

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Space PAC			FEC IDENTIFICATION NUMBER ▼ C C00560771		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Mark Antokas			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 2700 Harbortown Drive D-43			Amount 528.74		
City Merritt Island		State FL	Zip Code 32952		Transaction ID : SE.5014
Purpose of Expenditure Sign preparation & distribution		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
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			136555.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Reid Friedson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 670 Hernado St Apt A			Amount 772.20		
City Fort Pierce		State FL	Zip Code 34949		Transaction ID : SE.5015
Purpose of Expenditure Sign preparation & distribution		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
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			137554.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1300.94		
(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 <u>Mr. Frank Sasinowski</u>			[Electronically Filed]		Date MM / DD / YYYY 10 / 30 / 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

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

Full Name of Payee Sherry Hershberger		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1556 Waldorf Circle NE		Amount 226.76	
City Palm Bay	State FL	Zip Code 32905	Transaction ID : SE.5016
Purpose of Expenditure Sign preparation & distribution	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate GABRIEL ROTHBLATT		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 136781.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Home Depot		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 200 N Courtenay Pkwy		Amount 32.81	
City Merritt Island	State FL	Zip Code 32952	Transaction ID : SE.5013
Purpose of Expenditure Sign Materials	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate GABRIEL ROTHBLATT		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 135858.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	259.57
(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

MM / DD / YYYY
10 / 30 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

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

Full Name of Payee Curtis Leady		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3565 Sawgrass Drive		Amount 167.76	
City Titusville	State FL	Zip Code 32780	Transaction ID : SE.5017 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 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 136026.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	167.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1728.27

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

MM / DD / YYYY
10 / 30 / 2014

Signature