600.09</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">360.47</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Mr. Frank Sasinowski* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 06 / 2014

Signature

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

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Home Depot</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 200 N Courtenay Pkwy	Amount <span style="border: 1px solid black; padding: 2px;">43.65</span>
City State Zip Code Merritt Island FL 32952	<b>Transaction ID : SE.4508</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 01 / 2014
Purpose of Expenditure Sign Materials	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">53423.55</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Home Depot</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 1885 58th Ave.	Amount <span style="border: 1px solid black; padding: 2px;">31.09</span>
City State Zip Code Vero Beach FL 32966	<b>Transaction ID : SE.4523</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2014
Purpose of Expenditure Sign materials	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">53454.64</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">74.74</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Mr. Frank Sasinowski* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 06 / 2014

Signature

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

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Hotwire</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>04 / 26 / 2014</b>
Mailing Address 655 Montgomery St #600	Amount <span style="border: 1px solid black; padding: 2px;">247.40</span>
City State Zip Code San Francisco CA 94111	<b>Transaction ID : SE.4499</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 09 / 2014</b>
Purpose of Expenditure sign preparation & distribution (rental truck)	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49634.18</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Indian River Press</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 19 / 2014</b>
Mailing Address 1859 S Patrick Drive	Amount <span style="border: 1px solid black; padding: 2px;">471.70</span>
City State Zip Code Indian Harbour Beach FL 32937	<b>Transaction ID : SE.4413</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>
Purpose of Expenditure Brochure production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">51581.96</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">719.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Mr. Frank Sasinowski* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 06 / 2014**

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Curtis Leady</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>04 / 26 / 2014</b>
Mailing Address <b>3565 Sawgrass Drive</b>	Amount <span style="border: 1px solid black; padding: 2px;">131.96</span>
City <b>Titusville</b> State <b>FL</b> Zip Code <b>32780</b>	<b>Transaction ID : SE.4459</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 02 / 2014</b>
Purpose of Expenditure Sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <b>GABRIEL ROTHBLATT</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49057.54</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Curtis Leady</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>04 / 26 / 2014</b>
Mailing Address <b>3565 Sawgrass Drive</b>	Amount <span style="border: 1px solid black; padding: 2px;">154.80</span>
City <b>Titusville</b> State <b>FL</b> Zip Code <b>32780</b>	<b>Transaction ID : SE.4406</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 11 / 2014</b>
Purpose of Expenditure sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <b>GABRIEL ROTHBLATT</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">50108.15</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">286.76</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Mr. Frank Sasinowski* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 06 / 2014**

Signature \_\_\_\_\_



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

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Curtis Leady</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">135.24</span>
City Titusville State FL Zip Code 32780	<b>Transaction ID : SE.4417</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 18 / 2014
Purpose of Expenditure sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <b>GABRIEL ROTHBLATT</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">52025.23</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Curtis Leady</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">131.44</span>
City Titusville State FL Zip Code 32780	<b>Transaction ID : SE.4504</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Purpose of Expenditure Sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <b>GABRIEL ROTHBLATT</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">52281.67</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">266.68</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Mr. Frank Sasinowski* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 06 / 2014

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Curtis Leady</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">200.11</span>
City Titusville State FL Zip Code 32780	<b>Transaction ID : SE.4506</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 31 / 2014
Purpose of Expenditure Sign preparation & distribution Category/Type 004	Name of Federal Candidate GABRIEL ROTHBLATT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">53097.42</span>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lowe's</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 26 / 2014
Mailing Address 1166 Malabar Rd.	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City Palm Bay State FL Zip Code 32907	<b>Transaction ID : SE.4517</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 29 / 2014
Purpose of Expenditure Sign materials Category/Type 004	Name of Federal Candidate GABRIEL ROTHBLATT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">52897.31</span>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">230.11</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Mr. Frank Sasinowski* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC
FEC IDENTIFICATION NUMBER C C00560771
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Lowes
Mailing Address 4660 South St
City Titusville State FL Zip Code 32780
Purpose of Expenditure sign materials Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Calendar Year-To-Date Per Election for Office Sought 49386.78

Date of Public Distribution/Dissemination 04 / 26 / 2014
Amount 329.24
Transaction ID : SE.4405
Date of Disbursement or Obligation 07 / 09 / 2014
Office Sought: House District: 08 State: FL
Disbursement For: Primary General 2014

Full Name of Payee National CineMedia (NCM)
Mailing Address 9110 East Nichols Ave., Suite 200
City Centennial State CO Zip Code 80112
Purpose of Expenditure Cinema ad to start on August 29 Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Calendar Year-To-Date Per Election for Office Sought 5992.86

Date of Public Distribution/Dissemination 08 / 29 / 2014
Amount 5992.86
Transaction ID : SE.4432
Date of Disbursement or Obligation 07 / 22 / 2014
Office Sought: House District: 08 State: FL
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 6322.10
(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.
Mr. Frank Sasinowski [Electronically Filed] Date 10 / 06 / 2014
Signature

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

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Ian Rhodes</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>04 / 26 / 2014</b>
Mailing Address 1139 Itzehoe Ave	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code <b>Palm Bay FL 32907</b>	<b>Transaction ID : SE.4430</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 11 / 2014</b>
Purpose of Expenditure sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <b>GABRIEL ROTHBLATT</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">51110.26</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Senior Scene Magazine</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 01 / 2014</b>
Mailing Address PO Box 410481	Amount <span style="border: 1px solid black; padding: 2px;">994.00</span>
City State Zip Code <b>Melbourne FL 32941</b>	<b>Transaction ID : SE.4520</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>08 / 05 / 2014</b>
Purpose of Expenditure Advertising in Magazine (Sept. 1)	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <b>GABRIEL ROTHBLATT</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6986.86</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1094.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Mr. Frank Sasinowski*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 06 / 2014**

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

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Town of Palm Shores</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>04 / 26 / 2014</b>
Mailing Address 5030 Paul Hurtt Lane	Amount <span style="border: 1px solid black; padding: 2px;">M M M M . M M</span> <b>100.00</b>
City State Zip Code <b>Palm Shores FL 32940</b>	<b>Transaction ID : SE.4422</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 18 / 2014</b>
Purpose of Expenditure sign permit	Category/Type <span style="border: 1px solid black; padding: 2px;">M M</span> <b>004</b>
Name of Federal Candidate <b>GABRIEL ROTHBLATT</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M M M . M M</span> <b>52150.23</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Mailing Address	Amount <span style="border: 1px solid black; padding: 2px;">M M M M . M M</span>
City State Zip Code	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure	Category/Type <span style="border: 1px solid black; padding: 2px;">M M</span>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M M M . M M</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M M M . M M</span> <b>100.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M M M . M M</span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M M M M . M M</span> <b>13473.87</b>

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.

*Mr. Frank Sasinowski*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 06 / 2014**