



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	18675.00	335717.19
(b) Total Contribution Refunds (from Line 20(d)) .....	10600.00	16000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8075.00	319717.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	39750.41	301196.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	726.64	726.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	39023.77	300469.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33997.59	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	79764.12	

**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 05/2016)

Write or Type Committee Name

**JUSTIN GRABELLE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14850.00	270461.19
(ii) Unitemized .....	1825.00	19856.00
(iii) TOTAL of contributions from individuals .....	16675.00	290317.19
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	0.00	38400.00
(d) The Candidate .....	2000.00	2000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18675.00	335717.19
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	15000.00	15000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	15000.00	15000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	726.64	726.64
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	34401.64	351443.83

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39750.41	301196.24
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 .....	5400.00	10800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5200.00	5200.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	10600.00	16000.00
21. OTHER DISBURSEMENTS .....	250.00	250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	50600.41	317446.24

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	50196.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34401.64
25. SUBTOTAL (add Line 23 and Line 24).....	84598.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50600.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33997.59

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

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

FOR LINE NUMBER: PAGE 5 OF 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**JUSTIN GRABELLE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Anwar, Ghulam, , ,**

Mailing Address 27432 Hammock View Ct

City: Yalaha State: FL Zip Code: 34797

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

Name of Employer: Self-Employed 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  
08 / 15 / 2016

Transaction ID : SA11AI.6239

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Bin-Sagheer, Syed, , ,**

Mailing Address 5525 Grand Summit Dr

City: Brooksville State: FL Zip Code: 34601

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

Name of Employer: Self-Employed 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  
08 / 15 / 2016

Transaction ID : SA11AI.6237

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 290 Moulvan Pl

City: The Villages State: FL Zip Code: 32162

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 ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : SA11AI.6132

Amount of Each Receipt this Period  
1200.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2200.00

**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 6 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**JUSTIN GRABELLE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Duerr, Douglas, , ,**  
 Mailing Address 16238 E Shirley Shores Rd  
 City Tavares State FL Zip Code 32778  
 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 ▼  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2016  
**Transaction ID : SA11AI.6245**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Guirguis, Eid, , ,**  
 Mailing Address 16722 Ivy Lake Dr  
 City Odessa State FL Zip Code 33556  
 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  
 08 / 16 / 2016  
**Transaction ID : SA11AI.6229**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Hasan, Syed Wagar, , ,**  
 Mailing Address 5174 Secretariat Run  
 City Spring Hill State FL Zip Code 34609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed 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  
 08 / 15 / 2016  
**Transaction ID : SA11AI.6243**  
 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)..... ▶

600.00

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

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

FOR LINE NUMBER: PAGE 7 OF 37  
(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)  
**Hoekstra, Matthew, , ,**

Mailing Address 4711 W Braddock Rd  
#40

City Alexandria    State VA    Zip Code 22311

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

Name of Employer Williams and Jensen    Occupation Government Relations

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2016

Transaction ID : SA11AI.6223

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Holton, James, , ,**

Mailing Address 9800 4th St N  
Suite 200

City St Petersburg    State FL    Zip Code 33702

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 ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2016

Transaction ID : SA11AI.6221

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Joud, Mohammad, Ayman, ,**

Mailing Address 3382 St Ives Blvd

City Spring Hill    State FL    Zip Code 34609

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 ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2016

Transaction ID : SA11AI.6124

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)..... ▶

2500.00

**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)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**JUSTIN GRABELLE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Khan, Sohail, , ,**

Mailing Address 18022 Cozumel Isle Dr

City Tampa	State FL	Zip Code 33647
---------------	-------------	-------------------

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  
 08 / 26 / 2016

**Transaction ID : SA11AI.6189**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Malhotra, Gaurav, , ,**

Mailing Address 13463 Pullman Dr

City Spring Hill	State FL	Zip Code 34609
---------------------	-------------	-------------------

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 ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2016

**Transaction ID : SA11AI.6122**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address PO Box 795

City Aripeka	State FL	Zip Code 34679
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FEC ID number of contributing federal political committee. **C**

Name of Employer A Civil Design Group, LLC	Occupation Engineer
---	------------------------

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  
 08 / 16 / 2016

**Transaction ID : SA11AI.6131**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 2250.00
<b>TOTAL</b> 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 9 OF 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JUSTIN GRABELLE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mathias, Melinda, , ,**

Mailing Address 5117 Banana Point Dr

City Okahumpka State FL Zip Code 34762

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : SA11AI.6120

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mullins, Diana, , ,**

Mailing Address 16238 E Shirley Shores Rd

City Tavares State FL Zip Code 32778

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 ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 16 / 2016

Transaction ID : SA11AI.6246

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ottenstroer, Duane, L, ,**

Mailing Address 10739 Deerwood Park Blvd  
Suite 310

City Jacksonville State FL Zip Code 32256

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 16 / 2016

Transaction ID : SA11AI.6140

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**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 10 OF 37	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**JUSTIN GRABELLE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Potdar, Santosh, , ,**

Mailing Address 5328 Championship Cup Ln

City Brooksville	State FL	Zip Code 34609
---------------------	-------------	-------------------

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

Name of Employer Self-Employed	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  
 08 / 15 / 2016

**Transaction ID : SA11AI.6235**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Sami, Muhammad, , ,**

Mailing Address 13424 Whitehaven Ct

City Spring Hill	State FL	Zip Code 34609
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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  
 08 / 26 / 2016

**Transaction ID : SA11AI.6181**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Sembler, Debbie, , ,**

Mailing Address 7741 Hunter Ln

City Pinellas Park	State FL	Zip Code 33782
-----------------------	-------------	-------------------

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 ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016

**Transaction ID : SA11AI.5961**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item  
 AMEX

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

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

\_\_\_\_\_ 1500.00

\_\_\_\_\_

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JUSTIN GRABELLE FOR CONGRESS**

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

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 ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 22 / 2016

Transaction ID : SA11AI.6254

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**White, JoAnn, , ,**

Mailing Address 14275 Siesta Rd

City Largo State FL Zip Code 33774

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 16 / 2016

Transaction ID : SA11AI.6146

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 14275 Siesta Rd

City Largo State FL Zip Code 33774

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

Name of Employer Hydrologic Distribution Company Occupation Chairman

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  
08 / 16 / 2016

Transaction ID : SA11AI.6142

Amount of Each Receipt this Period  
1700.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3200.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 37  
(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)  
Zaidi, Farrukh, , ,  
Mailing Address 3818 Ambassador Dr  
City Palm Harbor State FL Zip Code 34685  
FEC ID number of contributing federal political committee. C  
Name of Employer Self-Employed 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  
08 / 12 / 2016  
Transaction ID : SA11AI.6250  
Amount of Each Receipt this Period  
500.00  
 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 / 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 / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14850.00

**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 37  
(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)  
**GRABELLE, JUSTIN M, , ,**

Mailing Address PO BOX 187

City: BROOKSVILLE    State: FL    Zip Code: 34605

FEC ID number of contributing federal political committee: **C** H6FL11209

Name of Employer: None    Occupation: Candidate

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
17000.00

Date of Receipt: 08 / 29 / 2016

Transaction ID : SA11D.6310

Amount of Each Receipt this Period: 2000.00

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

# 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 37	
<input type="checkbox"/> 11a 12	<input checked="" 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)  
**GRABELLE, JUSTIN M, , ,**

Mailing Address PO BOX 187

City BROOKSVILLE	State FL	Zip Code 34605
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6FL11209

Name of Employer None	Occupation Candidate
--------------------------	-------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 16 / 2016

**Transaction ID : SA13A.6136**

Amount of Each Receipt this Period  

15000.00
----------

Memo Item  
 Personal Loan

**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 / 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 / D D / Y Y Y Y Y Y
-------------------------

Amount of Each Receipt this Period  

--

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15000.00

**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)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**JUSTIN GRABELLE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Killingsworth Agency**

Mailing Address PO Box 1750

City: Brooksville State: FL Zip Code: 34605

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

Name of Employer: Occupation:

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2016

Transaction ID : SA14.6179

Amount of Each Receipt this Period  
 675.00

Memo Item  
 Security Deposit Refund

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

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify) ▼

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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	675.00

**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 16 OF 37			
	<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) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2016
Mailing Address PO Box 84314		FEC Identification Number C
City Baton Rouge	State LA	Zip Code 70884
Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 142.52
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 : SB17.6232
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Ciaccio, Steven, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 11528 Hyde Park Way		FEC Identification Number C
City Spring Hill	State FL	Zip Code 34609
Purpose of Disbursement Outside Service	Category/ Type 004	
Candidate Name		Amount of Each Disbursement this Period 648.00
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 : SB17.6260
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CitiCard</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address Box 6062		FEC Identification Number C
City Sioux Falls	State SD	Zip Code 57117
Purpose of Disbursement Credit Card Payment	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 6601.49
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 : SB17.6263
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7392.01
<b>TOTAL</b> 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 17 OF 37	
	<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) <b>A. Best Buy</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016	
Mailing Address 2499 SW 27th Ave			FEC Identification Number C	
City Ocala	State FL	Zip Code 34471	Amount of Each Disbursement this Period 44.92	
Purpose of Disbursement Office Supplies		Category/Type 001		
Candidate Name		Transaction ID : SB17.6263.4		
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) ▼		<input checked="" type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016	
Mailing Address 1 Hacker Way			FEC Identification Number C	
City Menlo Park	State CA	Zip Code 94205	Amount of Each Disbursement this Period 1507.38	
Purpose of Disbursement Advertising		Category/Type 004		
Candidate Name		Transaction ID : SB17.6263.6		
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	
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Racetrac</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 3225 Cumberland Blvd Suite 100			FEC Identification Number C	
City Atlanta	State GA	Zip Code 30339	Amount of Each Disbursement this Period 34.19	
Purpose of Disbursement Fuel		Category/Type 002		
Candidate Name		Transaction ID : SB17.6263.7		
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	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 18 OF 37	
	<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) <b>A. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Advertising	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 250.00
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Hines Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016
Mailing Address 6 Holliben Court		FEC Identification Number C
City Severna Park	State MD	Zip Code 21146
Purpose of Disbursement Digital Consultant	Category/Type 003	
Candidate Name		Amount of Each Disbursement this Period 1000.00
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Hines Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016
Mailing Address 6 Holliben Court		FEC Identification Number C
City Severna Park	State MD	Zip Code 21146
Purpose of Disbursement Digital Media Consultant	Category/Type 003	
Candidate Name		Amount of Each Disbursement this Period 1052.50
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 19 OF 37	
	<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) <b>A. Sunoco</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016	
Mailing Address 7170 Barclay Ave			FEC Identification Number C	
City Brooksville	State FL	Zip Code 34609	Amount of Each Disbursement this Period 29.07	
Purpose of Disbursement Fuel		Category/ Type 002	Transaction ID : SB17.6263.13	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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>B. Uber</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016	
Mailing Address 1455 Market St			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94102	Amount of Each Disbursement this Period 98.97	
Purpose of Disbursement Cab Fares		Category/ Type 002	Transaction ID : SB17.6263.14	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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>c. Nationbuilder</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016	
Mailing Address 520 S Grand Ave 2nd Floor			FEC Identification Number C	
City Los Angeles	State CA	Zip Code 90071	Amount of Each Disbursement this Period 759.00	
Purpose of Disbursement Campaign Software		Category/ Type 001	Transaction ID : SB17.6263.17	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 20 OF 37	
	<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) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2016
Mailing Address 2497 SW 27th Ave		FEC Identification Number C
City Ocala	State FL	Zip Code 34474
Purpose of Disbursement Office Supplies	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 19.06	
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 : SB17.6263.18 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Racetrac</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2016
Mailing Address 3225 Cumberland Blvd Suite 100		FEC Identification Number C
City Atlanta	State GA	Zip Code 30339
Purpose of Disbursement Fuel	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 27.40	
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 : SB17.6263.19 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2016
Mailing Address PO Box 4001		FEC Identification Number C
City Ackworth	State GA	Zip Code 30101
Purpose of Disbursement Cell Phone Service	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 32.20	
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 : SB17.6263.20 <input checked="" type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 21 OF 37	
	<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) <b>A. Racetrac</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016	
Mailing Address 3225 Cumberland Blvd Suite 100			FEC Identification Number C	
City Atlanta	State GA	Zip Code 30339	Amount of Each Disbursement this Period 31.64	
Purpose of Disbursement Fuel		Category/ Type 002	Transaction ID : SB17.6263.22	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Lake County Republicans</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016	
Mailing Address 212 W Main St			FEC Identification Number C	
City Tavares	State FL	Zip Code 32778	Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement Vendor Table		Category/ Type 004	Transaction ID : SB17.6263.23	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Sunoco</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2016	
Mailing Address 7170 Barclay Ave			FEC Identification Number C	
City Brooksville	State FL	Zip Code 34609	Amount of Each Disbursement this Period 29.31	
Purpose of Disbursement Fuel		Category/ Type 002	Transaction ID : SB17.6263.27	
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) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 22 OF 37	
	<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) <b>A. Greater Hernando Chamber of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2016	
Mailing Address 15588 Aviation Loop Dr			FEC Identification Number C	
City Brooksville	State FL	Zip Code 34604	Amount of Each Disbursement this Period 40.00	
Purpose of Disbursement Meeting Dues		Category/ Type 001	Transaction ID : SB17.6263.28	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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>B. Sunpass</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016	
Mailing Address 7941 Glades Rd			FEC Identification Number C	
City Boca Raton	State FL	Zip Code 33434	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Tolls		Category/ Type 002	Transaction ID : SB17.6263.29	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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>C. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016	
Mailing Address PO Box 536216			FEC Identification Number C	
City Atlanta	State GA	Zip Code 30353	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Cell Phone Service		Category/ Type 001	Transaction ID : SB17.6263.30	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 37	
	<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) <b>A. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016	
Mailing Address 1 Hacker Way			FEC Identification Number C	
City Menlo Park	State CA	Zip Code 94205	Amount of Each Disbursement this Period 752.07	
Purpose of Disbursement Advertising		Category/Type 004		
Candidate Name			Transaction ID : SB17.6263.31	
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) ▼		<input checked="" type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Racetrac</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2016	
Mailing Address 3225 Cumberland Blvd Suite 100			FEC Identification Number C	
City Atlanta	State GA	Zip Code 30339	Amount of Each Disbursement this Period 34.34	
Purpose of Disbursement Fuel		Category/Type 002		
Candidate Name			Transaction ID : SB17.6263.33	
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	
State: District:				

Full Name (Last, First, Middle Initial) <b>c. City of Brooksville</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016	
Mailing Address PO Box 656			FEC Identification Number C	
City Brooksville	State FL	Zip Code 34605	Amount of Each Disbursement this Period 68.27	
Purpose of Disbursement Water/Sewer		Category/Type 001		
Candidate Name			Transaction ID : SB17.6269	
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 type="checkbox"/> Memo Item	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	68.27
<b>TOTAL</b> 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 37			
	<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) <b>A. Comcast Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016
Mailing Address PO Box 105257		FEC Identification Number C
City Atlanta	State GA	Zip Code 30348
Purpose of Disbursement Internet Expense	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 339.32
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 : SB17.6316
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Duke Energy</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address PO Box 1004		FEC Identification Number C
City Charlotte	State NC	Zip Code 28201
Purpose of Disbursement Electric	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 119.94
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 : SB17.6264
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Engeman, R Caroline, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016
Mailing Address 1302 Golfside Dr		FEC Identification Number C
City Winter Park	State FL	Zip Code 32792
Purpose of Disbursement Office Supplies Reimb	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 66.33
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 : SB17.6314
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	525.59
<b>TOTAL</b> 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 37			
	<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) <b>A. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2016		
Mailing Address 2497 SW 27th Ave			FEC Identification Number C		
City Ocala	State FL	Zip Code 34474	Amount of Each Disbursement this Period 66.33		
Purpose of Disbursement Office Supplies		Category/ Type 001	Transaction ID : SB17.6314.0		
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:		Memo Item <input checked="" type="checkbox"/>			

Full Name (Last, First, Middle Initial) <b>B. Harbinger Outreach</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016		
Mailing Address 1919 M Street NW Suite 200			FEC Identification Number C		
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period 23000.00		
Purpose of Disbursement Media Buy		Category/ Type 004	Transaction ID : SB17.6255		
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:		Memo Item <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) <b>C. Katz, Hannah, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address 5033 SW 40th Pl			FEC Identification Number C		
City Ocala	State FL	Zip Code 34474	Amount of Each Disbursement this Period 688.50		
Purpose of Disbursement Outside Service		Category/ Type 004	Transaction ID : SB17.6262		
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:		Memo Item <input type="checkbox"/>			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	23688.50
<b>TOTAL</b> 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 37			
	<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) <b>A. Killingsworth Agency</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address PO Box 1750			FEC Identification Number C		
City Brooksville	State FL	Zip Code 34605	Amount of Each Disbursement this Period 87.74		
Purpose of Disbursement Rent Expense		Category/ Type 001	Transaction ID : SB17.6259		
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:					

Full Name (Last, First, Middle Initial) <b>B. Lazy B Cattle Venture Ltd</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address 940 Lake Shore Dr Suite 200			FEC Identification Number C		
City The Villages	State FL	Zip Code 32162	Amount of Each Disbursement this Period 1707.12		
Purpose of Disbursement Rent Expense		Category/ Type 001	Transaction ID : SB17.6258		
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:					

Full Name (Last, First, Middle Initial) <b>c. Leadership Lake County</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2016		
Mailing Address PO Box 1501			FEC Identification Number C		
City Tavares	State FL	Zip Code 32778	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Vendor Table		Category/ Type 004	Transaction ID : SB17.6191		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2094.86
<b>TOTAL</b> 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 37	
	<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) <b>A. Mascaro, Samuel, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 1610 SE 17th Ave			FEC Identification Number C	
City Ocala	State FL	Zip Code 34471	Amount of Each Disbursement this Period 351.00	
Purpose of Disbursement Outside Service		Category/ Type 003	Transaction ID : SB17.6195	
Candidate Name		Memo Item <input type="checkbox"/>		
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>B. Myers, Amanda, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016	
Mailing Address 1725 E Fletcher St			FEC Identification Number C	
City Hernando	State FL	Zip Code 34442	Amount of Each Disbursement this Period 612.00	
Purpose of Disbursement Outside Service		Category/ Type 003	Transaction ID : SB17.6196	
Candidate Name		Memo Item <input type="checkbox"/>		
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>C. Santana Galafa, Joseph, Anthony, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016	
Mailing Address 12786 Linden Dr			FEC Identification Number C	
City Spring Hill	State FL	Zip Code 34609	Amount of Each Disbursement this Period 549.00	
Purpose of Disbursement Outside Service		Category/ Type 004	Transaction ID : SB17.6261	
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1512.00
<b>TOTAL</b> 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 37	
	<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) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2016
Mailing Address 3180 18th St		FEC Identification Number C
City San Francisco	State CA	Zip Code 94110
Purpose of Disbursement Credit Card Merchant Fees		001
Candidate Name		Amount of Each Disbursement this Period 147.10
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 : SB17.6233
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address Cincinnati		FEC Identification Number C
City Cincinnati	State OH	Zip Code 45999
Purpose of Disbursement Payroll Taxes		001
Candidate Name		Amount of Each Disbursement this Period 4061.96
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 : SB17.6257
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4209.06
<b>TOTAL</b> This Period (last page this line number only).....▶	39490.29

**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 37			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**JUSTIN GRABELLE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jallo, Nina, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2016		
Mailing Address 290 Tall Oak Trl					
City Tarpon Springs	State FL	Zip Code 34688	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : SB20A.6176			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Jallo, Paul, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2016		
Mailing Address 16055 State Rd 52 Ste 201					
City Land o Lakes	State FL	Zip Code 34638	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : SB20A.6177			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5400.00

**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 30 OF 37	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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) <b>A. AMERICAN PRINCIPLES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2016	
Mailing Address 20533 BISCAYNE BLVD #250			FEC Identification Number C C00492579	
City MIAMI	State FL	Zip Code 33180	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution Refund		Category/ Type 010	Transaction ID : SB20C.6173	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF RICH NUGENT</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016	
Mailing Address PO BOX 15668			FEC Identification Number C C00482281	
City BROOKSVILLE	State FL	Zip Code 34604	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution Refund		Category/ Type 010	Transaction ID : SB20C.6318	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL District: 11				

Full Name (Last, First, Middle Initial) <b>C. SEAGRASS PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2016	
Mailing Address 610 S. BOULEVARD			FEC Identification Number C C00563338	
City TAMPA	State FL	Zip Code 33606	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Contribution Refund		Category/ Type 010	Transaction ID : SB20C.6175	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5200.00

**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 31 OF 37	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JUSTIN GRABELLE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BRIAN MAST FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016
Mailing Address 2600 S DOUGLAS RD STE 900		FEC Identification Number C C00579896
City CORAL GABLES	State FL	Zip Code 33134
Purpose of Disbursement Campaign Contribution	011	
Candidate Name <b>MAST, BRIAN, , ,</b>		Amount of Each Disbursement this Period 50.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>SB21.6164</b>
State: FL District: 18	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR JOHN RUTHERFORD</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016
Mailing Address 3030 HARTLEY RD SUITE 120		FEC Identification Number C C00615294
City JACKSONVILLE	State FL	Zip Code 32257
Purpose of Disbursement Campaign Contribution	011	
Candidate Name <b>RUTHERFORD, JOHN, , ,</b>		Amount of Each Disbursement this Period 50.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>SB21.6166</b>
State: FL District: 04	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MATT GAETZ</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016
Mailing Address 610 S. BOULEVARD		FEC Identification Number C C00612432
City TAMPA	State FL	Zip Code 33606
Purpose of Disbursement Campaign Contribution	011	
Candidate Name <b>GAETZ, MATT, , ,</b>		Amount of Each Disbursement this Period 50.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>SB21.6167</b>
State: FL District: 01	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	150.00
<b>TOTAL</b> 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 37	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JUSTIN GRABELLE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF NEAL DUNN</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016	
Mailing Address 2640A MITCHAM DRIVE			FEC Identification Number C 00582304	
City TALLAHASSEE	State FL	Zip Code 32308	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Transaction ID : SB21.6163	
Candidate Name DUNN, NEAL PATRICK, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL District: 02				

Full Name (Last, First, Middle Initial) <b>B. ROONEY FOR CONGRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016	
Mailing Address 610 S. BOULEVARD			FEC Identification Number C 00618223	
City TAMPA	State FL	Zip Code 33606	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Transaction ID : SB21.6165	
Candidate Name ROONEY, FRANCIS, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL District: 19				

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **JUSTIN GRABELLE FOR CONGRESS** Transaction ID : **SC/10.6136**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) GRABELLE, JUSTIN M, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 187			
City BROOKSVILLE	State FL	ZIP Code 34605	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
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<b>TERMS</b>	Date Incurred 08 / 16 / 2016	Date Due 08/16/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	15000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	15000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**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 <b>Catropo, Nicholas, , ,</b>			Nature of Debt (Purpose): Advanced Operating Expenses
Mailing Address 9251 Butler Blvd			
City Weeki Wachee	State FL	Zip Code 34613	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.6312	
Amount Incurred This Period 7631.52	Payment This Period 0.00	Outstanding Balance at Close of This Period 7631.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Engeman, R Caroline, , ,</b>			Nature of Debt (Purpose): Salary Expense
Mailing Address 1302 Golfside Dr			
City Winter Park	State FL	Zip Code 32792	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.6313	
Amount Incurred This Period 2778.81	Payment This Period 0.00	Outstanding Balance at Close of This Period 2778.81

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Hines Digital</b>			Nature of Debt (Purpose): Digital Media Consultant
Mailing Address 6 Holliben Court			
City Severna Park	State MD	Zip Code 21146	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.6171	
Amount Incurred This Period 1240.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1240.50

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	11650.83
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**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 <b>Majority Strategies LLC</b>			Nature of Debt (Purpose): Printing & Mailing Services
Mailing Address 12854 Kenan Dr Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="21863.87"/>		<b>Transaction ID : SD10.5965</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="21863.87"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies LLC</b>			Nature of Debt (Purpose): Printing & Mailing Services
Mailing Address 12854 Kenan Dr Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="2425.00"/>		<b>Transaction ID : SD10.5966</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2425.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies LLC</b>			Nature of Debt (Purpose): Design Consulting
Mailing Address 12854 Kenan Dr Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="300.00"/>		<b>Transaction ID : SD10.5967</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="300.00"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="24588.87"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

**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 <b>Majority Strategies LLC</b>			Nature of Debt (Purpose): Mailing Services
Mailing Address 12854 Kenan Dr Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="11023.51"/>		Transaction ID : <b>SD10.5845</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="11023.51"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies LLC</b>			Nature of Debt (Purpose): Mailing Services
Mailing Address 12854 Kenan Dr Suite 145			
City Jacksonville	State FL	Zip Code 32258	

Outstanding Balance Beginning This Period <input type="text" value="10638.11"/>		Transaction ID : <b>SD10.5846</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10638.11"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Northstar Campaign Systems</b>			Nature of Debt (Purpose): Telephone Services
Mailing Address 11421 Davenport St			
City Omaha	State NE	Zip Code 68154	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID : <b>SD10.6169</b>	
Amount Incurred This Period <input type="text" value="1862.80"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1862.80"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="23524.42"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**JUSTIN GRABELLE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Political Capital</b>			Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 2668 Scott Mill Ln			
City Jacksonville	State FL	Zip Code 32223	

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.6170</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2500.00	0.00	2500.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Political Capital</b>			Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 2668 Scott Mill Ln			
City Jacksonville	State FL	Zip Code 32223	

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.6172</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2500.00	0.00	2500.00	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	5000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	64764.12
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	15000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	79764.12