

**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="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="225258.32"/>	<input type="text" value="225258.32"/>
(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="225258.32"/>	<input type="text" value="225258.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="122104.75"/>	<input type="text" value="122104.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="103153.57"/>	<input type="text" value="103153.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Space PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	225000.00	225000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	225000.00	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)	225000.00	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).....	258.32	258.32
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))..... ▶	225258.32	225258.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	225258.32	225258.32

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	75137.12	75137.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	75137.12	75137.12
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)	46967.63	46967.63
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)) ..	122104.75	122104.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	122104.75	122104.75

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)	225000.00	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)	225000.00	225000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	75137.12	75137.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	258.32	258.32
38. Net Operating Expenditures (subtract Line 37 from Line 36)	74878.80	74878.80

**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 32
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<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

Full Name (Last, First, Middle Initial) A. Martine Rothblatt		Date of Receipt MM / DD / YYYY 04 / 17 / 2014 Transaction ID : SA11AI.4103
Mailing Address 82 Lanternback Island Drive		Amount of Each Receipt this Period 25000.00 contribution
City Satellite Beach	State FL	Zip Code 32937
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 25000.00	
Name of Employer United Therapeutics Corp	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Martine Rothblatt		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Transaction ID : SA11AI.4104
Mailing Address 82 Lanternback Island Drive		Amount of Each Receipt this Period 75000.00 contribution
City Satellite Beach	State FL	Zip Code 32937
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 100000.00	
Name of Employer United Therapeutics Corp	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Martine Rothblatt		Date of Receipt MM / DD / YYYY 06 / 17 / 2014 Transaction ID : SA11AI.4105
Mailing Address 82 Lanternback Island Drive		Amount of Each Receipt this Period 125000.00 contribution
City Satellite Beach	State FL	Zip Code 32937
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 225000.00	
Name of Employer United Therapeutics Corp	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	225000.00
TOTAL This Period (last page this line number only).....▶	225000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 32
(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
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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 ▼
241.80

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2014
Transaction ID : SA15.4212
Amount of Each Receipt this Period
79.50
sign supplies refund

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

SUBTOTAL of Receipts This Page (optional).....▶	79.50
TOTAL This Period (last page this line number only).....▶	79.50

**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. Best Buy

Mailing Address 1900 Evans Rd

City Melbourne State FL Zip Code 32904

Purpose of Disbursement
office supplies

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4221

Amount of Each Disbursement this Period

2318.69

Full Name (Last, First, Middle Initial)

B. Best Buy

Mailing Address 1900 Evans Rd

City Melbourne State FL Zip Code 32904

Purpose of Disbursement
office supplies

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SB21B.4244

Amount of Each Disbursement this Period

79.47

Full Name (Last, First, Middle Initial)

C. Best Buy

Mailing Address 1900 Evans Rd

City Melbourne State FL Zip Code 32904

Purpose of Disbursement
office supplies

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SB21B.4252

Amount of Each Disbursement this Period

6.99

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

2405.15

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

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NAME OF COMMITTEE (In Full)
Space PAC

Full Name (Last, First, Middle Initial)

A. Best Buy

Mailing Address 1900 Evans Rd

City Melbourne State FL Zip Code 32904

Purpose of Disbursement
office supplies

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2014

Transaction ID : SB21B.4258

Amount of Each Disbursement this Period

11.44

Full Name (Last, First, Middle Initial)

B. British Airways

Mailing Address 16/F, Kingsfield Centre
18 Shell Street

City North Point, Hong Kong State ZZ Zip Code

Purpose of Disbursement
travel of consultant

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2014

Transaction ID : SB21B.4214

Amount of Each Disbursement this Period

10242.06

Full Name (Last, First, Middle Initial)

C. Charlies Auto Repair

Mailing Address 690 S Patrick Dr

City Satellite Beach State FL Zip Code 32937

Purpose of Disbursement
transp expense

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : SB21B.4250

Amount of Each Disbursement this Period

74.98

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

10328.48

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

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NAME OF COMMITTEE (In Full)

Space PAC

Full Name (Last, First, Middle Initial)

A. City of Palm Bay

Mailing Address 120 Malabar Rd SE

City State Zip Code
Palm Bay FL 32907

Purpose of Disbursement
utility expense

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	4

Transaction ID : SB21B.4269

Amount of Each Disbursement this Period

2	1	.	9	5
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Full Name (Last, First, Middle Initial)

B. Dickstein Shapiro LLP

Mailing Address 1825 Eye Street NW

City State Zip Code
Washington DC 20006

Purpose of Disbursement
legal services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	4

Transaction ID : SB21B.4268

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Dickstein Shapiro LLP

Mailing Address 1825 Eye Street NW

City State Zip Code
Washington DC 20006

Purpose of Disbursement
legal services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : SB21B.4284

Amount of Each Disbursement this Period

2	9	9	0	.	0	0
---	---	---	---	---	---	---

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

5	7	0	8	.	9	5
---	---	---	---	---	---	---

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

5	7	0	8	.	9	5
---	---	---	---	---	---	---

**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 taxes

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : SB21B.4264

Amount of Each Disbursement this Period

971.76

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : SB21B.4290

Amount of Each Disbursement this Period

337.50

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : SB21B.4267

Amount of Each Disbursement this Period

1119.36

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

2428.62

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

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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

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Transaction ID : SB21B.4261

Amount of Each Disbursement this Period

6138.33

Full Name (Last, First, Middle Initial)

B. Pruitt Insurance Agency Inc

Mailing Address PO Box 360875

City Melbourne State FL Zip Code 32936

Purpose of Disbursement
insurance

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2014

Transaction ID : SB21B.4270

Amount of Each Disbursement this Period

1394.83

Full Name (Last, First, Middle Initial)

C. Renaissance Hotel

Mailing Address 5445 Forbes Place

City Orlando State FL Zip Code 32812

Purpose of Disbursement
meeting expense

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2014

Transaction ID : SB21B.4276

Amount of Each Disbursement this Period

293.08

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

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

7826.24

**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. Loraine Rhoades

Mailing Address 1139 Itzehoe Ave NW

City State Zip Code
Palm Bay FL 32907

Purpose of Disbursement
operations management

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : SB21B.4249

Amount of Each Disbursement this Period

2335.13

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
operations management

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2014

Transaction ID : SB21B.4263

Amount of Each Disbursement this Period

2474.94

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
operations management

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2014

Transaction ID : SB21B.4273

Amount of Each Disbursement this Period

122.10

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

4932.17

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. Loraine Rhoades		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1139 Itzehoe Ave NW		Transaction ID : SB21B.4293
City Palm Bay	State FL	
Purpose of Disbursement operations management	Candidate Name	Amount of Each Disbursement this Period 2370.70
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Sandler Reiff Lamb Rosenstein & Birkenstock PC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1025 Vermont Ave NW		Transaction ID : SB21B.4283
City Washington	State DC	
Purpose of Disbursement legal services	Candidate Name	Amount of Each Disbursement this Period 4927.12
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. T-Mobile		Date of Disbursement MM / DD / YYYY 06 / 28 / 2014
Mailing Address 1501 New Haven Ave West		Transaction ID : SB21B.4279
City Melbourne	State FL	
Purpose of Disbursement phone	Candidate Name	Amount of Each Disbursement this Period 84.80
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	7382.62
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. Visual Dynamics

Mailing Address 694 E Eau Gallie Blvd

City Indian Harbor Beach State FL Zip Code 32937

Purpose of Disbursement
computer services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : SB21B.4248

Amount of Each Disbursement this Period

1420.29

Full Name (Last, First, Middle Initial)

B. Washington Court Hotel

Mailing Address 525 New Jersey Ave NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
meeting expense

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2014

Transaction ID : SB21B.4235

Amount of Each Disbursement this Period

570.16

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1990.45

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

73002.68

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Mark Antokas	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount 344.16
City State Zip Code Merritt Island FL 32952	Transaction ID : SE.4192 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2014
Purpose of Expenditure sign preparation and 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 <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 34195.26	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mark Antokas	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount 311.74
City State Zip Code Merritt Island FL 32952	Transaction ID : SE.4196 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Purpose of Expenditure sign preparation and 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 <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 38776.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	655.90
(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 M M / D D / Y Y Y Y Y Y
07 / 17 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Mark Antokas	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount 348.84
City State Zip Code Merritt Island FL 32952	
Purpose of Expenditure sign preparation and distribution	Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 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 40549.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee City of Cocoa Beach	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 2 South Orlando Ave	Amount 50.00
City State Zip Code Cocoa Beach FL 32932	
Purpose of Expenditure sign permit	Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 17 / 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 34245.26	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	398.84
(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 M M / D D / Y Y Y Y Y Y
07 / 17 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Clear Channel Outdoor	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 15 / 2014
Mailing Address PO Box 591790	Amount 4105.00
City State Zip Code San Antonio TX 78258	Transaction ID : SE.4194 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 17 / 2014
Purpose of Expenditure billboards	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 <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 38350.26	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Elite Signs & Graphics	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 240 North Orlando Ave	Amount 5039.38
City State Zip Code Winter Park FL 32789	Transaction ID : SE.4176 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 18 / 2014
Purpose of Expenditure signs	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 <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 5039.38	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9144.38
(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 M M / D D / Y Y Y Y Y Y
07 / 17 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Elite Signs & Graphics	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 240 North Orlando Ave	Amount 2159.88
City Winter Park State FL Zip Code 32789	Transaction ID : SE.4178 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 28 / 2014
Purpose of Expenditure signs Category/Type 004	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose GABRIEL ROTHBLATT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: FL <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 7199.26	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Elite Signs & Graphics	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 240 North Orlando Ave	Amount 1183.50
City Winter Park State FL Zip Code 32789	Transaction ID : SE.4180 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 13 / 2014
Purpose of Expenditure signs Category/Type 004	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose GABRIEL ROTHBLATT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: FL <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 17832.76	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3343.38
(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 M M / D D / Y Y Y Y Y Y 07 / 17 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Elite Signs & Graphics	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 240 North Orlando Ave	Amount 12661.95
City Winter Park State FL Zip Code 32789	Transaction ID : SE.4189 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 09 / 2014
Purpose of Expenditure signs 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 <input type="checkbox"/> Senate District: 08 State: FL <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 33146.38	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Elite Signs & Graphics	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 240 North Orlando Ave	Amount 5426.55
City Winter Park State FL Zip Code 32789	Transaction ID : SE.4210 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 28 / 2014
Purpose of Expenditure signs 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 <input type="checkbox"/> Senate District: 08 State: FL <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 46670.83	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	18088.50
(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 M M / D D / Y Y Y Y Y Y 07 / 17 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Express Signs	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 1558 Wickham Rd	Amount 83.74
City State Zip Code Melbourne FL 32904	Transaction ID : SE.4188 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2014
Purpose of Expenditure sign supplies	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 <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought 20484.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Reid Friedson	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 670 Hernado St Apt A	Amount 695.28
City State Zip Code Fort Pierce FL 34949	Transaction ID : SE.4206 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 27 / 2014
Purpose of Expenditure sign preparation and 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 <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought 41244.28	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	779.02
(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 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Genesis Lawn & Landscaping	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address PO Box 411806	Amount 75.00
City State Zip Code Melbourne FL 32941	Transaction ID : SE.4186 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 02 / 2014
Purpose of Expenditure sign installation	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 <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 18931.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Genesis Lawn & Landscaping	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address PO Box 411806	Amount 375.00
City State Zip Code Melbourne FL 32941	Transaction ID : SE.4187 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 02 / 2014
Purpose of Expenditure sign installation	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 <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 19306.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	450.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Mr. Frank Sasinowski [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 17 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Home Depot	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 1140 Malabar Rd SE	Amount 629.44
City State Zip Code Palm Bay FL 32907	Transaction ID : SE.4199 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 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 <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought 39606.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Home Depot	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 1140 Malabar Rd SE	Amount 355.16
City State Zip Code Palm Bay FL 32907	Transaction ID : SE.4201 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 24 / 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 <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought 39961.32	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	984.60
(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 M M / D D / Y Y Y Y Y Y 07 / 17 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 Home Depot	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2014
Mailing Address 200 N Courtenay Pkwy	Amount 296.80
City State Zip Code Merritt Island FL 32952	Transaction ID : SE.4211 Date of Disbursement or Obligation MM / DD / YYYY 06 / 30 / 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 <input type="checkbox"/> Senate District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought 46967.63	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Curtis Leady	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2014
Mailing Address 3565 Sawgrass Drive	Amount 341.52
City State Zip Code Titusville FL 32780	Transaction ID : SE.4184 Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014
Purpose of Expenditure sign preparation and 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 <input type="checkbox"/> Senate District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought 18667.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	638.32
(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 **07 / 17 / 2014**

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Curtis Leady	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 3565 Sawgrass Drive	Amount 196.64
City Titusville State FL Zip Code 32780	Transaction ID : SE.4190 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2014
Purpose of Expenditure sign preparation and 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 <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 33343.02	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Curtis Leady	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 3565 Sawgrass Drive	Amount 114.72
City Titusville State FL Zip Code 32780	Transaction ID : SE.4195 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Purpose of Expenditure sign preparation and 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 <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 38464.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	311.36
(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 M M / D D / Y Y Y Y Y Y 07 / 17 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Curtis Leady	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 3565 Sawgrass Drive	Amount 164.84
City Titusville State FL Zip Code 32780	Transaction ID : SE.4204 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 27 / 2014
Purpose of Expenditure sign preparation and 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 40200.16	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lowe's	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 2150 Minton Rd	Amount 14.81
City Melbourne State FL Zip Code 32904	Transaction ID : SE.4182 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 27 / 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 17847.57	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	179.65
(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]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Space PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Lavoris Reynolds	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2014
Mailing Address 3822 42nd Lane	Amount 508.08
City State Zip Code Vero Beach FL 32967	
Purpose of Expenditure sign preparation and distribution	Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2014
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 33851.10	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> State: <u>FL</u>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	508.08
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	46967.63

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
07 / 17 / 2014

Signature _____