Image# 14961627689 PAGE 1 / 32

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. Space PAC ADDRESS (number and street) PO Box 372721	1
PO Box 372721	1
Check if different	
than previously reported. (ACC) Satellite Beach FL 32937	
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲	\
C C00560771 3. IS THIS REPORT \times NEW (N) OR (A) AMENDED (A)	
(Choose One) Report (Non-Year	20 (M11) Election Only)
(a) Quarterly Reports:	20 (M12) Election Only)
April 15	31 (YE)
X July 15 Ouarterly Report (Q2) PRE-Election	off (12R)
October 15 Report for the: Convention (12C) Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE) Election on State of	Ċ.
July 31 Mid-Year Report (Non-election	cial (30S)
Termination Report (TER) Election on Termination Report in the State of	
5. Covering Period 04 01 2014 through 06 30 2014	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.	
Type or Print Name of Treasurer Mr. Frank Sasinowski	
Signature of Treasurer Mr. Frank Sasinowski [Electronically Filed] Date 07 15 20	14
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C	. §437g.
Office Use Only	ЗХ

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Space PAC 04 2014 06 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 225258.32 225258.32 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 225258.32 225258.32 6(a) and 6(c) for Column B)..... 122104.75 122104.75 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 103153.57 103153.57 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Space PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	13181 1110 1 3110	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	225000.00	225000.00
(1)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	225000.00	225000.00
211100 TT(a)(i) and (ii)		
(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	225000.00	225000.00
Totals to Line 33, page 5) Transfers From Affiliated/Other	22300.00	2 2 2
Party Committees	0.00	0.00
Tary Committees	0.00	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	258.32	258.32
Refunds of Contributions Made	,	,
to Federal Candidates and Other		0.00
Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
		7
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	225258.32	225258.32
, , , , , , , , , , , , , , , , , , , ,		
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
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinal Tour-to-Date
(i) Federal Share	0.00	0.00
(") No. 5. bod 01	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	75137.12	75137.12
(c) Total Operating Expenditures	75137.12	75137.12
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	75157.12	73137.12
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	46067.62	46067.62
(use Schedule E) Coordinated Party Expenditures	46967.63	46967.63
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(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		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	122104.75	122104.75
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
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	225000.00	225000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	75137.12	75137.12
7. Offsets to Operating Expenditures (from Line 15, page 3)	258.32	258.32
8. Net Operating Expenditures (subtract Line 37 from Line 36)	74878.80	74878.80

SCHEDULE A (FEC Form 3X)

	FOR	R LINE	NU	IMBER	:	PAGE	6 O	F	32
Use separate schedule(s) for each category of the Detailed Summary Page	(che	ck only	or	ne)					
	×	11a		11b		11c	12		
		13		14		15	16		17

ITEMIZED RECEIPTS 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) Martine Rothblatt Date of Receipt Mailing Address 82 Lanternback Island Drive 04 2014 City State Zip Code Transaction ID: SA11AI.4103 FL Satellite Beach 32937 Amount of Each Receipt this Period FEC ID number of contributing C 25000.00 federal political committee. contribution Name of Employer Occupation Chairman & CEO **United Therapeutics Corp** Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Martine Rothblatt Date of Receipt Mailing Address 82 Lanternback Island Drive 05 12 2014 City State Zip Code Transaction ID: SA11AI.4104 Satellite Beach FL 32937 Amount of Each Receipt this Period FEC ID number of contributing 75000.00 federal political committee. contribution Name of Employer Occupation **United Therapeutics Corp** Chairman & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Martine Rothblatt Date of Receipt Mailing Address 82 Lanternback Island Drive 17 2014 06 City State Zip Code Transaction ID: SA11AI.4105 FL Satellite Beach 32937 Amount of Each Receipt this Period FEC ID number of contributing C 125000.00 federal political committee. contribution Name of Employer Occupation Chairman & CEO United Therapeutics Corp Receipt For: Aggregate Year-to-Date ▼ Primary General 225000.00 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) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 7 OF 32 (check only one)
•		Detailed Summary Page	11a 11b 11c 12 13 14 X 15 16 17
	y information copied from such Reports and Statem for commercial purposes, other than using the name		
\rangle	NAME OF COMMITTEE (In Full) Space PAC		
١.	Full Name (Last, First, Middle Initial) Home Depot	Date of Receipt	
	Mailing Address 200 N Courtenay Pkwy City	state Zip Code	06 30 2014 Transaction ID : SA15.4212
		FL 32952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		79.50
	Name of Employer Oc	cupation	sign supplies refund
	Receipt For: Primary General	gregate Year-to-Date ▼	
	Other (specify) ▼	241.80	
3.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		M = M / D = D / Y = Y = Y
	City	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		Amount of Each recorpt this Feriod
	Name of Employer Oc	cupation	
	Receipt For: Primary General Other (specify) ▼	gregate Year-to-Date ▼	
	Full Name (Last, First, Middle Initial)		
).	- un ivame (Last, 1 iist, iviidde iiiitai)		Date of Receipt
	Mailing Address		M = M / D = D / Y = Y = Y
	City	tate Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Timedia of Education of the Foliage
	Name of Employer Oc	cupation	
	Receipt For: Primary General Other (specify) ▼	gregate Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)		79.50
Т	OTAL This Period (last page this line number only)		79.50

SC	CHEDULE B (FEC Form 3X)			FOR LINE I	OR LINE NUMBER: PAGE 8 OF 3						
ITI	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	nly one)						
			Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b		
Δη	y information copied from such Reports and Staten	nente mou r	not he sold or use								
	for commercial purposes, other than using the nam										
\setminus	NAME OF COMMITTEE (In Full)										
$ \rangle$	Space PAC										
\angle	Full Name (Last, First, Middle Initial)										
	Best Buy				Date of	Disburse	ement				
					M = M	/ D		Y	Υ		
	Mailing Address 1900 Evans Rd				05	0	5	2014			
	City S	State	Zip Code								
	Melbourne	FL	32904		Trans	action ID	: SB21B.42	21			
	Purpose of Disbursement office supplies			204			D: 1		Б		
	Candidate Name			001	Amount	oī Each	Disburseme	nt this	reriod		
	Sandato Hamo			Category/ Type				2318	3.69		
	Office Sought: House Disbursen	nent For:		71							
		Primary	General								
	State: District:	Other (spec	cify) 🔻								
_	Full Name (Last, First, Middle Initial)										
В.	Best Buy				Date of	Disburse	ement				
					M - M	/ D		Y	Υ		
	Mailing Address 1900 Evans Rd				05	2	27	2014			
	,	State FL	Zip Code 32904		Trans	action ID	: SB21B.42	44			
	Melbourne Purpose of Disbursement	1 L	32904								
	office supplies			001	Amount	of Each	Disburseme	nt this	Period		
	Candidate Name			Category/				7:	9.47		
	Office Sought: House Disbursen	nent For		Туре		,					
		Primary	General								
		Other (spec									
_	State: District:										
_	Full Name (Last, First, Middle Initial)				Data of	Dicher	mont				
U.	Best Buy					Disburse		YY	V		
	Mailing Address 1900 Evans Rd				06	/ D		2014	Y		
	•	State FL	Zip Code 32904		Trans	action ID	: SB21B.42	52			
	Purpose of Disbursement		02007								
	office supplies			001	Amount	of Each	Disburseme	nt this	Period		
	Candidate Name			Category/				(6.99		
	Office Sought: House Disbursen	nent For:		Туре		-,					
		Primary	General								
		Other (spec	cify) ▼								
	State: District:										
_	IIDTOTAL of Dishussesses This Day ()							2405	5.15		
L _s	UBTOTAL of Disbursements This Page (optional)			······	-			_ +00			
Т.	OTAL This Period (last page this line number only)										

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S	CHEDULE B (FEC Form 3X)								PAGE	9	OF	32
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check onl	,								
		Detailed Summary Page		X 21b		,	23		24 28c	25		26
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam											i
	NAME OF COMMITTEE (In Full)											
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	Full Name (Last, First, Middle Initial)											
Α.	Best Buy				Date		isburse			Y	V	
	Mailing Address 1900 Evans Rd				0			1	L	2014		
	City S	State Zip Code			Tra	neae	tion ID		321B.42	50		
	Melbourne	FL 32904			_	iisac	lion ib	. 3	JZ 1 D.42	.50		
	Purpose of Disbursement office supplies		Г	001	Amo	unt o	f Each	Dis	ourseme	ent this	Perio	od
	Candidate Name			Category/ Type						1	1.44	٦
	Office Sought: House Disbursen	ment For:		Туро	1 -		7		7			
	Senate	Primary General										
		Other (specify) ▼										
_	State: District:											
Б	Full Name (Last, First, Middle Initial)				Date	- (D			. 1			
В.	British Airways						isburse					
	Mailing Address 16/F, Kingsfield Centre 18 Shell Street				0	м 4		22	/ Y	2014	Y	
	-	y State Zip Code			Transaction ID : SB21B.4214							
	North Point, Hong Kong ZZ						Transaction ib . 35215.4214					
	Purpose of Disbursement travel of consultant		П	002	Amo	unt o	f Each	Dis	ourseme	ent this	Perio	od
	Candidate Name		1 5	Category/					-	4004	0.00	П
				Туре			7	_	- 7	1024	2.06	_
	Office Sought: House Disbursen											
		Primary General										
	President State: District:	Other (specify) ▼										
_	Full Name (Last, First, Middle Initial)											
C.	Charlies Auto Repair				Date	of D	isburse	emei	nt			
					M	M	/ D	D	/ Y	ΥΥΥ	Υ	
	Mailing Address 690 S Patrick Dr				0	6	C	2	L.	2014	Ш	
		State Zip Code			Tra	nsac	tion ID) : S	B21B.42	250		
	Satellite Beach Purpose of Disbursement	FL 32937			-							
	transp expense		П	001	Amo	ınt o	f Each	Die	ourseme	ant thic	Porio	nd
	Candidate Name			Category/ Type	Amo	uni 0	Lacii	DIS	Juiscine		4.98	
	Office Sought: House Disbursen	ment For:		.,,,,,	-		7		7			-
	Senate	Primary General										
	President	Other (specify) ▼										
	State: District:											
8	SUBTOTAL of Disbursements This Page (optional)						-10-1		-	10328	3.48	
\vdash	·											Ŧ
1	OTAL This Period (last page this line number only)						,					

SCHEDULE B (FEC Form 3X)	Hee exercise as to district (OR LINE NUMBER: PAGE 10 OF 3					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	nly one)					
	Detailed Summary Page	27	28a 28b 28c 29					
Any information copied from such Reports and State	ements may not be sold or use	ed by any perso	on for the purpose of soliciting contribution					
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
Space PAC								
Full Name (Last, First, Middle Initial)								
A. City of Palm Bay			Date of Disbursement					
Mailing Address 120 Malabar Rd SE			06 17 2014					
City	State Zip Code		Transaction ID : SB21B.4269					
Palm Bay	FL 32907		Transaction ib . 35215.4209					
Purpose of Disbursement utility expense		001	Amount of Each Disbursement this Per					
Candidate Name		Category/	218.95					
Office Sought: House Disburs	ement For:	Туре						
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)								
3. Dickstein Shapiro LLP			Date of Disbursement					
Moiling Address 1995 F. O. JANA			M = M / D = D / Y = Y = Y					
Mailing Address 1825 Eye Street NW			06 17 2014					
City	State Zip Code		Transaction ID : SB21B.4268					
Washington Purpose of Disbursement	DC 20006							
legal services		001	Amount of Each Disbursement this Per					
Candidate Name		Category/	0500.0					
		Туре	2500.00					
	ement For:							
Senate	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
Dickstein Shapiro LLP			Date of Disbursement					
Moiling Addross 4005 Fue Chreek NW			06 30 2014					
Mailing Address 1825 Eye Street NW			30 2014					
City	State Zip Code		Transaction ID : SB21B.4284					
Washington	DC 20006		Transaction ib . Obz ib. 4204					
Purpose of Disbursement legal services		001						
Candidate Name			Amount of Each Disbursement this Per					
		Category/ Type	2990.00					
Office Sought: House Disburs	ement For:							
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
			5708.95					
SUBTOTAL of Disbursements This Page (optional)		·······	5708.95					
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TOTAL This Period (last page this line number only	у /							

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 OF						
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	nly <u>one</u>)					
		Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 30b				
Λ.	by information copied from such Deports and Chater	nonte may not be sald as							
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam								
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	Space PAC								
_	Full Name (Last, First, Middle Initial)			.					
A.	E-Spaces LTD			Date of Disburse					
	Mailing Address 16/F, Kingsfield Centre			05 1					
	18 Shell Street								
	,	State Zip Code		Transaction ID	: SB21B.4228				
	North Point, Hong Kong Purpose of Disbursement	ZZ							
	operations consulting		001	Amount of Each	Disbursement this Period				
	Candidate Name		Category/						
			Type		10000.00				
	Office Sought: House Disbursen								
	Senate President	Primary General Other (specify)							
	State: District:	Caron (Speedily)							
_	Full Name (Last, First, Middle Initial)								
В.	E-Spaces LTD			Date of Disburse					
	Mailing Address 16/F, Kingsfield Centre 18 Shell Street				6 2014				
		State Zip Code ZZ		Transaction ID : SB21B.4266					
	North Point, Hong Kong Purpose of Disbursement								
	operations consulting		001	Amount of Each	Disbursement this Period				
	Candidate Name		Category/ Type		10000.00				
	Office Sought: House Disbursen	nent For:	- 7 - 7	,	,				
		Primary General							
		Other (specify) ▼							
_	State: District:								
C.	Full Name (Last, First, Middle Initial) Fletcher Rowley Inc			Date of Disburse	ment				
٠.				M M / D					
	Mailing Address 1720 West End Ave Suite 630			06 0					
	,	State Zip Code TN 37203		Transaction ID	: SB21B.4251				
	Purpose of Disbursement political consulting		004	Amount of Ford	Dishura amount this Desire!				
	Candidate Name		Category/ Type	Amount of Each	Disbursement this Period 10000.00				
	Office Sought: House Disbursen	nent For:	76						
		Primary General							
	President	Other (specify) ▼							
_	State: District:								
8	SUBTOTAL of Disbursements This Page (optional)		·····		30000.00				
Γ,	OTAL This Period (last page this line number and)								
ı '	OTAL This Period (last page this line number only)								

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SCHEDULE B (FEC	Form 3X)			FOR LINE	NUMBER:	12 (OF 32		
ITEMIZED DISBURS		parate schedule(s) category of the	(check onl	y one)					
			Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Any information copied from su or for commercial purposes, ot									
NAME OF COMMITTEE (In		ino ana aac	aroos or arry point			inibationio ii			
Space PAC	· unj								
Full Name (Last, First, Mido	le Initial)								
A. IRS					Date of	Disbursem		Y	V
Mailing Address PO Box 12	14				06	16		2014	
City		State	Zip Code		T		00010 40		
Charlotte		NC	28201		Irans	action ID :	5B21B.42	64	
Purpose of Disbursement payroll taxes				001	Amount	of Each Di	isburseme	nt this I	Period
Candidate Name				Category/ Type				971	1.76
Office Sought: Hou	se Disburse	ement For:		.,,,,		,	, , , , , , , , , , , , , , , , , , , ,		
Sen	ate	Primary	General						
	sident	Other (spe	ecify) 🔻						
State: District:									
Full Name (Last, First, Mido	le Initial)				Data at	D'alaman	1		
B. Glenda Knudsen						Disbursem			
Mailing Address 398 San R	emo Pd SW				05	12		2014	Y
Maining Address 590 Sail N	emo ita ovv				- 00			2011	
City		State	Zip Code		Trans	action ID :	SR21R 42	90	
Palm Bay		FL	32908		ITalis	action ib .	JDZ 1D.72	50	
Purpose of Disbursement bookkeeping services				001	Amount	of Each Di	isburseme	nt this I	Period
Candidate Name				Category/ Type				337	7.50
Office Sought: Hou	se Disburse	ement For:		.,,,,		, , , , , , ,	,		
Sen	ate	Primary	General						
Pres	sident	Other (spe	ecify) 🔻						
State: District:									
Full Name (Last, First, Midd	le Initial)								
C. Glenda Knudsen					Date of	Disbursem			
Mailing Address 398 San Re					06	16		y 1 y 1 2014	Y
Mailing Address 350 San Ki	illo Ku Svv				00	10	السا ا	2017	
City		State	Zip Code		Trong	action ID :	CD24D 42	67	
Palm Bay		FL	32908		Irans	action iD :	3DZ I D.4Z	01	
Purpose of Disbursement bookkeeping services				004					
Candidate Name				001	Amount	of Each Di	sburseme	nt this I	Period
Candidate Name				Category/ Type				1119	9.36
Office Sought: Hou	se Disburse	ement For:		турс		7			
Sen		Primary	General						
Pres	sident	Other (spe	ecify) 🔻						
State: District:									
								2420	62
SUBTOTAL of Disbursements	This Page (optional).			······		-		2428	.0∠
TOTAL This Period (last page	this line number only	<i>γ</i>)							- 1
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 13 OF 32					
ΙT	TEMIZED DISBURSEMENTS Use separate schedule for each category of the separate schedule for each category of th			(check only	nly one)				
			Summary Page	X 21b	22	23	24	25	26
<u> </u>				27	28a	28b	28c	29	30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the name								
\setminus	NAME OF COMMITTEE (In Full)								
	Space PAC								
_	Full Name (Last, First, Middle Initial)				_				
Α.	Mission Capitol Investments LLC				Date o	f Disburse		Y	Υ
	Mailing Address 2425 Pineapple Ave				06	1	3	2014	
	Suite 108	`toto	Zin Codo						
	City S Melbourne	State FL	Zip Code 32935		Trans	saction ID	: SB21B.42	261	
	Purpose of Disbursement	· <u>-</u>	02000		-				
	rent			001	Amoun	t of Each	Disburseme	ent this	Period
	Candidate Name			Category/				6138	3 33
	000	. <u>-</u>		Type		7		0130	
	Office Sought: House Disbursen Senate		Conoral						
		Primary Other (spe	General						
	State: District:	Other (ope	Olly) \						
_	Full Name (Last, First, Middle Initial)								
В.	Pruitt Insurance Agency Inc				Date o	f Disburse	ement		
	Moiling Address DO D. COORT				M = M	/ D		2014	Y
	Mailing Address PO Box 360875				06		17	2014	
		State FL	Zip Code 32936		Trans	saction ID	: SB21B.42	270	
	Purpose of Disbursement		32330		-				
	insurance			001	Amoun	t of Each	Disburseme	ent this	Period
	Candidate Name			Category/				139	1 83
				Type		- 7		139	4.03
	Office Sought: House Disbursen Senate		Conoral						
		Primary Other (spe	General						
	State: District:	Other (ope	Olly) 🔻						
_	Full Name (Last, First, Middle Initial)								
C.	Renaissance Hotel				Date o	f Disburse	ement		
					M = M	/ D		ΥΥΥ	Υ
	Mailing Address 5445 Forbes Place				06	2	21	2014	
	City	State	Zip Code		Tuesda	ti ID	- CD04D 4	70	
	Orlando	FL	32812		Irans	saction ID) : SB21B.42	2/0	
	Purpose of Disbursement meeting expense			000					
	Candidate Name			002	Amoun	t of Each	Disburseme	ent this	Period
	Carradate Name			Category/ Type				293	3.08
	Office Sought: House Disbursen	nent For:		.,,,,		,	,		
	Senate	Primary	General						
		Other (spe	cify) ▼						
_	State: District:								
								7000	24
Ls	SUBTOTAL of Disbursements This Page (optional)			·····•		7		7826	J.24
۱,	OTAL This Period (last page this line number only)								
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SCHEDULE B (FEC Form 3X)	Lloo concrete cole = dul=/s\	FOR LINE NUMBER: PAGE 14 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28b	24 25 2 28c 29 3			
Any information copied from such Reports and Statem		d by any perso	n for the purpose of s	soliciting contributions			
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Space PAC	e and address of any politica	committee to	SOIICIT CONTRIBUTIONS TO	om such committee.			
Full Name (Last, First, Middle Initial)							
A. Loraine Rhoades			Date of Disburseme				
Mailing Address 1139 Itzehoe Ave NW			05 29	2014			
,	State Zip Code FL 32907		Transaction ID : S	SB21B.4249			
Palm Bay Purpose of Disbursement	FL 32907						
operations management		001	Amount of Each Dis	sbursement this Period			
Candidate Name	"	Category/		2335.13			
	nent For: Primary General Other (specify)	Туре		7			
State: District:							
Full Name (Last, First, Middle Initial) B. Loraine Rhoades			Date of Disburseme	ent			
Mailing Address 1139 Itzehoe Ave NW			06 15	2014			
Palm Bay	state Zip Code FL 32907		Transaction ID : \$	SB21B.4263			
Purpose of Disbursement operations management		001	Amount of Each Dis	sbursement this Period			
Candidate Name		Category/ Type		2474.94			
	nent For: Primary General Other (specify)						
Full Name (Last, First, Middle Initial) C. Loraine Rhoades			Date of Disburseme	_			
Mailing Address 1139 Itzehoe Ave NW			06 20	2014			
Palm Bay	state Zip Code FL 32907		Transaction ID : \$	SB21B.4273			
Purpose of Disbursement operations management		001					
Candidate Name	I	Category/ Type	Amount of Each Dis	sbursement this Period 122.10			
	nent For: Primary General Other (specify)	71					
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				4932.17			

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SCHEDULE B (FEC Form 3X)				, FOR LINE NUMBER:						PAGE 15 OF 32			32
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		,	-	nly one)				□ os □ o			
			mmary Page		21b 27	22		23	Щ	24 28c	25		26
_						28a		28b	Ш		29		30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the name												;
\setminus	NAME OF COMMITTEE (In Full)												
	Space PAC												
_	Full Name (Last, First, Middle Initial)												
Α.	Loraine Rhoades					Date of	f Disb	urser			Y	Υ	
	Mailing Address 1139 Itzehoe Ave NW					06	IJ	30)	L	2014	Ш	
	City S		Zip Code			Trans	actio	י חו	. CD	21B.42	02		
	Palm Bay	FL ;	32907			ITAIIS	actio	. טו וו	. 36	210.42	33		
	Purpose of Disbursement operations management			001	٦	Amoun	t of E	ach I	Disb	urseme	nt this	Perio	od
	Candidate Name			Category Type	//				T	4	2370).70	
	Office Sought: House Disbursen	nent For:											
		Primary	General										
		Other (specify	/) ▼										
_	State: District:												
D	Full Name (Last, First, Middle Initial)	S. 1 .	. 50			Data a	f D:-h						
В.	Sandler Reiff Lamb Rosenstein & E	sirkenstoc	CK PC			Date of	1 0150						
	Mailing Address 1025 Vermont Ave NW				\exists	06		30	_		2014	Y	
	City	State Z	Zip Code			Trans	cactio	n ID	. 60	21B.42			
	Washington	DC :	20005			mans	sactio		. 02	210.72	00		
	Purpose of Disbursement legal services			001	7	Amoun	t of E	ach I	Disb	urseme	nt this	Perio	od
	Candidate Name			Category Type	//				I	-	492	7.12	
	Office Sought: House Disbursen	nent For:	l I				,						
		Primary	General										
		Other (specify	<u>√)</u> ▼										
_	State: District:												
_	Full Name (Last, First, Middle Initial)					Doto	f Diab						
C.	T-Mobile					Date of	ו טופט						
	Mailing Address 1501 New Haven Ave West					06]	28			2014	Y	
	•		Zip Code		\dashv	Trans	sactio	n ID	: SB	21B.42	 79		
	Purpose of Disbursement	FL ;	32904		╡						-		
	phone			001		Amoun	t of E	ach [Disb	urseme	nt this	Perio	od
	Candidate Name			Category Type	//				T		84	1.80	
	Office Sought: House Disbursen	nent For:		<u> </u>			-			,			
		Primary	General										
		Other (specify	/) ▼										
_	State: District:												
5	SUBTOTAL of Disbursements This Page (optional)				•				I	,	7382	2.62	
L					_		-						
1 ا	OTAL This Period (last page this line number only)						, ,			7			

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 16 OF 32		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Oncor only				
	Detailed Summary Page	X 21b	22 23 28a 28b	24 25 26 28c 29 30b		
Anna in Community of Community Description of Obstant						
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
Space PAC						
Full Name (Last, First, Middle Initial)						
A. Visual Dynamics			Date of Disburse			
Mailing Address 694 E Eau Gallie Blvd			05 28			
City	State Zip Code		Transaction ID	- CD21D 4240		
Indian Harbor Beach	FL 32937		Transaction iD	. 36216.4240		
Purpose of Disbursement computer services		001	Amount of Each	Disbursement this Period		
Candidate Name		Category/ Type		1420.29		
Office Sought: House Disburse	ment For:	Турс				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Date of Disburse	mont		
B. Washington Court Hotel			M M / D			
Mailing Address 525 New Jersey Ave NW			05 26			
City	State Zip Code		Transaction ID	· SR21R 4235		
Washington	DC 20001		Transaction ib	. 00210.4200		
Purpose of Disbursement meeting expense		001	Amount of Each	Disbursement this Period		
Candidate Name		Category/		570.16		
0//		Type		370.10		
Office Sought: House Disbursel Senate	ment For: Primary General					
President	Other (specify)					
State: District:	(op:0) \					
Full Name (Last, First, Middle Initial)						
C.			Date of Disburse	ment		
			M M / D	D / Y Y Y Y Y		
Mailing Address						
City	State Zip Code					
Purpose of Disbursement						
		1	Amount of Each	Disbursement this Period		
Candidate Name		Category/ Type				
Office Sought: House Disburse	ment For:			7		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)				1990.45		
				70000.00		
TOTAL This Period (last page this line number only)			73002.68		

Space PAC

Check if

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDIT	ONLO				_	OF 32 F FORM 3X
ME OF COMMITTEE (In Full)				FEC IDENTI	FICATION	NUMBER ▼
pace PAC				C C0056	60771	
ck if 24-hour report 48-hour rep	port New re	port Amends report		M M / D	D / Y	YYY
Full Name of Payee Mark Antokas			Date			semination 2014
Mailing Address 2700 Harbortown Drive						2014
D-43			Amo	ount		
City	State	Zip Code				189.52
Merritt Island	FL	32952		action ID : SE.		
Purpose of Expenditure sign preparation and distribution		Category/ Type 004				2014
Name of Federal Candidate		Support	Office Soug	ght: X Ho	use Dist	rict: 08
GABRIEL ROTHBLATT		Oppose	Presi			ate: FL
Calendar Year-To-Date Per Election for Office Sought			Disburseme	ent For: Other (specify)	Primary	X General
Full Name of Payee Mark Antokas			Date		ribution/Diss	semination 2014
Mailing Address 2700 Harbortown Drive					02	2014
D-43			Amo	ount		
City	State	Zip Code				401.96
Merritt Island	FL	32952		saction ID : SE e of Disbursem	-	gation
Purpose of Expenditure sign preparation and distribution		Category/ Type 004]	06	04 / Y	2014
Name of Federal Candidate		X Support	Office Sou	ght: X Ho	ouse Dist	rict: 08
GABRIEL ROTHBLATT		Oppose	Presi	ident Se	nate St	ate: FL
Calendar Year-To-Date Per Election for Office Sought		20400.69	Disburseme		Primary	X Genera
Per Election for Office Sought	7 7	20400.09		Other (specify)	<u> </u>	
 a) SUBTOTAL of Itemized Independent Ex 	penditures		L	7	7	591.48
b) SUBTOTAL of Unitemized Independent	Expenditures		· [-7-	-

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 N	15	2014
Signature					
Olgitataro					

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES		PAGE 18 OF 32 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Space PAC		C C00560771
		M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New rep	oort Amends report	
Full Name of Payee Mark Antokas		Date of Public Distribution/Dissemination
		06 02 Y Y Y Y Y
Mailing Address 2700 Harbortown Drive		Amount
D-43		24446
City State Merritt Island FL	Zip Code 32952	344.16 Transaction ID : SE.4192
	32932	Date of Disbursement or Obligation
Purpose of Expenditure sign preparation and distribution	Category/ Type 004	06 15 / 2014
Name of Federal Candidate	X Support	Office Sought:
GABRIEL ROTHBLATT	Oppose	President Senate State: FL
Calendar Year-To-Date		Disbursement For: Primary General 2014
Per Election for Office Sought	34195.20	Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Mark Antokas		06 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2700 Harbortown Drive		
D-43		Amount
City State	Zip Code	311.74
Merritt Island FL	32952	Transaction ID : SE.4196 Date of Disbursement or Obligation
Purpose of Expenditure sign preparation and distribution	Category/ 004	06 20 / Y Y Y Y Y Y
	Type 004	00 20 2014
Name of Federal Candidate	X Support	Office Sought:
GABRIEL ROTHBLATT	Oppose	President Senate State: FL
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	38776.72	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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	· · · · · · · · · · · · · · · · · · ·
Mr. Frank Sasinowski [Electron	nically Filed]	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	3 231

Signature

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 19 OF 32 FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
Space PAC	C C00560771
Check if 24-hour report 48-hour report New report Amends report filed on	= M / D = D / Y = Y = Y
Full Name of Payee Date of Mark Antokas	f Public Distribution/Dissemination
	06 02 Y Y Y Y Y
Mailing Address 2700 Harbortown Drive Amoun	nt
D-43 City State Zip Code	348.84
Merritt Island FL 32952 Transac	etion ID : SE.4205 If Disbursement or Obligation
Purpose of Expenditure Category/	06 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	: X House District:08
GABRIEL ROTHBLATT Oppose Presider	nt Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Ott	For: Primary
	of Public Distribution/Dissemination
	06 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2 South Orlando Ave Amoun	
City State Zip Code	50.00
	ction ID : SE.4193 of Disbursement or Obligation
Purpose of Expenditure Category/	06 17 2014
Name of Federal Candidate Support Office Sought	t: X House District: 08
GABRIEL ROTHBLATT Oppose Preside	ent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Ot	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	398.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	71171171
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Mr. Frank Sasinowski	

[Electronically Filed]

2014

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Mr. Frank Sasinowski

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 20 OF 32 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
S	Space PAC		C C00560771
Cł	neck if 24-hour report 48-hour report New report	t Amends repo	t filed on Man / Dab / Yayayay
	Full Name of Payee City of Indian Harbor Beach		Date of Public Distribution/Dissemination
	Mailing Address 2055 South Patrick Drive		06 02 2014
	2000 000 0		Amount
		ip Code	74.00
	Indian Harbor Beach FL 3	32937	Transaction ID : SE.4203 Date of Disbursement or Obligation
	Purpose of Expenditure sign permit	Category/ Type 004	06 25 / Y Y Y Y Y
	Name of Federal Candidate	X Support	Office Sought:
	GABRIEL ROTHBLATT	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	40035.32	Disbursement For:
	Full Name of Payee		Date of Public Distribution/Dissemination
	City of Rockledge Mailing Address ACOULTIME TO BE ACOULTIME.		06 / 02 / 2014
	1600 Huntington Lane		Amount
	City State Z	Zip Code	100.00
	Rockledge FL 3	32955	Transaction ID: SE.4197 Date of Disbursement or Obligation
	Purpose of Expenditure sign permit	Category/ Type 004	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	X Support	Office Sought: X House District: 08
	GABRIEL ROTHBLATT	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	38876.72	Disbursement For:
	(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 rewith, or at the request or suggestion of, any candidate or authorized c party committee) any political party committee or its agent.		

[Electronically Filed]

2014

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Mr. Frank Sasinowski

Signature

36	CHEDULE E (FEC Form 3X)		
TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 21 OF 32 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
S	Space PAC		C C00560771
Ch	neck if 24-hour report 48-hour report New report	t Amends repo	rt filed on
	Full Name of Payee City of Titusville		Date of Public Distribution/Dissemination
	Mailing Address		06 / 02 / 2014
	555 South Washington		Amount
	City State Z	Zip Code	100.00
		32796	Transaction ID : SE.4198 Date of Disbursement or Obligation
	Purpose of Expenditure sign preparation and distribution	Category/ Type 004	06 / 23 / 2014
	Name of Federal Candidate	X Support	Office Sought: X House District: 08
	GABRIEL ROTHBLATT	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	38976.72	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Clear Channel Outdoor		06 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2890 Harper Rd		Amount
	City State Z	Zip Code	9450.00
		32905	Transaction ID : SE.4179 Date of Disbursement or Obligation
	Purpose of Expenditure billboards	Category/ Type 004	05 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	X Support	Office Sought: X House District: 08
	GABRIEL ROTHBLATT	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	16649.26	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		. ▶ 9550.00
	(a) SOBTOTAL OF HEIRIZEG INGOPERACTIC EXPENDITURES		3330.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE		OF				
	FOR L	INE 24	OF F	ORM 3X			
_	SENTIFICATION NUMBER -						

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Space PAC	C C00560771
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Clear Channel Outdoor Mailing Address PO Rev 501700	06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PO Box 591790	Amount
City State Zip Code	4105.00
San Antonio TX 78258	Transaction ID : SE.4194 Date of Disbursement or Obligation
Purpose of Expenditure billboards Category/ Type 004	06 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: X House District: 08
GABRIEL ROTHBLATT Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For:
Full Name of Payee Elite Signs & Graphics	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 240 North Orlando Ave	Amount
City State Zip Code	5039.38
Winter Park FL 32789	Transaction ID : SE.4176 Date of Disbursement or Obligation
Purpose of Expenditure signs Category/ Type 004	04 / 18 / 2014
Name of Federal Candidate Support Office	ce Sought: X House District: 08
GABRIEL ROTHBLATT Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	9144.38
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Mr. Frank Sasinowski [Electronically Filed] Date	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDE	ENT EXPENDITURES						PAGE 23 FOR LINE 2	OF 32 24 OF FORM 3X
NAME OF COMMITTEE (In	Full)					FEC	IDENTIFICATION	ON NUMBER ▼
Space PAC						C	C00560771	
Check if 24-hour report	t 48-hour report	New repo	ort Ame	nds repo	ort filed on	M = M	/ D = D /	Y Y Y Y Y
Full Name of Payee					D	ate of Pub	lic Distribution	/Dissemination
Elite Signs & Grap	hics					M M M	/ 02 /	2014
Mailing Address 240 No	orth Orlando Ave				A	mount		
City		State	Zip Code		$- \Gamma $			2159.88
Winter Park		FL	32789				ID: SE.4178 oursement or (Obligation
Purpose of Expenditure signs			Category/ Type	004		04 04	28	2014
Name of Federal Candid	date		X Su	upport	Office So	ought:	X House	District: 08
GABRIEL ROTHBLATT				ppose		esident	Senate	State: FL
Calendar Year-To-D	ate			\neg		ement For:	Primary	/ X General
Per Election for Off	fice Sought		7199.26		2014	Other (s	specify)	
Full Name of Payee Elite Signs & Gra	aphics				D	Date of Pub	olic Distribution	/Dissemination 2014
Mailing Address 240 No	orth Orlando Ave				A	mount		
City		State	Zip Code		— Г			1183.50
Winter Park		FL	32789				ID: SE.4180 bursement or 0	
Purpose of Expenditure			Category/	224		M = M	/ D D /	Y
signs			Type	004		05	13	2014
Name of Federal Candid			X Si	upport	Office S	ought:	X House	District:08
GABRIEL ROTHBLATT			o	ppose	Pr	resident	Senate	State:FL
Calendar Year-To-D Per Election for Off			17832.76		Disburse 2014	ement For: Other (s	Primary	y Seneral
(a) SUBTOTAL of Itemize	ed Independent Expenditures			•••••	· •			3343.38
(b) SUBTOTAL of Uniter	nized Independent Expenditur	res			· • [
(c) TOTAL Independent	Expenditures				•		<i>y</i>	
with, or at the request or	I certify that the independent suggestion of, any candidate itical party committee or its ag	e or authorized						
Mr. Frank Sa.	sinowski	[Electroni	ically Filed]	Date	M M M	/ D 15	D / Y Y 201	4
Signature			_	Date				

Mr. Frank Sasinowski

Signature

	CHEDULE E (FEC Form 3X)		
T	EMIZED INDEPENDENT EXPENDITURES		PAGE 24 OF 32 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
S	Space PAC		C C00560771
Cl	heck if 24-hour report 48-hour report New repo	rt Amends repo	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Elite Signs & Graphics		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 240 North Orlando Ave		Amount
	City State	Zip Code	12661.95
	Winter Park FL	32789	Transaction ID : SE.4189 Date of Disbursement or Obligation
	Purpose of Expenditure signs	Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought:
	GABRIEL ROTHBLATT	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	33146.38	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Elite Signs & Graphics		06 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 240 North Orlando Ave		Amount
	City State	Zip Code	5426.55
	Winter Park FL	32789	Transaction ID : SE.4210 Date of Disbursement or Obligation
	Purpose of Expenditure signs	Category/ Type 004	06 28 2014
	Name of Federal Candidate		Office Sought: Y House District: 08
	GABRIEL ROTHBLATT	Support	Office Godgini.
	GABRIEL ROTTIBEATT	Oppose	Fresiderit Seriale State.
	Calendar Year-To-Date Per Election for Office Sought	46670.83	Disbursement For: Primary General 2014 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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPEND	DITURES			PAGE 25 OF 32 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
٦	Space PAC				C C00560771
Ch	heck if 24-hour report 48-hour	report New repo	ort Amends repo		M = M / D = D / Y = Y = Y
	Full Name of Payee			Date	e of Public Distribution/Dissemination
	Express Signs				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1558 Wickham Rd			Amo	punt
	City	State	Zip Code	$ \Gamma$	83.74
	Melbourne	FL	32904		saction ID : SE.4188 e of Disbursement or Obligation
	Purpose of Expenditure sign supplies		Category/ Type 004		06 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Soug	ght: X House District: 08
	GABRIEL ROTHBLATT		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		20484.43	Disburseme 2014	ent For: Primary
	Full Name of Payee			Date	e of Public Distribution/Dissemination
	Reid Friedson				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 670 Hernado St			Amo	ount
	Apt A				
	City Fort Pierce	State FL	Zip Code 34949	Trans	695.28 saction ID : SE.4206
				Date	e of Disbursement or Obligation
	Purpose of Expenditure sign preparation and distribution		Category/ Type 004		06 / 27 / 2014
	Name of Federal Candidate		X Support	Office Soug	ght: X House District: 08
	GABRIEL ROTHBLATT		Oppose	Presi	ident Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		41244.28	Disburseme	
	1 61 LICOHOIT IOI OIIICC Gougin	7			Other (specify) -
	(a) SUBTOTAL of Itemized Independent	Expenditures		· -	779.02
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		.	42. 1 42. 1 42. 1
	(c) TOTAL Independent Expenditures			· • [
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	Mr. Frank Sasinowski	[Electron	ically Filed]	M = M /	/ D D / Y Y Y Y Y
	Signature		Date	9 07	15 2014

Signature

	CHEDULE E (FEC Form 3X)	•					
1	EMIZED INDEPENDENT EXPENDITURES	5				PAGE 26 FOR LINE 24	OF 32 4 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC I	IDENTIFICATIO	N NUMBER ▼
3	Space PAC				С	C00560771	
С	heck if 24-hour report 48-hour report	New rep	port Amends rep	ort filed on	M = M		Y = Y = Y = Y
	Full Name of Payee			Date	of Publ	lic Distribution/[Dissemination
	Genesis Lawn & Landscaping				M M M	02	2014
	Mailing Address PO Box 411806			Amo	ount		
	City	State	Zip Code				75.00
	Melbourne	FL	32941			D: SE.4186 oursement or O	bligation
	Purpose of Expenditure		Category/		M = M	/ D D /	Y T Y T Y T Y
	sign installation		Type 004	_	06	02	2014
	Name of Federal Candidate		X Support	Office Sou	ght:	X House D	District: 08
	GABRIEL ROTHBLATT		Oppose	Presi	ident	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought	7 1 7	18931.65	Disburseme 2014		Primary pecify) ▶	X General
	Full Name of Payee				•	lic Distribution/[Discomination
	Genesis Lawn & Landscaping			Date	M = M	/ D D /	Y Y Y Y Y
	Mailing Address PO Box 411806				06	02	2014
	PO BOX 411806			Amo	ount		
	City	State	Zip Code				375.00
	Melbourne	FL	32941			ID: SE.4187 oursement or O	bligation
	Purpose of Expenditure sign installation		Category/ Type 004	_	06 N	02	2014
	Name of Federal Candidate		Support	Office Sou	ght:	X House [District: 08
	GABRIEL ROTHBLATT		Oppose		ident	Senate	State: FL
	Calendar Year-To-Date			Disbursem	ent For:	Primary	X General
	Per Election for Office Sought		19306.65	2014	Other (s	specify)	
	(a) SUBTOTAL of Itemized Independent Expenditu	ıres		··· \			450.00
	(b) SUBTOTAL of Unitemized Independent Expendent	ditures		··· •			
	(c) TOTAL Independent Expenditures			··· \			
	Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized					
	Mr. Frank Sasinowski			MM	/ D = 1	D / Y Y	Y

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 27 OF 32	
FOR LINE 24 OF FORM 3X	
ENTIFICATION NUMBER ▼	
ENTIFICATION NUMBER ▼ C00560771	

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Space PAC	C C00560771
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee Home Depot	Date of Public Distribution/Dissemination
Mailing Address	06 02 / Y Y Y Y Y
1140 Malabar Rd SE	Amount
City State Zip Code	629.44
Palm Bay FL 32907	Transaction ID : SE.4199 Date of Disbursement or Obligation
Purpose of Expenditure sign materials Category/ Type 004	06 23 / 2014
Name of Federal Candidate Support Office	e Sought: X House District: 08
GABRIEL ROTHBLATT Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary
Full Name of Payee	
Home Depot	Date of Public Distribution/Dissemination 06 02 2014
Mailing Address 1140 Malabar Rd SE	Amount
City State Zip Code	355.16
Palm Bay FL 32907	Transaction ID : SE.4201 Date of Disbursement or Obligation
Purpose of Expenditure sign materials Category/ Type 004	06 24 2014
Name of Federal Candidate Support Offic	e Sought:
GABRIEL ROTHBLATT Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(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 m with, or at the request or suggestion of, any candidate or authorized committee or agent of either 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

PAGE 28 OF 32 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00560771
M / D = D / Y = Y = Y
of Public Distribution/Dissemination
06 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
nt
296.80
ction ID : SE.4211 of Disbursement or Obligation
06 30 7 2014
t: X House District: 08
ent Senate State: FL
t For: Primary X General
ther (specify) ▶
of Public Distribution/Dissemination
06 / 02 / 2014
int
341.52 action ID : SE.4184
of Disbursement or Obligation
05 / 29 / 2014
nt: X House District: 08
ent Senate State: FL
nt For: Primary X General
Other (specify)
638.32
7 7 7
45 45 45

Space PAC	FEC IDENTIFICATION NUMBER ▼
Space FAC	C C00560771
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Home Depot	06 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 200 N Courtenay Pkwy Am	ount
City State Zip Code	296.80
Merritt Island FL 32952 Tran	saction ID : SE.4211 te of Disbursement or Obligation
Purpose of Expenditure sign materials Category/ Type 004	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: X House District: 08
CARDIEL POTHRI ATT	sident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
Full Name of Payee Date Curtis Leady	te of Public Distribution/Dissemination
Mailing Address 3565 Sawgrass Drive Am	06 02 2014 nount
City State Zip Code	341.52
Titusville FL 32780 Tran	nsaction ID : SE.4184 te of Disbursement or Obligation
Purpose of Expenditure sign preparation and distribution Category/ Type 004	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ıght: X House District:08
GARRIEL ROTHRI ATT	sident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	nent For: Primary ⊠ General 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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Mr. Frank Sasinowski [Electronically Filed] Date	/ 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

S IT

Mr. Frank Sasinowski

Signature

CHEDULE E (FEC Form 3X)			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 29 OF 32 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Space PAC			
			C C00560771
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee Curtis Leady			Date of Public Distribution/Dissemination
Curtis Leady			06 / 02 / Y Y Y Y Y Y
Mailing Address 3565 Sawgrass Drive			Amount
City	State	Zip Code	196.64
Titusville	FL	32780	Transaction ID : SE.4190 Date of Disbursement or Obligation
Purpose of Expenditure sign preparation and distribution		Category/ Type 004	06 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:08
GABRIEL ROTHBLATT		Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	, , ,	33343.02	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Curtis Leady			06 02 2014
Mailing Address 3565 Sawgrass Drive			Amount
City	State	Zip Code	114.72
Titusville	FL	32780	Transaction ID : SE.4195 Date of Disbursement or Obligation
Purpose of Expenditure sign preparation and distribution		Category/ Type 004	06 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate			Office Sought: X House District: 08
GABRIEL ROTHBLATT		Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	, , ,	38464.98	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		311.36
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized	•	·

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Signature

SCHEDULE E (FEC Form 3X)

SCHEDULL L (FLC FUIII 3X)	_		
TEMIZED INDEPENDENT EXPENDITURES	3		PAGE 30 OF 32 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Space PAC			C C00560771
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on
Town and Page			The second secon
Full Name of Payee Curtis Leady			Date of Public Distribution/Dissemination 06 02 2014
Mailing Address 3565 Sawgrass Drive			Amount
City	State	Zip Code	164.84
Titusville Purpose of Expenditure	FL	32780	Transaction ID : SE.4204 Date of Disbursement or Obligation
sign preparation and distribution		Category/ Type 004	06 / 27 / Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: X House District: 08
GABRIEL ROTHBLATT		Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		40200.16	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lowe's			06 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2150 Minton Rd			Amount
City	State	Zip Code	14.81
Melbourne	FL	32904	Transaction ID : SE.4182 Date of Disbursement or Obligation
Purpose of Expenditure sign materials		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate			Office Sought:
GABRIEL ROTHBLATT		Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	17847.57	Disbursement For: Primary General 2014 Gher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		▶ 179.65
(b) SUBTOTAL of Unitemized Independent Expend	ditures		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized		
Mr. Frank Sasinowski	[Electroi	nically Filed] Date	e 07 15 2014

S IT

Mr. Frank Sasinowski

Signature

CHEDULE E (FEC Form 3)				
EMIZED INDEPENDENT EXPENDENT	ITURES			PAGE 31 OF 32 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)			EEC	IDENTIFICATION NUMBER ▼
Space PAC			C	C00560771
heck if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Lavoris Reynolds			Date of Pub	lic Distribution/Dissemination
Mailing Address 3822 42nd Lane			Amount	
City	State	Zip Code		478.04
Vero Beach	FL	32967	Transaction I Date of Disk	D: SE.4183 oursement or Obligation
Purpose of Expenditure sign preparation and distribution		Category/ Type 004	05	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 08
GABRIEL ROTHBLATT		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		18325.61	Disbursement For: 2014 Other (s	Primary X General
Full Name of Payee Lavoris Reynolds			Date of Pub	lic Distribution/Dissemination
Mailing Address 3822 42nd Lane			Amount	02 2014
City	State	Zip Code		692.08
Vero Beach	FL	32967	Transaction Date of Disk	, , , , , , , , , , , , , , , , , , , ,
Purpose of Expenditure sign preparation and distribution		Category/ Type 004	M 06	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:08
GABRIEL ROTHBLATT		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		19998.73	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent	Expenditures		•	1170.12
(b) SUBTOTAL of Unitemized Independe	nt Expenditures)	
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			

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Signature

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 32 OF 32 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Space PAC	C C00560771
Check if 24-hour report 48-hour report New report Amends report filed of	on M=M / D=D / Y=Y=Y=Y
Full Name of Payee Lavoris Reynolds	Date of Public Distribution/Dissemination
Mailing Address	06 02 7 2014
3822 42nd Lane	Amount
City State Zip Code	508.08
15.0 25.0	ransaction ID : SE.4191 Date of Disbursement or Obligation
Purpose of Expenditure sign preparation and distribution Category/ Type 004	06 15 2014
Name of Federal Candidate Support Office	Sought:
GABRIEL ROTHBLATT Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbur	rsement For:
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Mr. Frank Sasinowski	M / D D / Y Y Y Y

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