

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 JUSTIN GRABELLE FOR CONGRESS

ADDRESS (number and street) PO BOX 865 Check if different than previously reported. (ACC) BROOKSVILLE FL 34605

2. FEC IDENTIFICATION NUMBER C C00591206 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT FL 11

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2016 through M M / D D / Y Y Y Y 06 / 30 / 2016

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 Lori Sowers

Signature of Treasurer Lori Sowers [Electronically Filed] Date M M / D D / Y Y Y Y 07 / 15 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JUSTIN GRABELLE FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	59572.69	308492.19
(b) Total Contribution Refunds (from Line 20(d))	0.00	5400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	59572.69	303092.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	106484.47	173035.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	106484.47	173035.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	130057.17	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4089.16	

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 3 (Revised 12/2003)

Write or Type Committee Name

JUSTIN GRABELLE FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	46201.69	250546.19
(ii) Unitemized	7371.00	15546.00
(iii) TOTAL of contributions from individuals	53572.69	266092.19
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	6000.00	37400.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	59572.69	308492.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	59572.69	308492.19

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	106484.47	173035.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	5400.00
(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 20(a), (b), and (c)).....	0.00	5400.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	106484.47	178435.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	176968.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	59572.69
25. SUBTOTAL (add Line 23 and Line 24).....	236541.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	106484.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	130057.17

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alta Terra LLC

Mailing Address 3905 N Lecanto Hwy

City State Zip Code
Beverly Hills FL 34465

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11AI.5838

Amount of Each Receipt this Period
500.00

Memo Item
Partnership Contribution

B. Full Name (Last, First, Middle Initial)
Michael Bays

Mailing Address 3905 N Lecanto Hwy

City State Zip Code
Lecanto FL 34465

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

Name of Employer Occupation
State Farm Insurance Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11AI.5838.0

Amount of Each Receipt this Period
500.00

Memo Item
Partnership Attribution

C. Full Name (Last, First, Middle Initial)
Barry Berkelhammer

Mailing Address 510 SE HIGHWAY 484
UNIT 7

City State Zip Code
Ocala FL 34480-8706

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

Name of Employer Occupation
Abracadabra Farm Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1566.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11AI.5714

Amount of Each Receipt this Period
1566.26

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

2066.26

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

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

FOR LINE NUMBER: PAGE 6 OF 53
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Margaret Blount

Mailing Address 290 Moulvan Pl

City State Zip Code
The Villages FL 32162

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2016

Transaction ID : SA11AI.5696

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Margaret Blount

Mailing Address 290 Moulvan Pl

City State Zip Code
The Villages FL 32162

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11AI.5761

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
C. Dale Borrowman

Mailing Address 2866 Carriage Ct

City State Zip Code
The Villages FL 32162

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

Name of Employer Occupation
Self Employed Technology Support

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11AI.5757

Amount of Each Receipt this Period
1200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert A Buckner

Mailing Address 24032 FREDERICK Dr

City State Zip Code
Brooksville FL 34601

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

Name of Employer Occupation
Robert A Buckner Associates Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : SA11AI.5569

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Deborah A Cone

Mailing Address 1142 SE 8TH St

City State Zip Code
Ocala FL 34471

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

Name of Employer Occupation
None Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.5739

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Douglas P Cone III

Mailing Address 1142 SE 8TH St

City State Zip Code
Ocala FL 34471

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

Name of Employer Occupation
Requested Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11AI.5729

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

5650.00

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

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

FOR LINE NUMBER: PAGE 8 OF 53
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Douglas P Cone JR

Mailing Address 1142 SE 8TH St

City Ocala State FL Zip Code 34471

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

Name of Employer Cone Distributing Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.5741

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
William Dennis

Mailing Address 9501 W Highway 326

City Ocala State FL Zip Code 34482

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

Name of Employer Clear Creek Farm Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.5743

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Thomas J Dobbins

Mailing Address 2712 NE 25TH St

City Ocala State FL Zip Code 34470

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

Name of Employer Self Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.5744

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edwin Dottery

Mailing Address 4168 Capitol Dr

City State Zip Code
Palm Harbor FL 34685

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

Name of Employer Occupation
Alakai President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.5592

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mark DuShane

Mailing Address 12395 NE 48th Loop

City State Zip Code
Oxford FL 34484

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

Name of Employer Occupation
DuShane Management President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11AI.5299

Amount of Each Receipt this Period
275.00

Memo Item
In-kind - Fundraising Dinner

C. Full Name (Last, First, Middle Initial)
Claudia Grant

Mailing Address PO Box 394

City State Zip Code
Inverness FL 34450

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

Name of Employer Occupation
Grant & Dozier Administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.5802

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

1275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Parmanand Gurnani

Mailing Address 4391 NPine Valley Loop

City Lecanto State FL Zip Code 34461

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

Name of Employer Self Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA11AI.4447

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Stanley D Hanson

Mailing Address 7074 SE 12th Cir

City Ocala State FL Zip Code 34480

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5769

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Charles D Ingrilli

Mailing Address 2601 SE 22ND Ave

City Ocala State FL Zip Code 34471

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

Name of Employer Cone Distributing Occupation VP Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5771

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cathrine E. Keller

Mailing Address 30049 JOHNSONS POINT Rd

City Leesburg State FL Zip Code 34748

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

Name of Employer Lake Medical Imaging Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.5737

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Michael Kierzynski

Mailing Address 5143 Commercial Way

City Spring Hill State FL Zip Code 34606

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

Name of Employer Kierzynski & Assoc Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5772

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Joseph R Lopez JR

Mailing Address 908 SE 9TH Ter

City Ocala State FL Zip Code 34471

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

Name of Employer Cone Distributing Occupation VP Operations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11AI.5727

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

4200.00

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

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

FOR LINE NUMBER: PAGE 12 OF 53
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LTC Alcides Lugo

Mailing Address 13005 NE 135th St

City State Zip Code
Ft McCoy FL 32134

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

Name of Employer Occupation
VFW Director VFW Veterans Village

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2016

Transaction ID : SA11AI.5610

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Robert Marzoli

Mailing Address 291 Kenny Ln

City State Zip Code
Winchester VA 22602

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

Name of Employer Occupation
United Process Control President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11AI.5759

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Richard Matassa

Mailing Address PO Box 795

City State Zip Code
Aripeka FL 34679

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

Name of Employer Occupation
A Civil Design Group, LLC Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5806

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

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

FOR LINE NUMBER: PAGE 13 OF 53
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dale McClellan

Mailing Address 11306 Thonotosassa Rd

City Thonotosassa State FL Zip Code 33592

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

Name of Employer M&B Products Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.5594

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Kevin W McDonald

Mailing Address 395 SE 90TH St

City Ocala State FL Zip Code 34480

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

Name of Employer McDonald Agency Occupation Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : SA11AI.5710

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John Milne

Mailing Address 409 G St SE

City Washington State DC Zip Code 20003

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

Name of Employer The First Group Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA11AI.5692

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Napolitano

Mailing Address 233 Della Ct

City Spring Hill State FL Zip Code 34606

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : SA11AI.5700

Amount of Each Receipt this Period
 150.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cynthia Nassal

Mailing Address 9054 SW 9th Street Rd

City Ocala State FL Zip Code 34481

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

Name of Employer Requested Occupation Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11AI.5733

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Gina Nativio

Mailing Address 2212 SE 14TH St

City Ocala State FL Zip Code 34471

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

Name of Employer Cone Distributing Occupation Executive Assistant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11AI.5731

Amount of Each Receipt this Period
 2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rudrama Devi Pagidipati		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2016	
Mailing Address 1321 SW 42ND St		Transaction ID : SA11AI.5735	
City Ocala	State FL	Zip Code 34471	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Pathologist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. John Rood		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 06 / 2016	
Mailing Address 3030 Hartley Rd Suite 310		Transaction ID : SA11AI.5587	
City Jacksonville	State FL	Zip Code 32257	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer The Vestcor Companies	Occupation Chairman		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) C. John Steve Rudnianyn II		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016	
Mailing Address 1701 SE 28TH St		Transaction ID : SA11AI.5747	
City Ocala	State FL	Zip Code 34471	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer International Property Services Corp	Occupation Realtor/Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	4200.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gail B Samples		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2016
Mailing Address 437 BELL Ave		Transaction ID : SA11AI.5657
City Brooksville	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Retired	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. James Schneider		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2016
Mailing Address 3231 NW 76th Court Rd		Transaction ID : SA11AI.5841
City Ocala	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Original Saratoga Chips	Occupation President	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Brent Sembler		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 03 / 2016
Mailing Address 5858 Central Ave		Transaction ID : SA11AI.5561
City St Petersburg	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer The Sembler Company	Occupation Vice Chairman	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	3450.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 17 OF 53
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kathryn Simpson

Mailing Address **PO Box 721**

City **Trilby** State **FL** Zip Code **33593**

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

Name of Employer **None** Occupation **Homemaker**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
06 / 29 / 2016

Transaction ID : SA11AI.5765

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Wilton Simpson

Mailing Address **PO Box 721**

City **Trilby** State **FL** Zip Code **33593**

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

Name of Employer **State of Florida** Occupation **State Senator**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
06 / 29 / 2016

Transaction ID : SA11AI.5763

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Amy Tarrant Fairholt

Mailing Address **570 S Prospect St**

City **Burlington** State **VT** Zip Code **05401**

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

Name of Employer **Requested** Occupation **Requested**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
06 / 25 / 2016

Transaction ID : SA11AI.5812

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Vincent Jim Volpe		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2016	
Mailing Address 25146 Cranes Roost Cir		Transaction ID : SA11AI.5303	
City Leesburg	State FL	Zip Code 34748	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.43	
Name of Employer None	Occupation Retired	<input type="checkbox"/> Memo Item In-kind - Fundraising Dinner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 510.43		

Full Name (Last, First, Middle Initial) B. Vincent Jim Volpe		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2016	
Mailing Address 25146 Cranes Roost Cir		Transaction ID : SA11AI.5745	
City Leesburg	State FL	Zip Code 34748	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer None	Occupation Retired	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 760.43		

Full Name (Last, First, Middle Initial) C. Stuart Walling		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2016	
Mailing Address 5229 S View Pt		Transaction ID : SA11AI.5687	
City Homosassa	State FL	Zip Code 34448	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Sales	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1010.43
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stuart Walling

Mailing Address 5229 S View Pt

City Homosassa State FL Zip Code 34448

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

Name of Employer Self-Employed Occupation Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2016

Transaction ID : SA11AI.5721

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Craig Wheeler

Mailing Address PO Box 70

City Ocala State FL Zip Code 34478

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

Name of Employer Craig Wheeler Thoroughbreds Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.5751

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Joseph Williams

Mailing Address 2525 Bayshore Blvd Unit D

City Tampa State FL Zip Code 33629

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

Name of Employer Kimmins Contracting Corp Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : SA11AI.5678

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

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

FOR LINE NUMBER: PAGE 20 OF 53
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Allan Yourstone

Mailing Address 7 Columbus Ave

City Edison State NJ Zip Code 08817

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : SA11Al.5645

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

300.00

46201.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PFIZER INC. PAC

Mailing Address **235 EAST 42ND STREET**

City **NEW YORK** State **NY** Zip Code **10017**

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11C.5816

Amount of Each Receipt this Period
 _____ **1000.00**

Memo Item

B. Full Name (Last, First, Middle Initial)
THE GEO GROUP, INC. POLITICAL ACTION COMMITTEE

Mailing Address **621 NORTHWEST 53RD STREET
ONE PARK PLACE, SUITE 700**

City **BOCA RATON** State **FL** Zip Code **33487**

FEC ID number of contributing federal political committee. **C C00382150**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11C.5818

Amount of Each Receipt this Period
 _____ **5000.00**

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

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

_____ **6000.00**

_____ **6000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 53		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address PO Box 84314		Amount of Each Disbursement this Period 441.49
City Baton Rouge	State LA	
Zip Code 70884	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5831
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address PO Box 84314		Amount of Each Disbursement this Period 71.03
City Baton Rouge	State LA	
Zip Code 70884	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5829
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Nicholas Catroppo		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 9251 Butler Blvd		Amount of Each Disbursement this Period 17616.00
City Weeki Wachee	State FL	
Zip Code 34613	Purpose of Disbursement Salary Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5820
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	18128.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Steven Ciaccio		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 11528 Hyde Park Way		Amount of Each Disbursement this Period 477.00
City Spring Hill	State FL	
Zip Code 34609	Purpose of Disbursement Contract Labor	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 004	Transaction ID : SB17.5180
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CitiCard		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address Box 6062		Amount of Each Disbursement this Period 2375.94
City Sioux Falls	State SD	
Zip Code 57117	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5233
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 7170 Barclay Ave		Amount of Each Disbursement this Period 18.82
City Brooksville	State FL	
Zip Code 34609	Purpose of Disbursement Fuel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	Transaction ID : SB17.5233.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2852.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2016
Mailing Address 7170 Barclay Ave		Amount of Each Disbursement this Period 22.05
City Brooksville	State FL	
Zip Code 34609	Purpose of Disbursement Fuel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5233.4
State: District:		

Full Name (Last, First, Middle Initial) B. Budget Print Center		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 1519 S Pine Ave		Amount of Each Disbursement this Period 212.00
City Ocala	State FL	
Zip Code 34471	Purpose of Disbursement Printing Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5233.7
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 2701 SW College Rd		Amount of Each Disbursement this Period 196.00
City Ocala	State FL	
Zip Code 34474	Purpose of Disbursement Postage Stamps	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5233.11
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 53			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016
Mailing Address 7170 Barclay Ave		Amount of Each Disbursement this Period 27.15
City Brooksville	State FL	
Purpose of Disbursement Fuel	Zip Code 34609	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) B. Skyview Restaurant		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 2100 N Terra Vista Blvd		Amount of Each Disbursement this Period 479.43
City Citrus Hills	State FL	
Purpose of Disbursement Fundraising Banquet	Zip Code 34442	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) c. Skyview Restaurant		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 2100 N Terra Vista Blvd		Amount of Each Disbursement this Period 32.23
City Citrus Hills	State FL	
Purpose of Disbursement Fundraising Banquet	Zip Code 34442	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address 4333 Amon Carter Blvd MD 5675		Amount of Each Disbursement this Period 208.20
City Ft Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airline Ticket	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/Type	Transaction ID : SB17.5233.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address 4333 Amon Carter Blvd MD 5675		Amount of Each Disbursement this Period 208.20
City Ft Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airline Ticket	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/Type	Transaction ID : SB17.5233.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 32.20
City Ackworth	State GA	
Zip Code 30101	Purpose of Disbursement Cell Phone Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : SB17.5233.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CitiCard		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016
Mailing Address Box 6062		Amount of Each Disbursement this Period 2525.24
City Sioux Falls	State SD	
Zip Code 57117	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5071
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Springhill Suites		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 1311 NW 10th Ave		Amount of Each Disbursement this Period 233.09
City Miami	State FL	
Zip Code 33136	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	Transaction ID : SB17.5071.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 7170 Barclay Ave		Amount of Each Disbursement this Period 30.99
City Brooksville	State FL	
Zip Code 34609	Purpose of Disbursement Fuel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	Transaction ID : SB17.5071.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2525.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Greater Hernando Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 15588 Aviation Loop Dr		Amount of Each Disbursement this Period 100.00
City Brooksville	State FL	
Zip Code 34604	Purpose of Disbursement Advertising	<input checked="" type="checkbox"/> Memo Item
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5071.21
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 4333 Amon Carter Blvd MD 5675		Amount of Each Disbursement this Period 248.20
City Ft Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airline Tickets	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5071.23
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 4333 Amon Carter Blvd MD 5675		Amount of Each Disbursement this Period 248.20
City Ft Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airline Tickets	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5071.24
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement MM / DD / YYYY 04 / 17 / 2016
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 32.20
City Ackworth	State GA	
Zip Code 30101	Purpose of Disbursement Cell Phone Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5071.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 04 / 21 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 827.44
City Menlo Park	State CA	
Zip Code 94205	Purpose of Disbursement Advertising	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 004	Transaction ID : SB17.5071.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Uber		Date of Disbursement MM / DD / YYYY 04 / 21 / 2016
Mailing Address 1455 Market St		Amount of Each Disbursement this Period 46.76
City San Francisco	State CA	
Zip Code 94102	Purpose of Disbursement Cab Fares	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : SB17.5071.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Greater Hernando Chamber of Commerce			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016	
Mailing Address 15588 Aviation Loop Dr			Amount of Each Disbursement this Period 20.00	
City Brooksville	State FL	Zip Code 34604	Category/ Type 001	
Purpose of Disbursement Meeting Dues				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5071.32	
State: District:				

Full Name (Last, First, Middle Initial) B. CitiCard			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016	
Mailing Address Box 6062			Amount of Each Disbursement this Period 5843.49	
City Sioux Falls	State SD	Zip Code 57117	Category/ Type 001	
Purpose of Disbursement Credit Card Payment				
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5135	
State: District:				

Full Name (Last, First, Middle Initial) c. Kangaroo Express			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 1986 SW 27th Ave			Amount of Each Disbursement this Period 27.91	
City Ocala	State FL	Zip Code 34471	Category/ Type 002	
Purpose of Disbursement Fuel				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5135.0	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5843.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 53			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sunoco			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016		
Mailing Address 7170 Barclay Ave			Amount of Each Disbursement this Period 32.16		
City Brooksville	State FL	Zip Code 34609	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5135.1		
Purpose of Disbursement Fuel		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016		
Mailing Address 207 E Fort Dade Ave			Amount of Each Disbursement this Period 7.36		
City Brooksville	State FL	Zip Code 34601	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5135.8		
Purpose of Disbursement Postage		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Kangaroo Express			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016		
Mailing Address 1986 SW 27th Ave			Amount of Each Disbursement this Period 33.67		
City Ocala	State FL	Zip Code 34471	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5135.9		
Purpose of Disbursement Fuel		Category/ Type 002			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2016
Mailing Address 2499 SW 27th Ave		Amount of Each Disbursement this Period 39.21
City Ocala State FL Zip Code 34471	Purpose of Disbursement Printer Ink Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5135.11
State: District:		

Full Name (Last, First, Middle Initial) B. Kangaroo Express		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 1986 SW 27th Ave		Amount of Each Disbursement this Period 29.23
City Ocala State FL Zip Code 34471	Purpose of Disbursement Fuel Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5135.12
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 2701 SW College Rd		Amount of Each Disbursement this Period 51.36
City Ocala State FL Zip Code 34474	Purpose of Disbursement Office Supplies Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5135.13
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Twitter		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address 1355 Market St Suite 900		Amount of Each Disbursement this Period 251.40
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Advertising	Category/Type 004	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5135.18
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 4784.27
City Menlo Park	State CA Zip Code 94205	
Purpose of Disbursement Advertising	Category/Type 004	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5135.20
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 32.20
City Ackworth	State GA Zip Code 30101	
Purpose of Disbursement Cell Phone Service	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5135.25
Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 05/17/2016	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Data Targeting Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 6211 NW 132nd St		Amount of Each Disbursement this Period 7250.00
City Gainesville	State FL Zip Code 32653	
Purpose of Disbursement Research	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.5285

Full Name (Last, First, Middle Initial) B. Decker Consulting Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016
Mailing Address 244 14th Place NE Suite 2		Amount of Each Disbursement this Period 4639.12
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Fundraising Consultant	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.5211

Full Name (Last, First, Middle Initial) c. Decker Consulting Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 244 14th Place NE Suite 2		Amount of Each Disbursement this Period 500.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Fundraising Consultant	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.5132

SUBTOTAL of Disbursements This Page (optional).....	12389.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 53			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Duke Energy		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address PO Box 1004		Amount of Each Disbursement this Period 268.00
City Charlotte	State NC	
Zip Code 28201	Purpose of Disbursement Office Utilities	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5133
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mark DuShane		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 12395 NE 48th Loop		Amount of Each Disbursement this Period 275.00
City Oxford	State FL	
Zip Code 34484	Purpose of Disbursement In-kind - Fundraising Dinner	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5302
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. R Caroline Engeman		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 1302 Golfside Dr		Amount of Each Disbursement this Period 2778.81
City Winter Park	State FL	
Zip Code 32792	Purpose of Disbursement Salary Expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5230
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3321.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. R Caroline Engeman		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 1302 Golfside Dr		Amount of Each Disbursement this Period 964.28
City Winter Park State FL Zip Code 32792	Purpose of Disbursement Mileage Reimbursement 002 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5279
State: District:		

Full Name (Last, First, Middle Initial) B. R Caroline Engeman		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 1302 Golfside Dr		Amount of Each Disbursement this Period 97.72
City Winter Park State FL Zip Code 32792	Purpose of Disbursement Event Supplies & Printing 007 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5280
State: District:		

Full Name (Last, First, Middle Initial) c. Budget Print Center		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 1519 S Pine Ave		Amount of Each Disbursement this Period 42.40
City Ocala State FL Zip Code 34471	Purpose of Disbursement Petition Card Printing 001 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5280.1
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1062.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. R Caroline Engeman		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 1302 Golfside Dr		Amount of Each Disbursement this Period 32.69
City Winter Park	State FL Zip Code 32792	
Purpose of Disbursement Refreshments for Meeting	Category/Type 007	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5207
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wal-Mart		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 5511 Deep Lake Rd		Amount of Each Disbursement this Period 32.69
City Oviedo	State FL Zip Code 32765	
Purpose of Disbursement Refreshments for Meeting	Category/Type 007	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5207.0
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. R Caroline Engeman		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 1302 Golfside Dr		Amount of Each Disbursement this Period 1346.27
City Winter Park	State FL Zip Code 32792	
Purpose of Disbursement Mileage Reimbursement	Category/Type 002	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5209
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1378.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. R Caroline Engeman		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 1302 Golfside Dr		Amount of Each Disbursement this Period 220.48
City Winter Park	State FL Zip Code 32792	
Purpose of Disbursement Supplies Reimbursement	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5200
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Wal-Mart		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016
Mailing Address 5511 Deep Lake Rd		Amount of Each Disbursement this Period 80.56
City Oviedo	State FL Zip Code 32765	
Purpose of Disbursement Supplies for Event	Category/Type 007	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5200.1
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 2497 SW 27th Ave		Amount of Each Disbursement this Period 52.65
City Ocala	State FL Zip Code 34474	
Purpose of Disbursement Office Supplies	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5200.3
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	220.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. R Caroline Engeman		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 1302 Golfside Dr		Amount of Each Disbursement this Period 2778.81
City Winter Park	State FL Zip Code 32792	
Purpose of Disbursement Salary Expense	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5205
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. R Caroline Engeman		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 1302 Golfside Dr		Amount of Each Disbursement this Period 326.04
City Winter Park	State FL Zip Code 32792	
Purpose of Disbursement Supplies Reimbursement	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5184
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Wal-Mart		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 5511 Deep Lake Rd		Amount of Each Disbursement this Period 48.84
City Oviedo	State FL Zip Code 32765	
Purpose of Disbursement Office Supplies	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5184.0
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3104.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Publix		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address 3300 Publix Corporate Pkwy		Amount of Each Disbursement this Period 111.44
City Lakeland	State FL	
Zip Code 33811	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5184.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 2497 SW 27th Ave		Amount of Each Disbursement this Period 96.44
City Ocala	State FL	
Zip Code 34474	Purpose of Disbursement Printer Ink	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5184.2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Publix		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2016
Mailing Address 3300 Publix Corporate Pkwy		Amount of Each Disbursement this Period 22.02
City Lakeland	State FL	
Zip Code 33811	Purpose of Disbursement Snacks for Meeting	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5184.4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 53			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. R Caroline Engeman			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016		
Mailing Address 1302 Golfside Dr					
City Winter Park	State FL	Zip Code 32792	Amount of Each Disbursement this Period 968.54		
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002	<input type="checkbox"/> Memo Item		
Candidate Name		Transaction ID : SB17.5185			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____ District: _____					

Full Name (Last, First, Middle Initial) B. R Caroline Engeman			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016		
Mailing Address 1302 Golfside Dr					
City Winter Park	State FL	Zip Code 32792	Amount of Each Disbursement this Period 2778.81		
Purpose of Disbursement Salary Expense		Category/ Type 001	<input type="checkbox"/> Memo Item		
Candidate Name		Transaction ID : SB17.5126			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____ District: _____					

Full Name (Last, First, Middle Initial) C. ESP Enterprises			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016		
Mailing Address 14486 Cortez Blvd					
City Brooksville	State FL	Zip Code 34613	Amount of Each Disbursement this Period 4062.98		
Purpose of Disbursement Political Signs		Category/ Type 004	<input type="checkbox"/> Memo Item		
Candidate Name		Transaction ID : SB17.5127			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____ District: _____					

SUBTOTAL of Disbursements This Page (optional).....	7810.33
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Florida UC Fund		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 5050 W Tennessee St		Amount of Each Disbursement this Period 378.00
City Tallahassee	State FL Zip Code 32399	
Purpose of Disbursement State Unemployment Taxes	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5822
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Greater Hernando Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address 15588 Aviation Loop Dr		Amount of Each Disbursement this Period 250.00
City Brooksville	State FL Zip Code 34604	
Purpose of Disbursement Candidate Table	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5070
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Harbinger Outreach		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address 1919 M Street NW Suite 200		Amount of Each Disbursement this Period 6888.23
City Washington	State DC Zip Code 20036	
Purpose of Disbursement Production/Editing Costs	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5227
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7516.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hernando Co REC			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016	
Mailing Address 19227 Cortez Blvd			Amount of Each Disbursement this Period 130.00	
City Brooksville	State FL	Zip Code 34601	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Lincoln Day Dinner Tickets		Category/ Type 001	Transaction ID : SB17.5286	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Hines Digital			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016	
Mailing Address 6 Holliben Court			Amount of Each Disbursement this Period 1500.00	
City Severna Park	State MD	Zip Code 21146	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Website Design		Category/ Type 004	Transaction ID : SB17.5232	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Hines Digital			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016	
Mailing Address 6 Holliben Court			Amount of Each Disbursement this Period 1500.00	
City Severna Park	State MD	Zip Code 21146	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Website Design		Category/ Type 004	Transaction ID : SB17.5212	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3130.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 53			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20				

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hines Digital			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016		
Mailing Address 6 Holliben Court			Amount of Each Disbursement this Period 25.00		
City Severna Park	State MD	Zip Code 21146	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraising Fees		Category/ Type 003	Transaction ID : SB17.5130		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) B. Joni Industries			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016		
Mailing Address 16230 Aviation Loop Dr			Amount of Each Disbursement this Period 106.50		
City Brooksville	State FL	Zip Code 34604	Memo Item <input type="checkbox"/>		
Purpose of Disbursement T Shirt Printing		Category/ Type 007	Transaction ID : SB17.5210		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) C. Joni Industries			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016		
Mailing Address 16230 Aviation Loop Dr			Amount of Each Disbursement this Period 86.27		
City Brooksville	State FL	Zip Code 34604	Memo Item <input type="checkbox"/>		
Purpose of Disbursement T Shirts Printing		Category/ Type 006	Transaction ID : SB17.5196		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	217.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Killingsworth Agency		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address PO Box 1750		Amount of Each Disbursement this Period 675.00
City Brooksville	State FL	
Zip Code 34605	Purpose of Disbursement Office Rent	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : SB17.5194
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lazy B Cattle Venture Ltd		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 940 Lake Shore Dr Suite 200		Amount of Each Disbursement this Period 1707.12
City The Villages	State FL	
Zip Code 32162	Purpose of Disbursement Office Rent	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : SB17.5124
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Lori A Sowers, CPA, PA		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 312 S Broad St		Amount of Each Disbursement this Period 1891.50
City Brooksville	State FL	
Zip Code 34601	Purpose of Disbursement Accounting Fees	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	Transaction ID : SB17.5206
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4273.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Majority Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 12854 Kenan Dr Suite 145		Amount of Each Disbursement this Period 10669.31
City Jacksonville	State FL Zip Code 32258	
Purpose of Disbursement Printing & Mailing Service	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5225
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Samuel Mascaro		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 1610 SE 17th Ave		Amount of Each Disbursement this Period 625.50
City Ocala	State FL Zip Code 34471	
Purpose of Disbursement Contract Labor	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5182
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Amanda Myers		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 1725 E Fletcher St		Amount of Each Disbursement this Period 405.00
City Hernando	State FL Zip Code 34442	
Purpose of Disbursement Contract Labor	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5183
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	11699.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 53			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Northstar Campaign Systems			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016		
Mailing Address 11421 Davenport St			Amount of Each Disbursement this Period 1800.00		
City Omaha	State NE	Zip Code 68154	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Office Phones		Category/ Type 001			
Candidate Name		Transaction ID : SB17.5197			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Political Capital			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016		
Mailing Address 2668 Scott Mill Ln			Amount of Each Disbursement this Period 1250.00		
City Jacksonville	State FL	Zip Code 32223	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraising Consultant		Category/ Type 003			
Candidate Name		Transaction ID : SB17.5224			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. Political Capital			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016		
Mailing Address 2668 Scott Mill Ln			Amount of Each Disbursement this Period 2500.00		
City Jacksonville	State FL	Zip Code 32223	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraising Consultant		Category/ Type 003			
Candidate Name		Transaction ID : SB17.5213			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	5550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jack Schwencke		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 5423 Compass Point		Amount of Each Disbursement this Period 1053.00
City Oxford	State FL Zip Code 34484	
Purpose of Disbursement Contract Labor	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5178
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 1260 Lori Dr		Amount of Each Disbursement this Period 307.79
City Spring Hill	State FL Zip Code 34606	
Purpose of Disbursement Printing Expenses	Category/Type 006	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5229
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Sky Asian Fusion		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 3600 SW 38th Ave		Amount of Each Disbursement this Period 916.26
City Ocala	State FL Zip Code 34474	
Purpose of Disbursement Fundraising Dinner	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.5047
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2277.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 53			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>30</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		30		2016
M M	/	D D	/	Y Y Y Y									
04		30		2016									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>286.27</td> </tr> </table>		286.27			
City	State	Zip Code											
San Francisco	CA	94110											
286.27													
Purpose of Disbursement Merchant Fees		<input type="checkbox"/> Memo Item											
Candidate Name		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001									
001													
Office Sought:		Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:		Transaction ID : SB17.5834											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>31</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		31		2016
M M	/	D D	/	Y Y Y Y									
05		31		2016									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>13.28</td> </tr> </table>		13.28			
City	State	Zip Code											
San Francisco	CA	94110											
13.28													
Purpose of Disbursement Merchant Fees		<input type="checkbox"/> Memo Item											
Candidate Name		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001									
001													
Office Sought:		Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:		Transaction ID : SB17.5832											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		30		2016
M M	/	D D	/	Y Y Y Y									
06		30		2016									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>5.11</td> </tr> </table>		5.11			
City	State	Zip Code											
San Francisco	CA	94110											
5.11													
Purpose of Disbursement Merchant Fees		<input type="checkbox"/> Memo Item											
Candidate Name		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001									
001													
Office Sought:		Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:		Transaction ID : SB17.5833											

SUBTOTAL of Disbursements This Page (optional).....	304.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United States Treasury			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016	
Mailing Address Cincinnati			Amount of Each Disbursement this Period 854.37	
City Cincinnati	State OH	Zip Code 45999	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll Taxes		Candidate Name	Transaction ID : SB17.5821	
Category/Type 001				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. United States Treasury			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address Cincinnati			Amount of Each Disbursement this Period 9074.37	
City Cincinnati	State OH	Zip Code 45999	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll Taxes		Candidate Name	Transaction ID : SB17.5826	
Category/Type 001				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. United States Treasury			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016	
Mailing Address Cincinnati			Amount of Each Disbursement this Period 854.37	
City Cincinnati	State OH	Zip Code 45999	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll Taxes		Candidate Name	Transaction ID : SB17.5827	
Category/Type 001				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	10783.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 53			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 207 E Fort Dade Ave		Amount of Each Disbursement this Period 85.00
City Brooksville	State FL	
Zip Code 34601	Purpose of Disbursement PO Box Rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5231
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 138.92
City Ackworth	State GA	
Zip Code 30101	Purpose of Disbursement Cell Phone Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5223
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 138.92
City Ackworth	State GA	
Zip Code 30101	Purpose of Disbursement Cell Phone Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5199
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	362.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 138.92
City Ackworth	State GA	
Zip Code 30101	Purpose of Disbursement Cell Phone Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5129
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Vincent Jim Volpe		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 25146 Cranes Roost Cir		Amount of Each Disbursement this Period 260.43
City Leesburg	State FL	
Zip Code 34748	Purpose of Disbursement In-kind - Fundraising Dinner	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5304
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	399.35
TOTAL This Period (last page this line number only).....	105152.18

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Data Targeting Inc		Nature of Debt (Purpose): Benchmark Survey
Mailing Address 6211 NW 132nd St		
City State	Zip Code	
Gainesville FL	32653	

Outstanding Balance Beginning This Period	Transaction ID : SD10.5018	
<input type="text" value="7250.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="7250.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Data Targeting Inc		Nature of Debt (Purpose): Campaign Software
Mailing Address 6211 NW 132nd St		
City State	Zip Code	
Gainesville FL	32653	

Outstanding Balance Beginning This Period	Transaction ID : SD10.5828	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4089.16"/>	<input type="text" value="0.00"/>	<input type="text" value="4089.16"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="4089.16"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="4089.16"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="4089.16"/>