

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

Space PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Frank Sasinowski

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Space PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="0.00"/>
(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

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)
 11a 11b 11c 12
 13 14 15 16 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

Mailing Address 82 Lanternback Island Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
United Therapeutics Corp Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2014
Transaction ID : SA11AI.4103

Amount of Each Receipt this Period
 25000.00
 contribution

Full Name (Last, First, Middle Initial)
B. Martine Rothblatt

Mailing Address 82 Lanternback Island Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
United Therapeutics Corp Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : SA11AI.4104

Amount of Each Receipt this Period
 75000.00
 contribution

Full Name (Last, First, Middle Initial)
C. Martine Rothblatt

Mailing Address 82 Lanternback Island Drive

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
United Therapeutics Corp Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
 125000.00
 contribution

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)
 11a 11b 11c 12
 13 14 15 16 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
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4221

Amount of Each Disbursement this Period

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
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4244

Amount of Each Disbursement this Period

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
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4252

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4258

Amount of Each Disbursement this Period

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4214

Amount of Each Disbursement this Period

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4250

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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
Category/
Type

Candidate Name

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.4269

Amount of Each Disbursement this Period

218.95

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
Category/
Type

Candidate Name

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.4268

Amount of Each Disbursement this Period

2500.00

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
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SB21B.4284

Amount of Each Disbursement this Period

2990.00

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

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

5708.95

**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

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4228

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. 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

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4266

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Fletcher Rowley Inc

Mailing Address 1720 West End Ave
Suite 630

City Nashville State TN Zip Code 37203

Purpose of Disbursement
political consulting

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4251

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4264

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4290

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4267

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4261

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4270

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4276

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Space PAC

Full Name (Last, First, Middle Initial) A. Loraine Rhoades		Date of Disbursement MM / DD / YYYY 05 / 29 / 2014
Mailing Address 1139 Itzehoe Ave NW		Transaction ID : SB21B.4249
City Palm Bay	State FL	
Purpose of Disbursement operations management	Candidate Name	Amount of Each Disbursement this Period 2335.13
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. Loraine Rhoades		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 1139 Itzehoe Ave NW		Transaction ID : SB21B.4263
City Palm Bay	State FL	
Purpose of Disbursement operations management	Candidate Name	Amount of Each Disbursement this Period 2474.94
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. Loraine Rhoades		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1139 Itzehoe Ave NW		Transaction ID : SB21B.4273
City Palm Bay	State FL	
Purpose of Disbursement operations management	Candidate Name	Amount of Each Disbursement this Period 122.10
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).....▶	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

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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

Full Name of Payee Mark Antokas		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 02 / 2014
Mailing Address 2700 Harbortown Drive D-43		Amount 189.52
City Merritt Island	State FL	Zip Code 32952
Purpose of Expenditure sign preparation and distribution	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 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 18856.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mark Antokas		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 02 / 2014
Mailing Address 2700 Harbortown Drive D-43		Amount 401.96
City Merritt Island	State FL	Zip Code 32952
Purpose of Expenditure sign preparation and distribution	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 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 20400.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	591.48
(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 MM / DD / YYYY 07 / 15 / 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: Mark Antokas
Mailing Address: 2700 Harbortown Drive, D-43, Merritt Island, FL 32952
Purpose of Expenditure: sign preparation and distribution
Category/Type: 004
Name of Federal Candidate: GABRIEL ROTHBLATT
Support
Office Sought: House, District: 08, State: FL
Disbursement For: General
Amount: 344.16
Transaction ID: SE.4192
Date of Disbursement or Obligation: 06/15/2014
Calendar Year-To-Date Per Election for Office Sought: 34195.26

Full Name of Payee: Mark Antokas
Mailing Address: 2700 Harbortown Drive, D-43, Merritt Island, FL 32952
Purpose of Expenditure: sign preparation and distribution
Category/Type: 004
Name of Federal Candidate: GABRIEL ROTHBLATT
Support
Office Sought: House, District: 08, State: FL
Disbursement For: General
Amount: 311.74
Transaction ID: SE.4196
Date of Disbursement or Obligation: 06/20/2014
Calendar Year-To-Date Per Election for Office Sought: 38776.72

(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: 07/15/2014
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 Mark Antokas	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 02 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount 348.84
City Merritt Island	State FL
Zip Code 32952	Transaction ID : SE.4205
Purpose of Expenditure sign preparation and distribution	Date of Disbursement or Obligation MM / DD / YYYY 06 / 27 / 2014
Category/Type 004	Name of Federal Candidate GABRIEL ROTHBLATT
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
40549.00	

Full Name of Payee City of Cocoa Beach	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 02 / 2014
Mailing Address 2 South Orlando Ave	Amount 50.00
City Cocoa Beach	State FL
Zip Code 32932	Transaction ID : SE.4193
Purpose of Expenditure sign permit	Date of Disbursement or Obligation MM / DD / YYYY 06 / 17 / 2014
Category/Type 004	Name of Federal Candidate GABRIEL ROTHBLATT
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
34245.26	

(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

Signature _____ Date **07 / 15 / 2014**

[Electronically Filed]

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 City of Indian Harbor Beach	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 02 / 2014
Mailing Address 2055 South Patrick Drive	Amount 74.00
City Indian Harbor Beach	State FL
Zip Code 32937	Transaction ID : SE.4203
Purpose of Expenditure sign permit	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 25 / 2014
Category/ Type 004	Name of Federal Candidate GABRIEL ROTHBLATT
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>08</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 40035.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee City of Rockledge	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 02 / 2014
Mailing Address 1600 Huntington Lane	Amount 100.00
City Rockledge	State FL
Zip Code 32955	Transaction ID : SE.4197
Purpose of Expenditure sign permit	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Category/ Type 004	Name of Federal Candidate GABRIEL ROTHBLATT
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>08</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 38876.72	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	174.00
(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

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 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	

Full Name of Payee City of Titusville	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 02 / 2014
Mailing Address 555 South Washington	Amount 100.00
City Titusville State FL Zip Code 32796	Transaction ID : SE.4198 Date of Disbursement or Obligation MM / DD / YYYY 06 / 23 / 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	38976.72 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Clear Channel Outdoor	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2014
Mailing Address 2890 Harper Rd	Amount 9450.00
City Melbourne State FL Zip Code 32905	Transaction ID : SE.4179 Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 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 District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	16649.26 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9550.00
(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 **07 / 15 / 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 <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name of Payee Clear Channel Outdoor		Date of Public Distribution/Dissemination <input type="text"/> 06 / <input type="text"/> 15 / <input type="text"/> 2014	
Mailing Address PO Box 591790		Amount <input type="text"/> 4105.00	
City San Antonio	State TX	Zip Code 78258	Transaction ID : SE.4194
Purpose of Expenditure billboards	Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> 06 / <input type="text"/> 17 / <input type="text"/> 2014	
Name of Federal Candidate GABRIEL ROTHBLATT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 38350.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Elite Signs & Graphics		Date of Public Distribution/Dissemination <input type="text"/> 06 / <input type="text"/> 02 / <input type="text"/> 2014	
Mailing Address 240 North Orlando Ave		Amount <input type="text"/> 5039.38	
City Winter Park	State FL	Zip Code 32789	Transaction ID : SE.4176
Purpose of Expenditure signs	Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> 04 / <input type="text"/> 18 / <input type="text"/> 2014	
Name of Federal Candidate GABRIEL ROTHBLATT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5039.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 9144.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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 07 / 15 / 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 / 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 06 / 02 / 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 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 7199.26	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 06 / 02 / 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 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 17832.76	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 / 15 / 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 Elite Signs & Graphics
Mailing Address 240 North Orlando Ave
City Winter Park State FL Zip Code 32789
Purpose of Expenditure signs Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Calendar Year-To-Date Per Election for Office Sought 33146.38

Date of Public Distribution/Dissemination 06/02/2014
Amount 12661.95
Transaction ID : SE.4189
Date of Disbursement or Obligation 06/09/2014
Office Sought: House District: 08 State: FL
Disbursement For: General 2014

Full Name of Payee Elite Signs & Graphics
Mailing Address 240 North Orlando Ave
City Winter Park State FL Zip Code 32789
Purpose of Expenditure signs Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Calendar Year-To-Date Per Election for Office Sought 46670.83

Date of Public Distribution/Dissemination 06/02/2014
Amount 5426.55
Transaction ID : SE.4210
Date of Disbursement or Obligation 06/28/2014
Office Sought: House District: 08 State: FL
Disbursement For: General 2014

(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 07/15/2014
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 Express Signs	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 02 / 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 MM / DD / YYYY 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 State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

20484.43

Full Name of Payee Reid Friedson	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 02 / 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 MM / DD / YYYY 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 State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

41244.28

(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 MM / DD / YYYY
07 / 15 / 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 06 / 02 / 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: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought 18931.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" 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 06 / 02 / 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: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought 19306.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" 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
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 15 / 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 1140 Malabar Rd SE
City Palm Bay State FL Zip Code 32907
Purpose of Expenditure sign materials Category/Type 004
Date of Public Distribution/Dissemination 06/02/2014
Amount 629.44
Transaction ID : SE.4199
Date of Disbursement or Obligation 06/23/2014
Name of Federal Candidate GABRIEL ROTHBLATT Support
Office Sought: House District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought 39606.16
Disbursement For: General 2014

Full Name of Payee Home Depot
Mailing Address 1140 Malabar Rd SE
City Palm Bay State FL Zip Code 32907
Purpose of Expenditure sign materials Category/Type 004
Date of Public Distribution/Dissemination 06/02/2014
Amount 355.16
Transaction ID : SE.4201
Date of Disbursement or Obligation 06/24/2014
Name of Federal Candidate GABRIEL ROTHBLATT Support
Office Sought: House District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought 39961.32
Disbursement For: General 2014

(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 07/15/2014
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 <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee Home Depot	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 06 / 02 / 2014
Mailing Address 200 N Courtenay Pkwy	Amount <input type="text"/> 296.80
City State Zip Code Merritt Island FL 32952	Transaction ID : SE.4211 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 06 / 30 / 2014
Purpose of Expenditure sign materials	Category/Type <input type="text"/> 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 <input type="text"/> 46967.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Curtis Leady	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 06 / 02 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <input type="text"/> 341.52
City State Zip Code Titusville FL 32780	Transaction ID : SE.4184 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 29 / 2014
Purpose of Expenditure sign preparation and distribution	Category/Type <input type="text"/> 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 <input type="text"/> 18667.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/> 638.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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 / /
07 / 15 / 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 / 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 06 / 02 / 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 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose 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 33343.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" 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 06 / 02 / 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 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose 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 38464.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" 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 / 15 / 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 Curtis Leadly
Mailing Address 3565 Sawgrass Drive
City Titusville State FL Zip Code 32780
Purpose of Expenditure sign preparation and distribution
Name of Federal Candidate GABRIEL ROTHBLATT
Calendar Year-To-Date Per Election for Office Sought 40200.16

Date of Public Distribution/Dissemination 06 / 02 / 2014
Amount 164.84
Transaction ID : SE.4204
Date of Disbursement or Obligation 06 / 27 / 2014
Office Sought: [X] House District: 08
Disbursement For: [X] General 2014

Full Name of Payee Lowe's
Mailing Address 2150 Minton Rd
City Melbourne State FL Zip Code 32904
Purpose of Expenditure sign materials
Name of Federal Candidate GABRIEL ROTHBLATT
Calendar Year-To-Date Per Election for Office Sought 17847.57

Date of Public Distribution/Dissemination 06 / 02 / 2014
Amount 14.81
Transaction ID : SE.4182
Date of Disbursement or Obligation 05 / 27 / 2014
Office Sought: [X] House District: 08
Disbursement For: [X] General 2014

(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.

Signature Mr. Frank Sasinowski [Electronically Filed] Date 07 / 15 / 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 / D D / Y Y Y Y Y Y	

Full Name of Payee Lavoris Reynolds	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 02 / 2014
Mailing Address 3822 42nd Lane	Amount 478.04
City State Zip Code Vero Beach FL 32967	Transaction ID : SE.4183 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 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: <u>08</u> <input type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 18325.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lavoris Reynolds	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 02 / 2014
Mailing Address 3822 42nd Lane	Amount 692.08
City State Zip Code Vero Beach FL 32967	Transaction ID : SE.4291 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 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 State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 19998.73	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1170.12
(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 / 15 / 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 Lavoris Reynolds	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 02 / 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 / D D / Y Y Y Y Y Y 06 / 15 / 2014
Name of Federal Candidate GABRIEL ROTHBLATT	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 33851.10	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 M M / 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 / D D / Y Y Y Y Y Y
Name of Federal Candidate	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..... ▶	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 / D D / Y Y Y Y Y Y
07 / 15 / 2014

Signature _____