

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER
2015 NOV -3 AM 11:33
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Justin Grabelle for Congress

ADDRESS (number and street)

PO Box 865

(Check if address
is changed)

Brooksville

FL

34605

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

lori@lorisowerscpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.justingrabelle.com

2. DATE

11 / 2 / 2015

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Lori A Sowers

Signature of Treasurer

Lori Sowers

Date

11 / 02 / 2015

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

2015 NOV -3 AM 11:33

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Justin Grabelle

Candidate Party Affiliation REP Office Sought: House Senate President State FL District 11

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | | | |
|----|-------|---------------|----------------|
| 1. | _____ | FEC ID number | <u>C</u> _____ |
| 2. | _____ | FEC ID number | <u>C</u> _____ |
| 3. | _____ | FEC ID number | <u>C</u> _____ |
| 4. | _____ | FEC ID number | <u>C</u> _____ |

11-11-2008 10:11:11 AM

Write or Type Committee Name

Justin Grabelle for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Lori Sowers

Mailing Address

PO Box 865

Brooksville

FL

34605

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

352

797

0455

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Lori Sowers

Mailing Address

PO Box 865

Brooksville

FL

34605

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

352

797

0455

2011-11-10 10:10:10

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SunTrust Bank

[Grid for Name of Bank, Depository, etc.]

Mailing Address

PO Box 85024

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Richmond

[Grid for Mailing Address Line 3]

VA

[Grid for Mailing Address Line 3]

23285

[Grid for Mailing Address Line 3]

5024

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

CONFIDENTIAL

