



**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="63688.96"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="243.12"/>	<input type="text" value="225582.84"/>
(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="63932.08"/>	<input type="text" value="225582.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="59126.61"/>	<input type="text" value="220777.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4805.47"/>	<input type="text" value="4805.47"/>
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: 08 / 07 / 2014 To: 09 / 30 / 2014

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).....	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).....	243.12	582.84
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))..... ▶	243.12	225582.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	243.12	225582.84

**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 .....	46096.59	147305.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	46096.59	147305.85
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) .....	13030.02	73471.52
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)) ..	59126.61	220777.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59126.61	220777.37

**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)) .....	46096.59	147305.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	243.12	582.84
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	45853.47	146723.01

**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) <b>A. Bright House Networks</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address PO Box 30574		<b>Transaction ID : SB21B.4826</b>
City Tampa	State FL	
Purpose of Disbursement Internet & Fax	Category/ Type 001	Amount of Each Disbursement this Period 102.84
Candidate Name <b>GABRIEL ROTHBLATT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bright House Networks</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address PO Box 30574		<b>Transaction ID : SB21B.4839</b>
City Tampa	State FL	
Purpose of Disbursement Internet & Fax	Category/ Type 001	Amount of Each Disbursement this Period 102.84
Candidate Name <b>GABRIEL ROTHBLATT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. City of Palm Bay</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 120 Malabar Rd SE		<b>Transaction ID : SB21B.4825</b>
City Palm Bay	State FL	
Purpose of Disbursement Utilities	Category/ Type 001	Amount of Each Disbursement this Period 37.08
Candidate Name <b>GABRIEL ROTHBLATT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	242.76
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**Space PAC**

Full Name (Last, First, Middle Initial) <b>A. Dickstein Shapiro LLP</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 1825 Eye Street NW		<b>Transaction ID : SB21B.4811</b>
City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 1430.00	
Purpose of Disbursement Legal Services	Category/Type 001	
Candidate Name <b>GABRIEL ROTHBLATT</b>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08		

Full Name (Last, First, Middle Initial) <b>B. Dickstein Shapiro LLP</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 1825 Eye Street NW		<b>Transaction ID : SB21B.4827</b>
City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 4441.00	
Purpose of Disbursement Legal Fees	Category/Type 001	
Candidate Name <b>GABRIEL ROTHBLATT</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08		

Full Name (Last, First, Middle Initial) <b>C. E-Spaces LTD</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address 16/F, Kingsfield Centre 18 Shell Street		<b>Transaction ID : SB21B.4814</b>
City North Point, Hong Kong State ZZ Zip Code	Amount of Each Disbursement this Period 10050.00	
Purpose of Disbursement Operations Consulting Services	Category/Type 001	
Candidate Name <b>GABRIEL ROTHBLATT</b>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08		

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

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

15921.00

**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"/> 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

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NAME OF COMMITTEE (In Full)

Space PAC

Full Name (Last, First, Middle Initial)

**A. E-Spaces LTD**

Mailing Address 16/F, Kingsfield Centre  
18 Shell Street

City North Point, Hong Kong State ZZ Zip Code

Purpose of Disbursement  
Operations 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
09	/	17	/	2014

Transaction ID : SB21B.4836

Amount of Each Disbursement this Period

9975.00
---------

Full Name (Last, First, Middle Initial)

**B. FPL**

Mailing Address General Main Facility

City Miami State FL Zip Code 33188

Purpose of Disbursement  
Utilities

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
09	/	11	/	2014

Transaction ID : SB21B.4833

Amount of Each Disbursement this Period

295.18
--------

Full Name (Last, First, Middle Initial)

**C. IRS**

Mailing Address PO Box 1214

City Charlotte State NC Zip Code 28201

Purpose of Disbursement  
Payroll Taxes

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
08	/	08	/	2014

Transaction ID : SB21B.4804

Amount of Each Disbursement this Period

1943.52
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12213.70
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**TOTAL** This Period (last page this line number only)..... ▶

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**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

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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  
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  
09 / 05 / 2014

**Transaction ID : SB21B.4831**

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

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  
08 / 20 / 2014

**Transaction ID : SB21B.4810**

Amount of Each Disbursement this Period

915.00

Full Name (Last, First, Middle Initial)

**C. Glenda Knudsen**

Mailing Address 398 San Remo Rd SW

City Palm Bay State FL Zip Code 32908

Purpose of Disbursement  
Bookkeeping Services

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  
09 / 17 / 2014

**Transaction ID : SB21B.4837**

Amount of Each Disbursement this Period

802.50

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

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

3661.02

**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

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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
08		29		2014

Transaction ID : SB21B.4818

Amount of Each Disbursement this Period

1930.29
---------

Full Name (Last, First, Middle Initial)

**B. 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
09		29		2014

Transaction ID : SB21B.4842

Amount of Each Disbursement this Period

1930.29
---------

Full Name (Last, First, Middle Initial)

**C. Pro Painters Plus LLC**

Mailing Address 500 N Palm Ave.

City Indialantic State FL Zip Code 32903

Purpose of Disbursement  
Office Maintenance

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
09		17		2014

Transaction ID : SB21B.4849

Amount of Each Disbursement this Period

315.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4175.58
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**TOTAL** This Period (last page this line number only)..... ▶

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**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

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NAME OF COMMITTEE (In Full)  
**Space PAC**

Full Name (Last, First, Middle Initial) <b>A. Loraine Rhoades</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2014
Mailing Address 1139 Itzehoe Ave NW		<b>Transaction ID : SB21B.4809</b>
City Palm Bay	State FL	
Purpose of Disbursement Payroll	Category/ Type 001	Amount of Each Disbursement this Period 2319.90
Candidate Name <b>GABRIEL ROTHBLATT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Loraine Rhoades</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2014
Mailing Address 1139 Itzehoe Ave NW		<b>Transaction ID : SB21B.4816</b>
City Palm Bay	State FL	
Purpose of Disbursement Payroll	Category/ Type 001	Amount of Each Disbursement this Period 2257.74
Candidate Name <b>GABRIEL ROTHBLATT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Loraine Rhoades</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 1139 Itzehoe Ave NW		<b>Transaction ID : SB21B.4835</b>
City Palm Bay	State FL	
Purpose of Disbursement Payroll	Category/ Type 001	Amount of Each Disbursement this Period 2410.06
Candidate Name <b>GABRIEL ROTHBLATT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6987.70
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**Space PAC**

Full Name (Last, First, Middle Initial) <b>A. Loraine Rhoades</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 1139 Itzehoe Ave NW		<b>Transaction ID : SB21B.4846</b>
City Palm Bay	State FL	
Purpose of Disbursement Payroll	Category/ Type <b>001</b>	Amount of Each Disbursement this Period 2257.74
Candidate Name <b>GABRIEL ROTHBLATT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sollution Cellulaire</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address 221 Rue Principal Quest		<b>Transaction ID : SB21B.4840</b>
City Magog	State ZZ	
Purpose of Disbursement Telephone	Category/ Type <b>001</b>	Amount of Each Disbursement this Period 73.28
Candidate Name <b>GABRIEL ROTHBLATT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Walmart</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 845 Palm Bay Road		<b>Transaction ID : SB21B.4815</b>
City Palm Bay	State FL	
Purpose of Disbursement Office Supplies	Category/ Type <b>001</b>	Amount of Each Disbursement this Period 16.14
Candidate Name <b>GABRIEL ROTHBLATT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 08	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2347.16
<b>TOTAL</b> This Period (last page this line number only).....▶	45548.92



**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> 08 / 04 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount <span style="border: 1px solid black; padding: 2px;">274.82</span>
City State Zip Code Merritt Island FL 32952	<b>Transaction ID : SE.4543</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 / 13 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">55215.16</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> 08 / 11 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount <span style="border: 1px solid black; padding: 2px;">392.48</span>
City State Zip Code Merritt Island FL 32952	<b>Transaction ID : SE.4571</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 / 21 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">56901.81</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;">667.30</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 / 14 / 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>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> 08 / 18 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount <span style="border: 1px solid black; padding: 2px;">329.29</span>
City State Zip Code Merritt Island FL 32952	<b>Transaction ID : SE.4590</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 / 27 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">58473.68</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> 08 / 25 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount <span style="border: 1px solid black; padding: 2px;">401.08</span>
City State Zip Code Merritt Island FL 32952	<b>Transaction ID : SE.4607</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> 09 / 03 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">59997.72</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;">730.37</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 / 14 / 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>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> 09 / 01 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount <span style="border: 1px solid black; padding: 2px;">291.40</span>
City State Zip Code Merritt Island FL 32952	<b>Transaction ID : SE.4608</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> 09 / 10 / 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;">8274.28</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" 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> 09 / 08 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount <span style="border: 1px solid black; padding: 2px;">345.76</span>
City State Zip Code Merritt Island FL 32952	<b>Transaction ID : SE.4609</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> 09 / 17 / 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;">9678.40</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;">637.16</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 / 14 / 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</span>	

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</span> 07 / 28 / 2014
Mailing Address 670 Hernado St Apt A	Amount <span style="border: 1px solid black; padding: 2px;">603.00</span>
City State Zip Code Fort Pierce FL 34949	<b>Transaction ID : SE.4511</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 08 / 07 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">54451.34</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</span> 08 / 04 / 2014
Mailing Address 670 Hernado St Apt A	Amount <span style="border: 1px solid black; padding: 2px;">884.92</span>
City State Zip Code Fort Pierce FL 34949	<b>Transaction ID : SE.4545</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 08 / 13 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">56285.75</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;">1487.92</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  
10 / 14 / 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>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> 08 / 11 / 2014
Mailing Address 670 Hernado St Apt A	Amount <span style="border: 1px solid black; padding: 2px;">921.66</span>
City State Zip Code Fort Pierce FL 34949	
Purpose of Expenditure Sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	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 / 21 / 2014
Name of Federal Candidate GABRIEL ROTHBLATT	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;">57823.47</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> 08 / 18 / 2014
Mailing Address 670 Hernado St Apt A	Amount <span style="border: 1px solid black; padding: 2px;">698.56</span>
City State Zip Code Fort Pierce FL 34949	
Purpose of Expenditure Sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	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 / 27 / 2014
Name of Federal Candidate GABRIEL ROTHBLATT	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;">59415.92</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;">1620.22</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 / 14 / 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>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> 09 / 08 / 2014
Mailing Address 670 Hernado St Apt A	Amount <span style="border: 1px solid black; padding: 2px;">725.72</span>
City State Zip Code Fort Pierce FL 34949	<b>Transaction ID : SE.4629</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> 09 / 17 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10694.01</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" 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> 09 / 15 / 2014
Mailing Address 670 Hernado St Apt A	Amount <span style="border: 1px solid black; padding: 2px;">747.00</span>
City State Zip Code Fort Pierce FL 34949	<b>Transaction ID : SE.4630</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> 09 / 26 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">12280.91</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;">1472.72</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 / 14 / 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>Google Adwords</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> 08 / 24 / 2014
Mailing Address 1600 Amphitheatre Parkway	Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>
City Mountain View State CA Zip Code 94043	<b>Transaction ID : SE.4635</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> 09 / 09 / 2014
Purpose of Expenditure Google advertising 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;">61033.76</span>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Google Adwords</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> 08 / 24 / 2014
Mailing Address 1600 Amphitheatre Parkway	Amount <span style="border: 1px solid black; padding: 2px;">36.85</span>
City Mountain View State CA Zip Code 94043	<b>Transaction ID : SE.4640</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> 09 / 25 / 2014
Purpose of Expenditure Google advertising 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;">61190.61</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;">61.85</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 / 14 / 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</span>	

Full Name of Payee <b>Sherry Hershberger</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 28 / 2014
Mailing Address 1556 Waldorf Circle NE	Amount <span style="border: 1px solid black; padding: 2px;">199.84</span>
City State Zip Code Palm Bay FL 32905	<b>Transaction ID : SE.4521</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 08 / 07 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">54651.18</span>	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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 08 / 04 / 2014
Mailing Address 1556 Waldorf Circle NE	Amount <span style="border: 1px solid black; padding: 2px;">185.67</span>
City State Zip Code Palm Bay FL 32905	<b>Transaction ID : SE.4544</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 08 / 13 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">55400.83</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;">385.51</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  
10 / 14 / 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>Sherry Hershberger</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> 08 / 11 / 2014
Mailing Address 1556 Waldorf Circle NE	Amount <span style="border: 1px solid black; padding: 2px;">211.98</span>
City State Zip Code Palm Bay FL 32905	<b>Transaction ID : SE.4582</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 / 21 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">58035.45</span>	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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2014
Mailing Address 1556 Waldorf Circle NE	Amount <span style="border: 1px solid black; padding: 2px;">243.68</span>
City State Zip Code Palm Bay FL 32905	<b>Transaction ID : SE.4591</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 / 27 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">58717.36</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;">455.66</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 / 14 / 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>Sherry Hershberger</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> 09 / 08 / 2014
Mailing Address 1556 Waldorf Circle NE	Amount <span style="border: 1px solid black; padding: 2px;">196.60</span>
City State Zip Code Palm Bay FL 32905	<b>Transaction ID : SE.4613</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> 09 / 17 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9875.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Sherry Hershberger</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> 09 / 15 / 2014
Mailing Address 1556 Waldorf Circle NE	Amount <span style="border: 1px solid black; padding: 2px;">209.52</span>
City State Zip Code Palm Bay FL 32905	<b>Transaction ID : SE.4615</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> 09 / 26 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">11533.91</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;">406.12</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 / 14 / 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> 08 / 07 / 2014
Mailing Address 1885 58th Ave.	Amount <span style="border: 1px solid black; padding: 2px;">34.29</span>
City Vero Beach State FL Zip Code 32966	<b>Transaction ID : SE.4534</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 / 07 / 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;">54717.51</span>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <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> 08 / 07 / 2014
Mailing Address 1885 58th Ave.	Amount <span style="border: 1px solid black; padding: 2px;">31.09</span>
City Vero Beach State FL Zip Code 32966	<b>Transaction ID : SE.4823</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 / 07 / 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;">54748.60</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;">65.38</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.

Signature Mr. Frank Sasinowski [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 14 / 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 Home Depot
Mailing Address 1885 58th Ave.
City Vero Beach State FL Zip Code 32966
Purpose of Expenditure sign materials Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Calendar Year-To-Date Per Election for Office Sought 54772.22

Date of Public Distribution/Dissemination 08 / 12 / 2014
Amount 23.62
Transaction ID : SE.4540
Date of Disbursement or Obligation 08 / 12 / 2014
Office Sought: House District: 08 State: FL
Disbursement For: Primary General 2014

Full Name of Payee Home Depot
Mailing Address 1885 58th Ave.
City Vero Beach State FL Zip Code 32966
Purpose of Expenditure Sign Materials Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Calendar Year-To-Date Per Election for Office Sought 56309.37

Date of Public Distribution/Dissemination 08 / 14 / 2014
Amount 23.62
Transaction ID : SE.4567
Date of Disbursement or Obligation 08 / 14 / 2014
Office Sought: House District: 08 State: FL
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 47.24
(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 / 14 / 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 Home Depot
Mailing Address 1885 58th Ave.
City Vero Beach State FL Zip Code 32966
Purpose of Expenditure Sign Materials Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Calendar Year-To-Date Per Election for Office Sought 56332.99

Date of Public Distribution/Dissemination 08/19/2014
Amount 23.62
Transaction ID : SE.4568
Date of Disbursement or Obligation 08/19/2014
Office Sought: House District: 08 State: FL
Disbursement For: Primary General 2014

Full Name of Payee Home Depot
Mailing Address 1885 58th Ave.
City Vero Beach State FL Zip Code 32966
Purpose of Expenditure Sign Materials Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Calendar Year-To-Date Per Election for Office Sought 9968.29

Date of Public Distribution/Dissemination 09/17/2014
Amount 93.29
Transaction ID : SE.4621
Date of Disbursement or Obligation 09/17/2014
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 116.91, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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

Signature Mr. Frank Sasinowski [Electronically Filed] Date 10/14/2014

**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>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> 07 / 28 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">171.38</span>
City Titusville State FL Zip Code 32780	<b>Transaction ID : SE.4509</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> 08 / 07 / 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;">53626.02</span>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <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> 08 / 04 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">168.12</span>
City Titusville State FL Zip Code 32780	<b>Transaction ID : SE.4542</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> 08 / 13 / 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;">54940.34</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;">339.50</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 / 14 / 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> 08 / 11 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">176.34</span>
City Titusville State FL Zip Code 32780	<b>Transaction ID : SE.4570</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 / 21 / 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;">56509.33</span>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <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> 08 / 18 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">108.94</span>
City Titusville State FL Zip Code 32780	<b>Transaction ID : SE.4589</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 / 27 / 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;">58144.39</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;">285.28</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 / 14 / 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> 08 / 25 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">180.72</span>
City Titusville State FL Zip Code 32780	<b>Transaction ID : SE.4600</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> 09 / 03 / 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;">59596.64</span>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <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> 09 / 01 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">183.96</span>
City Titusville State FL Zip Code 32780	<b>Transaction ID : SE.4601</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> 09 / 10 / 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;">7982.88</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">364.68</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 / 14 / 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> 09 / 08 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">134.16</span>
City Titusville State FL Zip Code 32780	<b>Transaction ID : SE.4602</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> 09 / 17 / 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;">9332.64</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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> 09 / 15 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">67.48</span>
City Titusville State FL Zip Code 32780	<b>Transaction ID : SE.4603</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> 09 / 26 / 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;">10927.21</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">201.64</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 / 14 / 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	

Full Name of Payee <b>Lowe's</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 07 / 2014</b>
Mailing Address 1166 Malabar Rd.	Amount <b>32.04</b>
City State Zip Code <b>Palm Bay FL 32907</b>	<b>Transaction ID : SE.4524</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 07 / 2014</b>
Purpose of Expenditure Sign materials	Category/Type <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: <b>08</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>54683.22</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Pro Painters Plus LLC</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 13 / 2014</b>
Mailing Address 500 N Palm Ave.	Amount <b>120.00</b>
City State Zip Code <b>Indialantic FL 32903</b>	<b>Transaction ID : SE.4637</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>
Purpose of Expenditure Sign installation	Category/Type <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: <b>08</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>61153.76</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>152.04</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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*  
Signature

[Electronically Filed] Date **10 / 14 / 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>Ian Rhodes</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> 09 / 08 / 2014
Mailing Address 1139 Itzehoe Ave	Amount <span style="border: 1px solid black; padding: 2px;">65.72</span>
City State Zip Code Palm Bay FL 32907	<b>Transaction ID : SE.4638</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> 09 / 19 / 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 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10759.73</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Walmart</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> 08 / 26 / 2014
Mailing Address 845 Palm Bay Road	Amount <span style="border: 1px solid black; padding: 2px;">2.06</span>
City State Zip Code Palm Bay FL 32904	<b>Transaction ID : SE.4587</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 / 26 / 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;">6988.92</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;">67.78</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;">13030.02</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 / 14 / 2014

Signature