



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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 data-bbox="418 554 574 609" type="text" value="YYYY"/> 2014	<input data-bbox="626 554 1052 609" type="text" value="0.00"/>	<input data-bbox="1101 554 1526 609" type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input data-bbox="626 646 1052 701" type="text" value="83244.10"/>	
(c) Total Receipts (from Line 19) .....	<input data-bbox="626 739 1052 793" type="text" value="211.65"/>	<input data-bbox="1101 739 1526 793" type="text" value="425794.49"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input data-bbox="626 869 1052 924" type="text" value="83455.75"/>	<input data-bbox="1101 869 1526 924" type="text" value="425794.49"/>
7. Total Disbursements (from Line 31).....	<input data-bbox="626 970 1052 1024" type="text" value="43825.33"/>	<input data-bbox="1101 970 1526 1024" type="text" value="386164.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input data-bbox="626 1092 1052 1146" type="text" value="39630.42"/>	<input data-bbox="1101 1092 1526 1146" type="text" value="39630.42"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input data-bbox="626 1222 1052 1276" type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input data-bbox="626 1352 1052 1407" 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Space PAC

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	425000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	425000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	425000.00
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).....	211.65	794.49
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))..... ▶	211.65	425794.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	211.65	425794.49

**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 .....	27719.54	182004.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	27719.54	182004.02
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) .....	16105.79	204160.05
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)) ..	43825.33	386164.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43825.33	386164.07

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	425000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	425000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	27719.54	182004.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	211.65	794.49
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	27507.89	181209.53

**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. Mark Antokas**

Mailing Address 2700 Harbortown Drive  
D-43

City Merritt Island State FL Zip Code 32952

Purpose of Disbursement  
Sign pick-up

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.5111

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Bright House Networks**

Mailing Address PO Box 30574

City Tampa State FL Zip Code 33630

Purpose of Disbursement  
Internet & Fax

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.5025

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Bright House Networks**

Mailing Address PO Box 30574

City Tampa State FL Zip Code 33630

Purpose of Disbursement  
Internet & Fax

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.5104

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. British Airways**

Mailing Address PO Box 300686

City State Zip Code  
Jamaica NY 11430-0686

Purpose of Disbursement  
Airfare

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 13 / 2014

**Transaction ID : SB21B.5086**

Amount of Each Disbursement this Period

798.00

Full Name (Last, First, Middle Initial)

**B. Budget Rent A Car**

Mailing Address 777 E Merritt Island Causeway

City State Zip Code  
Merritt Island FL 32952

Purpose of Disbursement  
Rental Truck

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 06 / 2014

**Transaction ID : SB21B.5061**

Amount of Each Disbursement this Period

834.97

Full Name (Last, First, Middle Initial)

**C. Charlies Auto Repair**

Mailing Address 690 S Patrick Dr

City State Zip Code  
Satellite Beach FL 32937

Purpose of Disbursement  
Fuel

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 11 / 2014

**Transaction ID : SB21B.5076**

Amount of Each Disbursement this Period

75.29

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

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

1708.26

**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  
Utilities

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5026**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. City of Palm Bay**

Mailing Address 120 Malabar Rd SE

City State Zip Code  
Palm Bay FL 32907

Purpose of Disbursement  
Utilities

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5103**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Delta Air**

Mailing Address PO BOX 20706

City State Zip Code  
Atlanta GA 30320

Purpose of Disbursement  
Airfare

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5034**

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. Delta Air**

Mailing Address PO BOX 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement Airfare

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2014

Transaction ID : SB21B.5035

Amount of Each Disbursement this Period

183.79

Full Name (Last, First, Middle Initial)

**B. Dickstein Shapiro LLP**

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2014

Transaction ID : SB21B.5069

Amount of Each Disbursement this Period

673.00

Full Name (Last, First, Middle Initial)

**C. E-Spaces LTD**

Mailing Address 16/F, Kingsfield Centre  
18 Shell Street

City North Point, Hong Kong State ZZ Zip Code

Purpose of Disbursement Operating Consulting 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  
10 / 16 / 2014

Transaction ID : SB21B.5020

Amount of Each Disbursement this Period

9960.00

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

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

10816.79

**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. Enterprise Rent a Car**

Mailing Address 1851 Palm Bay Rd  
#9

City State Zip Code  
Palm Bay FL 32905

Purpose of Disbursement  
Rental Truck

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5060**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. FPL**

Mailing Address General Main Facility

City State Zip Code  
Miami FL 33188

Purpose of Disbursement  
Utilities

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5050**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Reid Friedson**

Mailing Address 670 Hernado St  
Apt A

City State Zip Code  
Fort Pierce FL 34949

Purpose of Disbursement  
Sign pick-up

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5113**

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) <b>A. Haru Sushi Bar &amp; Grill</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2014
Mailing Address 1500 N A1A		<b>Transaction ID : SB21B.5032</b>
City Indianalantic	State FL	
Zip Code 32903	Purpose of Disbursement Dinner Meeting	Amount of Each Disbursement this Period 417.79
Candidate Name	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>B. Intuit Payroll</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2014
Mailing Address		<b>Transaction ID : SB21B.5033</b>
City	State	
Zip Code	Purpose of Disbursement Payroll Fees	Amount of Each Disbursement this Period 54.00
Candidate Name	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>C. IRS</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2014
Mailing Address PO Box 1214		<b>Transaction ID : SB21B.5070</b>
City Charlotte	State NC	
Zip Code 28201	Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 2044.19
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2515.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Glenda Knudsen**

Mailing Address 398 San Remo Rd SW

City State Zip Code  
Palm Bay FL 32908

Purpose of Disbursement  
September Bookkeeping

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5018**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Glenda Knudsen**

Mailing Address 398 San Remo Rd SW

City State Zip Code  
Palm Bay FL 32908

Purpose of Disbursement  
October Bookkeeping

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5100**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Office Depot**

Mailing Address 820 Palm Bay Road

City State Zip Code  
Palm Bay FL 32905

Purpose of Disbursement  
Office Supplies

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5094**

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. Office Depot**

Mailing Address 820 Palm Bay Road

City State Zip Code  
Palm Bay FL 32905

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : SB21B.5102

Amount of Each Disbursement this Period

19.07
-------

Full Name (Last, First, Middle Initial)

**B. Loraine Rhodes**

Mailing Address 1139 Itzehoe Ave NW

City State Zip Code  
Palm Bay FL 32907

Purpose of Disbursement  
Mileage Reimbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2014			

Transaction ID : SB21B.5024

Amount of Each Disbursement this Period

77.28
-------

Full Name (Last, First, Middle Initial)

**C. Loraine Rhodes**

Mailing Address 1139 Itzehoe Ave NW

City State Zip Code  
Palm Bay FL 32907

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2014			

Transaction ID : SB21B.5028

Amount of Each Disbursement this Period

2276.78
---------

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

2373.13
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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 Rhodes**

Mailing Address 1139 Itzehoe Ave NW

City State Zip Code  
Palm Bay FL 32907

Purpose of Disbursement  
Payroll

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5093**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Laura Sellers**

Mailing Address 670 Hernado St  
Apt A

City State Zip Code  
Fort Pierce FL 34949

Purpose of Disbursement  
Sign pick-up

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5114**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Simply Self Storage**

Mailing Address 888 Palm Bay Rd

City State Zip Code  
Palm Bay FL 32905

Purpose of Disbursement  
Storage Unit

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5059**

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

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. T-Mobile**

Mailing Address 1501 New Haven Ave West

City Melbourne State FL Zip Code 32904

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2014

Transaction ID : SB21B.5063

Amount of Each Disbursement this Period

15.90

Full Name (Last, First, Middle Initial)

**B. The Green Turtle**

Mailing Address 855 E Eau Gallie Blvd.

City Indian Harbour State FL Zip Code 32937

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2014

Transaction ID : SB21B.5036

Amount of Each Disbursement this Period

2024.12

Full Name (Last, First, Middle Initial)

**C. The Green Turtle**

Mailing Address 855 E Eau Gallie Blvd.

City Indian Harbour State FL Zip Code 32937

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2014

Transaction ID : SB21B.5037

Amount of Each Disbursement this Period

324.19

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

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

2364.21

27160.64

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Mark Antokas</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount 344.72
City Merritt Island	State FL
Zip Code 32952	<b>Transaction ID : SE.4929</b>
Purpose of Expenditure Sign preparation & distribution	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 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) ▶
134820.41	

Full Name of Payee <b>Mark Antokas</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 2700 Harbortown Drive D-43	Amount 528.74
City Merritt Island	State FL
Zip Code 32952	<b>Transaction ID : SE.5009</b>
Purpose of Expenditure Sign preparation & distribution	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 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) ▶
136555.16	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	873.46
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Bina Rothblatt

[Electronically Filed]

Signature \_\_\_\_\_ Date MM / DD / YYYY 12 / 03 / 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
City Merritt Island State FL Zip Code 32952
Purpose of Expenditure Sign preparation & distribution Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Office Sought: House District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought 138482.70
Disbursement For: General 2014

Full Name of Payee Mark Antokas
Mailing Address 2700 Harbortown Drive D-43
City Merritt Island State FL Zip Code 32952
Purpose of Expenditure Sign preparation & distribution & pick-up Category/Type 004
Name of Federal Candidate GABRIEL ROTHBLATT Support
Office Sought: House District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought 141186.52
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 1569.78
(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.
Bina Rothblatt [Electronically Filed] Date 12/03/2014
Signature





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Sherry Hershberger</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 13 / 2014
Mailing Address 1556 Waldorf Circle NE	Amount <span style="border: 1px solid black; padding: 2px;">213.88</span>
City State Zip Code Palm Bay FL 32905	<b>Transaction ID : SE.4930</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2014
Purpose of Expenditure Sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">135034.29</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Sherry Hershberger</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2014
Mailing Address 1556 Waldorf Circle NE	Amount <span style="border: 1px solid black; padding: 2px;">226.76</span>
City State Zip Code Palm Bay FL 32905	<b>Transaction ID : SE.5010</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2014
Purpose of Expenditure Sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">136781.92</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">440.64</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Bina Rothblatt* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 03 / 2014

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Sherry Hershberger</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2014
Mailing Address 1556 Waldorf Circle NE	Amount <span style="border: 1px solid black; padding: 2px;">268.04</span>
City State Zip Code Palm Bay FL 32905	<b>Transaction ID : SE.5067</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2014
Purpose of Expenditure Sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">138750.74</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Sherry Hershberger</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2014
Mailing Address 1556 Waldorf Circle NE	Amount <span style="border: 1px solid black; padding: 2px;">564.68</span>
City State Zip Code Palm Bay FL 32905	<b>Transaction ID : SE.5089</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 12 / 2014
Purpose of Expenditure Sign preparation & distribution & pick-up	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">141751.20</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">832.72</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Bina Rothblatt*  
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
12 / 03 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Home Depot</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 13 / 2014
Mailing Address 1140 Malabar Rd SE	Amount <span style="border: 1px solid black; padding: 2px;">14.32</span>
City State Zip Code Palm Bay FL 32907	<b>Transaction ID : SE.4932</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2014
Purpose of Expenditure Sign materials	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">135825.85</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Home Depot</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 26 / 2014
Mailing Address 200 N Courtenay Pkwy	Amount <span style="border: 1px solid black; padding: 2px;">32.81</span>
City State Zip Code Merritt Island FL 32952	<b>Transaction ID : SE.5007</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 26 / 2014
Purpose of Expenditure Sign Materials	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">135858.66</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">47.13</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Bina Rothblatt* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 03 / 2014

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Horizon Broadcasting Company LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2014
Mailing Address 380 N Wickham Rd Suite 1	Amount <span style="border: 1px solid black; padding: 2px;">5398.00</span>
City State Zip Code Melbourne FL 32935	<b>Transaction ID : SE.4904</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2014
Purpose of Expenditure Radio Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">132261.65</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Curtis Leady</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 13 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">179.04</span>
City State Zip Code Titusville FL 32780	<b>Transaction ID : SE.4928</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 23 / 2014
Purpose of Expenditure Sign preparation & distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">134475.69</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">5577.04</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Bina Rothblatt* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
12 / 03 / 2014

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Space PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00560771
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Curtis Leady</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 03 / 2014
Mailing Address 3565 Sawgrass Drive	Amount <span style="border: 1px solid black; padding: 2px;">705.28</span>
City State Zip Code Titusville FL 32780	<b>Transaction ID : SE.5087</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 12 / 2014
Purpose of Expenditure Sign preparation & distribution & pick-up	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140216.76</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Olivia Mancini</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 19 / 2014
Mailing Address 59-14 Grove St., 2nd Floor	Amount <span style="border: 1px solid black; padding: 2px;">2035.00</span>
City State Zip Code Ridgewood NY 11385	<b>Transaction ID : SE.4910</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 20 / 2014
Purpose of Expenditure Production and Recording jingle for radio ad	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate GABRIEL ROTHBLATT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">134296.65</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2740.28</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Bina Rothblatt* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2014

Signature

