

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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))....	137255.50	248919.50
(b) Total Contribution Refunds (from Line 20(d))	5400.00	5400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	131855.50	243519.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	54313.42	66550.55
(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)).....	54313.42	66550.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	176968.95	
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).....	7250.00	

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: / / To: / /

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).....	110994.50	204344.50
(ii) Unitemized.....	4261.00	8175.00
(iii) TOTAL of contributions from individuals ▶	115255.50	212519.50
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	22000.00	31400.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	137255.50	248919.50
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)..... ▶	137255.50	248919.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	54313.42	66550.55
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	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)).....	5400.00	5400.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	59713.42	71950.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	99426.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	137255.50
25. SUBTOTAL (add Line 23 and Line 24).....	236682.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59713.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	176968.95

**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 72
	<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)
Scott Adams

Mailing Address 839 S Adams Pond Ter

City Inverness State FL Zip Code 34450

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

Name of Employer Self-Employed Occupation Contractor

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
03 / 21 / 2016

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 9615 San Fernando Ct

City Howey in the Hills State FL Zip Code 34737

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5590 SW 28th Ave

City Ocala State FL Zip Code 34471

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
03 / 25 / 2016

Transaction ID : SA11AI.4764

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).....

1500.00

**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 6 OF 72
	<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)
Stanley Biarfield

Mailing Address 8850 SE 7th Avenue Rd

City Ocala State FL Zip Code 34480

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

Name of Employer Retired Occupation Retired

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
 03 / 01 / 2016

Transaction ID : SA11AI.4569

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 11650 NE 72nd Blvd

City The Villages State FL Zip Code 32162

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

Name of Employer The Villages Occupation Development and Construction Manager

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
 03 / 31 / 2016

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 11650 NE 72nd Blvd

City The Villages State FL Zip Code 32162

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

Name of Employer Citizens First Bank 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
 03 / 31 / 2016

Transaction ID : SA11AI.4717

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: (check only one)	PAGE 7 OF 72
	<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)
Margaret Blount

Mailing Address 6800 Fleetwood Rd

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

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

Name of Employer Retired	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
 02 / 22 / 2016

Transaction ID : SA11AI.4549

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1251 Alabama Ave

City The Villages	State FL	Zip Code 32159
----------------------	-------------	-------------------

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

Name of Employer Villages Communications	Occupation Director
---	------------------------

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
 03 / 31 / 2016

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 150 Omps Dr

City Winchester	State VA	Zip Code 22601
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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
 03 / 18 / 2016

Transaction ID : SA11AI.4730

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).....

4200.00

**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 8 OF 72
	<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)
Silvia Brink-Grillo

Mailing Address 555 SW KINGS BAY Dr

City State Zip Code
Crystal River FL 34429

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

Name of Employer Occupation
Crystal Community ENT Registered Nurse

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
03 / 21 / 2016

Transaction ID : SA11AI.4741

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1107 N Pitt St
Unit 2C

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Alpine Group Govt Relations Consultant

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
01 / 19 / 2016

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 138 NE Quincy Pl
#4

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation
Brownstein Hyatt Farber Schreck Govt. Relations

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
01 / 12 / 2016

Transaction ID : SA11AI.4783

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).....

1000.00

**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 72
	<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)
Don Caquelin

Mailing Address 14139 Bassingthorpe Dr

City Spring Hill State FL Zip Code 34609

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 2818 University Ter NW

City Washington State DC Zip Code 20016

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

Name of Employer Fierce Government Relations Occupation Consultant

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
 01 / 11 / 2016

Transaction ID : SA11AI.4775

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 1001 NW L St

City Washington State DC Zip Code 20001

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

Name of Employer Rite Aid Corp. Occupation Lobbyist

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
 01 / 19 / 2016

Transaction ID : SA11AI.4457

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 10 OF 72
	<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)
Michel Cohen

Mailing Address 1555 Presidential Way

City Miami State FL Zip Code 33179

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

Name of Employer Self-Employed Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period
1250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Thomas J Corkery

Mailing Address 3392 N BOSWELL Ter

City Hernando State FL Zip Code 34442

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.4734

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2205 Windsor Rd

City Alexandria State VA Zip Code 22307

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

Name of Employer Navigators Global Occupation Founding Principal

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
03 / 31 / 2016

Transaction ID : SA11AI.4693

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).....

1750.00

**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 72
	<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)
Brian Crawford

Mailing Address 1513 Varnum St NW

City Washington State DC Zip Code 20011

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

Name of Employer American Hotel & Lodging Assoc Occupation Vice President

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
01 / 19 / 2016

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7372 Campaign Dr

City Port Republic State VA Zip Code 24471

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 **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kenneth William Daley

Mailing Address 825 SE 69th Pl

City Ocala State FL Zip Code 34480

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

Name of Employer Tri-Eagle Sales Occupation President

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
03 / 08 / 2016

Transaction ID : SA11AI.4611

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).....

3200.00

**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 12 OF 72
	<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)
Dennis Nicholas Damato

Mailing Address 7020 W COTTAGE Ln

City State Zip Code
Crystal River FL 34429

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

Name of Employer Occupation
Self-Employed Contractor

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
 03 / 21 / 2016

Transaction ID : SA11AI.4736

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 1719 SW College Rd

City State Zip Code
Ocala FL 34471

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

Name of Employer Occupation
DeLuca Toyota President

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
 03 / 04 / 2016

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 507 NW 9th Ave

City State Zip Code
crystal river FL 34428

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

Name of Employer Occupation
self md

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
 03 / 31 / 2016

Transaction ID : SA11AI.4689

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 13 OF 72
	<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)
Kathryn A Dinkins

Mailing Address 8331 SE 16th Ter

City Ocala	State FL	Zip Code 34480
---------------	-------------	-------------------

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period
250.00

Memo Item

B. 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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO Box 770599

City Ocala	State FL	Zip Code 34477
---------------	-------------	-------------------

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

Name of Employer Donarra Extrusion, LLC	Occupation Manager
--	-----------------------

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
 03 / 23 / 2016

Transaction ID : SA11AI.4771

Amount of Each Receipt this Period
700.00

Memo Item

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

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

1200.00

**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 72
	<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 Donohue

Mailing Address **PO Box 770599**

City **Ocala** State **FL** Zip Code **34477**

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

Name of Employer **Donarra Extrusion, LLC** Occupation **Manager**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address **839 SE 5th St**

City **Ocala** State **FL** Zip Code **34471**

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
02 / 24 / 2016

Transaction ID : SA11AI.4551

Amount of Each Receipt this Period
250.00

Memo Item

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

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : SA11AI.4505

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).....

800.00

**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 72
	<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)
Douglas Duerr

Mailing Address 16238 E Shirley Shores Rd

City State Zip Code
Tavares FL 32778

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4695

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mari-Elain Conrad Ebitz

Mailing Address 89 DOUGLAS St

City State Zip Code
Homosassa FL 34446

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11AI.4634

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
J. Greg Engeman

Mailing Address 1302 Golfside Dr

City State Zip Code
Winter Park FL 32792

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

Name of Employer Occupation
Accelerated Learning Systems Vice 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
 03 / 10 / 2016

Transaction ID : SA11AI.4637

Amount of Each Receipt this Period
1700.00

Memo Item

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

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

2050.00

**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 16 OF 72
	<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)
J. Greg Engeman

Mailing Address 1302 Golfside Dr

City Winter Park State FL Zip Code 32792

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

Name of Employer Accelerated Learning Systems Occupation Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11AI.4638

Amount of Each Receipt this Period
1300.00

Memo Item

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

Mailing Address 411 SE G St

City Washington State DC Zip Code 20003

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

Name of Employer Holland & Knight Occupation Consultant

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
 03 / 09 / 2016

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5821 Hollywood Blvd
200

City Hollywood State FL Zip Code 33021

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

Name of Employer City First Mortgage Occupation Vice President

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
 03 / 25 / 2016

Transaction ID : SA11AI.4749

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).....

1800.00

**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 72
(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)
Stephen Fiske

Mailing Address 6100 Hollywood Blvd
Suite 305

City Hollywood State FL Zip Code 33024

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

Name of Employer City First Mortgage Occupation President

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
 03 / 25 / 2016

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1143 Divot Ct

City Spring Hill State FL Zip Code 34608

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4669

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Tillie Anne Fowler

Mailing Address 3335 Dent PI NW

City Washington State DC Zip Code 20007

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

Name of Employer American Academy of PAs Occupation Sr Vice President

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
 01 / 19 / 2016

Transaction ID : SA11AI.4471

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 18 OF 72
	<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)
Karan Gaekwad

Mailing Address 11980 SE 22nd ave Rd

City Ocala State FL Zip Code 34480

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

Name of Employer Self Occupation Self

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
 03 / 22 / 2016

Transaction ID : SA11AI.4625

Amount of Each Receipt this Period
750.00

Memo Item

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

Mailing Address 9525 San Fernando

City Howey In The Hills State FL Zip Code 34737-5005

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 / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4575

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 10575 SW 186th Ave

City Dunnellon State FL Zip Code 34432

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
 03 / 05 / 2016

Transaction ID : SA11AI.4589

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).....

2250.00

**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 19 OF 72
	<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)
Leo John Govoni

Mailing Address 15831 1st St E

City Redington Beach State FL Zip Code 33708

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

Name of Employer Boston Capital Leasing 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
 02 / 22 / 2016

Transaction ID : SA11AI.4567

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dorothy A Grabelle

Mailing Address 630 Allenwood Loop

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
 03 / 18 / 2016

Transaction ID : SA11AI.4645

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dorothy A Grabelle

Mailing Address 630 Allenwood Loop

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
4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.4646

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

5200.00

**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 20 OF 72
	<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)
Howard Grabelle

Mailing Address 630 Allenwood Loop

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
3900.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 630 Allenwood Loop

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
6600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.5043

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 3305 Picwood Rd

City State Zip Code
Tampa FL 33558

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

Name of Employer Occupation
N/A 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
03 / 09 / 2016

Transaction ID : SA11AI.4613

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).....

8100.00

**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 21 OF 72
	<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)
Michelle Guarino

Mailing Address 3305 Picwood Rd

City Tampa State FL Zip Code 33558

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11AI.4789

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Martha 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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 15 / 2016

Transaction ID : SA11AI.4553

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Martha 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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : SA11AI.4626

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).....

3450.00

**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 22 OF 72
	<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)
Linda Harrison

Mailing Address 8252 NW 26th Lane Rd
Unit 3

City Ocala State FL Zip Code 34482

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
2500.00

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

Transaction ID : SA11AI.4593

Amount of Each Receipt this Period
 2500.00

Memo Item

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

Mailing Address 300 N Ridge Rd
Unit 30

City Henrico State VA Zip Code 23229

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
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 12780 NW 35th St

City Ocala State FL Zip Code 34482

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.4603

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).....

3750.00

**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 23 OF 72
	<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)
Michael Herson

Mailing Address 8709 Burning Tree Rd

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
American Defense International, Inc. President

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
02 / 19 / 2016

Transaction ID : SA11AI.4547

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 770 P St NW
Apt 328

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
Chamber Hill Strategies Partner

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
01 / 19 / 2016

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 525 G St SE
Apt 15

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Banner Public Affairs Vice President

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
01 / 19 / 2016

Transaction ID : SA11AI.4475

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 24 OF 72
	<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)
Matthew Hoekstra

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7606 Ridge Rd
#203

City Seminole State FL Zip Code 33772

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

Name of Employer State of Florida Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
444.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2016

Transaction ID : SA11AI.4794

Amount of Each Receipt this Period
444.50

Memo Item
In-kind - Food for Fundraiser

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

Mailing Address 290 Tall Oak Trl

City Tarpon Springs State FL Zip Code 34688

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
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4721

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).....

3394.50

**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 25 OF 72
	<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)
Nina Jallo

Mailing Address 290 Tall Oak Trl

City Tarpon Springs State FL Zip Code 34688

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
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Wayne Drew Johnson

Mailing Address 19515 STERLING BLUFF Way

City Brooksville State FL Zip Code 34601

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

Name of Employer Accuform Occupation President

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
 03 / 15 / 2016

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3 Cypress Run #33C

City Homosassa State FL Zip Code 34446

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

Name of Employer Optima DHM Corp Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period
300.00

Memo Item

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

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

3500.00

**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 26 OF 72
	<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)
Sarah Banker Kelly

Mailing Address 1902 SW 27TH St

City Ocala State FL Zip Code 34471

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

Name of Employer None Occupation Retired Educator

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
03 / 23 / 2016

Transaction ID : SA11AI.4747

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.4752

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kelly D King

Mailing Address 621 NE 55TH St

City Ocala State FL Zip Code 34479

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

Name of Employer Marion Co School Board Occupation Board Member

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
03 / 10 / 2016

Transaction ID : SA11AI.4617

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).....

1000.00

**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 27 OF 72
	<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)
Keith Krueger

Mailing Address 8486 Athens Ct

City State Zip Code
Weeki Wachee FL 34613

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

Name of Employer Occupation
Krueger Global Enterprises Self employed

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
 03 / 31 / 2016

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period
2450.00

Memo Item

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

Mailing Address 8486 Athens Ct

City State Zip Code
Weeki Wachee FL 34613

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

Name of Employer Occupation
Krueger Global Enterprises Self employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4788

Amount of Each Receipt this Period
2550.00

Memo Item

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

Mailing Address 1808 Belmont Rd NW
#2

City State Zip Code
Washington DC 20009

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

Name of Employer Occupation
Comcast Fed Gov't Affrs

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
 03 / 31 / 2016

Transaction ID : SA11AI.4681

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).....

5250.00

**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 28 OF 72
	<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	

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. Blair Larkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1109 N Pitt St
 Apt 2A
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bockorny Group Occupation Principle
 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
 01 / 19 / 2016
Transaction ID : SA11AI.4477
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Kathryn Lehman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3106 Russell Rd
 City Alexandria State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holland & Knight 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
 01 / 19 / 2016
Transaction ID : SA11AI.4479
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. T Harrison Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 829 3rd St SW
 City Washington State DC Zip Code 20024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US House of Representatives Occupation Congressional Staff
 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
 01 / 13 / 2016
Transaction ID : SA11AI.4453
 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).....

1000.00

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

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

FOR LINE NUMBER: PAGE 29 OF 72
(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)
Thomas Lewis

Mailing Address 586 E Hobcaw Dr

City State Zip Code
Mount Pleasant SC 29464

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 6692 E County Road 466

City State Zip Code
The Villages FL 32162

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

Name of Employer Occupation
The Villages Property Manager

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
 03 / 31 / 2016

Transaction ID : SA11AI.4713

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address 4451 NE 83rd Rd

City State Zip Code
Wildwood FL 34785

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

Name of Employer Occupation
MiCo Customs Inc Contractor

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
 03 / 31 / 2016

Transaction ID : SA11AI.4719

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: (check only one)	PAGE 30 OF 72
	<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)
Nancy Marzoli

Mailing Address 291 Kenny Ln

City Winchester State VA Zip Code 22602

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
 01 / 13 / 2016

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1020 Lake Sumter Lndg

City The Villages State FL Zip Code 32162

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

Name of Employer The Villages Occupation VP-Design

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
 03 / 31 / 2016

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 10140 Southern Breeze Ct

City Weeki Wachee State FL Zip Code 34613

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.4650

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).....

3950.00

**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 31 OF 72
	<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)
Paige McCabe

Mailing Address 2756 Livery Ln

City State Zip Code
The Villages FL 32162

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

Name of Employer Occupation
The Villages Polo Club Director of 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
 03 / 31 / 2016

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address 926 Hawk Lndg

City State Zip Code
Fruitland Park FL 34731

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

Name of Employer Occupation
Ocoos Co-Founder

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
 03 / 31 / 2016

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address 6400 Ridge Dr

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
Ingram Group Consultant

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
 03 / 25 / 2016

Transaction ID : SA11AI.4659

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).....

5650.00

**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 32 OF 72
	<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. Matt McGinley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2503-D Harrison St N
 #1210
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. C
 Name of Employer Advanced Policy Consulting, LLC Occupation Principal
 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
 03 / 31 / 2016
Transaction ID : SA11AI.4685
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Timothy McGivern
 Full Name (Last, First, Middle Initial)
 Mailing Address 1335 R St NW
 #2
 City Washington State DC Zip Code 20009
 FEC ID number of contributing federal political committee. C
 Name of Employer Ogilvy Government Relations Occupation Lobbyist
 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
 01 / 12 / 2016
Transaction ID : SA11AI.4777
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. John Mitten
 Full Name (Last, First, Middle Initial)
 Mailing Address 24043 Twister Ln
 City Brooksville State FL Zip Code 34602
 FEC ID number of contributing federal political committee. C
 Name of Employer Chick-fil-A Occupation Franchise Owner
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : SA11AI.4649
 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).....

1000.00

**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 33 OF 72
	<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)
Lisa Karen Moore

Mailing Address 712 SW KINGS BAY Dr

City State Zip Code
Crystal River FL 34429

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

Name of Employer Occupation
Gulf Atlantic Industrial 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
 03 / 21 / 2016

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1105 SE 45th St

City State Zip Code
Ocala FL 34480

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

Name of Employer Occupation
Munroe Regional Medical Ctr CEO

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
 03 / 28 / 2016

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
M'Lissa Morse

Mailing Address 11650 NE 72nd Blvd

City State Zip Code
The Villages FL 32162

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
 03 / 31 / 2016

Transaction ID : SA11AI.4715

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).....

3450.00

**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 34 OF 72
	<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)
Mark G Morse

Mailing Address 11650 NE 72ND Blvd

City State Zip Code
The Villages FL 32162

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

Name of Employer Occupation
The Villages 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
 03 / 31 / 2016

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address 16238 E Shirley Shores Rd

City State Zip Code
Tavares FL 32778

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 16238 E Shirley Shores Rd

City State Zip Code
Tavares FL 32778

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

3050.00

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

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

FOR LINE NUMBER: PAGE 35 OF 72
(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)
Steve Munz

Mailing Address 847 S Main St

City State Zip Code
Wildwood FL 34785

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

Name of Employer Occupation
Galaxy Home Solutions CEO

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
 03 / 28 / 2016

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Douglas R Murphy

Mailing Address 6260 SW 21ST COURT Rd

City State Zip Code
Ocala FL 34471

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

Name of Employer Occupation
Self-Employed 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
 01 / 15 / 2016

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 5801 Ward Pkwy

City State Zip Code
Kansas City MO 64113

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

Name of Employer Occupation
University of Kansas Cancer Centers 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
 03 / 14 / 2016

Transaction ID : SA11AI.4621

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).....

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)	PAGE 36 OF 72
	<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	

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)
Mary Ott Wood

Mailing Address 2605 Clubhouse Dr

City	State	Zip Code
Plant City	FL	33566

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

Name of Employer	Occupation
FL West Coast Credit Union	CEO

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
 03 / 18 / 2016

Transaction ID : SA11AI.4657

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Whitfield M Palmer

Mailing Address 2241 SE 25TH St

City	State	Zip Code
Ocala	FL	34471

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
 03 / 15 / 2016

Transaction ID : SA11AI.4654

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jennifer Louise Parr

Mailing Address 1000 Lake Sumter Lndg

City	State	Zip Code
The Villages	FL	32162

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

Name of Employer	Occupation
The Villages	Director of Sales

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
 03 / 31 / 2016

Transaction ID : SA11AI.4701

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 37 OF 72
(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)
Daniel Peters

Mailing Address 7219 SE 12th Cir

City Ocala State FL Zip Code 34480

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

Name of Employer E-One Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4671

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address 5795 NW 75th Ave

City Ocala State FL Zip Code 34482

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

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

Transaction ID : SA11AI.4587

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 1230 13th St NW Apt 915

City Washington State DC Zip Code 20005

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

Name of Employer IMF Occupation Special Assistant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2016

Transaction ID : SA11AI.4481

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).....

3200.00

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

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

FOR LINE NUMBER: PAGE 38 OF 72
(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)
Jack Reynolds

Mailing Address 461 NW 14th Pl

City State Zip Code
Crystal River FL 34428

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

Name of Employer Occupation
Brannen Bank Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.4745

Amount of Each Receipt this Period
 300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Clifford Riccio Jr

Mailing Address 4810 25th St N

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
National Cable & Telecommunication Vice President

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
 01 / 19 / 2016

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 6149 9th Ave S

City State Zip Code
Gulfport FL 33707

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

Name of Employer Occupation
Self-Employed 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
 02 / 08 / 2016

Transaction ID : SA11AI.4513

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).....

800.00

**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 39 OF 72
	<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)
Janet Robertson

Mailing Address 2456 SW 7th Ave

City Ocala State FL Zip Code 34471

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

Name of Employer Ocala Neurosurgical Associates 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
 03 / 05 / 2016

Transaction ID : SA11AI.4583

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3921 Terry Pl

City Alexandria State VA Zip Code 22304

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

Name of Employer Prime Policy Group Occupation Director

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
 01 / 12 / 2016

Transaction ID : SA11AI.4781

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 8950 E EDEN WALK Ct

City Inverness State FL Zip Code 34450

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

Name of Employer West Coast Eye Institute Occupation Ophthalmologist

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
 01 / 05 / 2016

Transaction ID : SA11AI.4779

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).....

1500.00

**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 40 OF 72
	<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. Gary Schraut		Date of Receipt MM / DD / YYYY 03 / 21 / 2016
Mailing Address PO Box 1104		Transaction ID : SA11AI.4655
City Brooksville	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Realtor/Broker	<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 350.00	

Full Name (Last, First, Middle Initial) B. John Setzer		Date of Receipt MM / DD / YYYY 02 / 25 / 2016
Mailing Address 8991 SW 192nd Court Rd		Transaction ID : SA11AI.4565
City Dunnellon	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) C. Jayne Shapiro		Date of Receipt MM / DD / YYYY 03 / 25 / 2016
Mailing Address 19955 NE 38th Ct Apt 2205		Transaction ID : SA11AI.4751
City Aventura	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Investor	<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	

SUBTOTAL of Receipts This Page (optional).....	750.00
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 41 OF 72
(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)
Scott B Siemens

Mailing Address 3505 SE 17TH Ct

City Ocala State FL Zip Code 34471

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

Name of Employer Self-Employed Occupation Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jesse G Smith

Mailing Address 110 SW 5th Ter

City Crystal River State FL Zip Code 34429

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

Name of Employer Oak Hill Hospital Occupation Administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4577

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 9600 SW 27th Ave

City Ocala State FL Zip Code 34476

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : SA11AI.4563

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).....

1250.00

**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 42 OF 72
	<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)
Jeffrey Strunk

Mailing Address 3231 Rittenhouse St NW

City Washington State DC Zip Code 20015

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

Name of Employer Forbes Tate Partners Occupation Lobbyist

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
03 / 31 / 2016

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1711 SE 34th Ln

City Ocala State FL Zip Code 34471

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

Name of Employer Advanced Urology Institute Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 7267 SE 12th Cir

City Ocala State FL Zip Code 34480

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

Name of Employer G4S Occupation Security

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
03 / 05 / 2016

Transaction ID : SA11AI.4591

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).....

800.00

**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 12 11b 13a 11c 13b 11d 14 15
 PAGE 43 OF 72

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NAME OF COMMITTEE (In Full)
JUSTIN GRABELLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kent E Tyler

Mailing Address 652 SE 47TH Loop

City Ocala State FL Zip Code 34480

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

Name of Employer Self Employed Occupation Executive

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
 03 / 15 / 2016

Transaction ID : SA11AI.4632

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 1736 SE 47TH Ave

City Ocala State FL Zip Code 34471

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

Name of Employer Hamlet Construction Occupation Contractor

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
 03 / 15 / 2016

Transaction ID : SA11AI.4640

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 817 L St NE

City Washington State DC Zip Code 20002

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

Name of Employer Public Strategies Washington Occupation Partner

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
 01 / 29 / 2016

Transaction ID : SA11AI.4461

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).....

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)	PAGE 44 OF 72
	<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)
Dianne Waldron

Mailing Address PO Box 1750

City: Brooksville State: FL Zip Code: 34605

FEC ID number of contributing federal political committee: C

Name of Employer: Killingsworth Insurance Occupation: President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 03 / 28 / 2016

Transaction ID : SA11AI.4668

Amount of Each Receipt this Period: 250.00

Memo Item

B. 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: 500.00

Date of Receipt: 03 / 21 / 2016

Transaction ID : SA11AI.4739

Amount of Each Receipt this Period: 250.00

Memo Item

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

Mailing Address 3000 Marion County Rd

City: Weirsdale State: FL Zip Code: 32195

FEC ID number of contributing federal political committee: C

Name of Employer: Self-Employed Occupation: Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 05 / 2016

Transaction ID : SA11AI.4585

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 45 OF 72
	<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)
George J Webb

Mailing Address 10660 E BUSHNELL Rd

City State Zip Code
Floral City FL 34436

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address 14275 Siesta Rd

City State Zip Code
Largo FL 33774

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

Name of Employer Occupation
Hydrologic Distribution Company Chairman

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
 02 / 08 / 2016

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Devon Lee Wiechens

Mailing Address 516 SE 95TH St

City State Zip Code
Ocala FL 34480

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

Name of Employer Occupation
Mivon Investments, LLC Manager

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
 03 / 31 / 2016

Transaction ID : SA11AI.4697

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).....

4000.00

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

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

FOR LINE NUMBER: PAGE 46 OF 72
(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)
Michael V Wiechens

Mailing Address 516 SE 95TH St

City State Zip Code
Ocala FL 34480

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

Name of Employer Occupation
Wiechens Construction Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4699

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ellen M Witterstaeter

Mailing Address 4300 NE 138TH PI

City State Zip Code
Anthony FL 32617

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

Name of Employer Occupation
Healthsouth CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11AI.4630

Amount of Each Receipt this Period
 250.00

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 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).....

2950.00

110994.50

**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 47 OF 72
	<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)
AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCAPAC)

Mailing Address 1012 CAMERON ST

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00424788**

Name of Employer Occupation

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
 03 / 30 / 2016

Transaction ID : SA11C.5032

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City State Zip Code
RESTON VA 20191

FEC ID number of contributing federal political committee. **C C00343459**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11C.5037

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 20533 BISCAYNE BLVD #250

City State Zip Code
MIAMI FL 33180

FEC ID number of contributing federal political committee. **C C00492579**

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
 03 / 28 / 2016

Transaction ID : SA11C.5027

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).....

8000.00

**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 48 OF 72
	<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)
AMERICAN PRINCIPLES

Mailing Address 20533 BISCAYNE BLVD
#250

City MIAMI State FL Zip Code 33180

FEC ID number of contributing federal political committee. **C** C00492579

Name of Employer Occupation

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
03 / 28 / 2016

Transaction ID : SA11C.5028

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CEMEX INC. EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 929 GESSNER RD., SUITE 1900

City HOUSTON State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C** C00111880

Name of Employer Occupation

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
01 / 19 / 2016

Transaction ID : SA11C.5021

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DUFFY FOR CONGRESS

Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402

FEC ID number of contributing federal political committee. **C** C00464339

Name of Employer Occupation

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
03 / 31 / 2016

Transaction ID : SA11C.5035

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).....

4000.00

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

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

FOR LINE NUMBER: PAGE 49 OF 72
(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)
FLORIDA CONGRESSIONAL COMMITTEE

Mailing Address **6100 HOLLYWOOD BLVD
SUITE 305**

City **HOLLYWOOD** State **FL** Zip Code **33024**

FEC ID number of contributing federal political committee. **C C00127811**

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
03 / 28 / 2016

Transaction ID : SA11C.5026

Amount of Each Receipt this Period
 _____ **4000.00**

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1101 KING STREET
SUITE 600**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00144766**

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
03 / 09 / 2016

Transaction ID : SA11C.5020

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

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONWIDE MUTUAL INSURANCE COMPANY FINANCIAL & INVESTMENTS POLITICAL ACTION COMMITTEE

Mailing Address **ONE NATIONWIDE PLAZA, 1-32-301**

City **COLUMBUS** State **OH** Zip Code **43215**

FEC ID number of contributing federal political committee. **C C00406215**

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
02 / 15 / 2016

Transaction ID : SA11C.5024

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).....

_____ **10000.00**

_____ **22000.00**

**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 50 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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. Bascom Communications & Consulting

Full Name (Last, First, Middle Initial)
Mailing Address 217 S Adams St

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
Communications Consulting Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 19 / 2016

Amount of Each Disbursement this Period: 1500.00

Memo Item

Transaction ID : SB17.4856

B. Bascom Communications & Consulting

Full Name (Last, First, Middle Initial)
Mailing Address 217 S Adams St

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
Communications Consultant Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2016

Amount of Each Disbursement this Period: 1500.00

Memo Item

Transaction ID : SB17.4920

C. Bascom Communications & Consulting

Full Name (Last, First, Middle Initial)
Mailing Address 217 S Adams St

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
Communications Consultant Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2016

Amount of Each Disbursement this Period: 1500.00

Memo Item

Transaction ID : SB17.4987

SUBTOTAL of Disbursements This Page (optional) 4500.00

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 51 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Nicholas Catroppo			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016		
Mailing Address 9251 Butler Blvd			Amount of Each Disbursement this Period 11744.00		
City Weeki Wachee	State FL	Zip Code 34613	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Salary Expense		001			
Candidate Name		Category/Type	Transaction ID : SB17.4802		
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 01 / 12 / 2016		
Mailing Address Box 6062			Amount of Each Disbursement this Period 3274.51		
City Sioux Falls	State SD	Zip Code 57117	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit Card Payment		001			
Candidate Name		Category/Type	Transaction ID : SB17.4809		
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. Best Buy			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015		
Mailing Address 2499 SW 27th Ave			Amount of Each Disbursement this Period 186.71		
City Ocala	State FL	Zip Code 34471	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement Office Machine		001			
Candidate Name		Category/Type	Transaction ID : SB17.4809.0		
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).....	15018.51
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 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Wal-Mart		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2015
Mailing Address 5511 Deep Lake Rd		Amount of Each Disbursement this Period 18.93
City Oviedo State FL Zip Code 32765	Purpose of Disbursement Office Supplies 001 Category/Type	
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 : SB17.4809.2
State: District:		

Full Name (Last, First, Middle Initial) B. Silverthorn Country Club		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 4550 Golf Club Ln		Amount of Each Disbursement this Period 1400.00
City Brooksville State FL Zip Code 34609	Purpose of Disbursement Fundraiser 007 Category/Type	
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 : SB17.4809.11
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 4333 Amon Carter Blvd MD 5675		Amount of Each Disbursement this Period 196.20
City Ft Worth State TX Zip Code 76155	Purpose of Disbursement Airline Tickets 002 Category/Type	
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 : SB17.4809.20
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 53 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 4333 Amon Carter Blvd MD 5675		Amount of Each Disbursement this Period 196.20
City Ft Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airline Tickets	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : SB17.4809.21
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. Marks Prime Steakhouse		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2015
Mailing Address 30 S Magnolia Ave		Amount of Each Disbursement this Period 265.27
City Ocala	State FL	
Zip Code 34474	Purpose of Disbursement Dinner Meeting	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.4809.25
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) c. CitiCard		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016
Mailing Address Box 6062		Amount of Each Disbursement this Period 1116.18
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 : SB17.4869
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).....	1116.18
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 54 OF 72			
	<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 12 / 25 / 2015		
Mailing Address 7170 Barclay Ave			Amount of Each Disbursement this Period 27.03		
City Brooksville	State FL	Zip Code 34609	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4869.0		
Purpose of Disbursement Fuel		002 Category/ Type			
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. Sunoco			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2015		
Mailing Address 7170 Barclay Ave			Amount of Each Disbursement this Period 23.21		
City Brooksville	State FL	Zip Code 34609	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4869.2		
Purpose of Disbursement Fuel		002 Category/ Type			
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. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015		
Mailing Address PO Box 4001			Amount of Each Disbursement this Period 138.19		
City Ackworth	State GA	Zip Code 30101	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4869.3		
Purpose of Disbursement Cell Phone		001 Category/ Type			
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).....	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 55 OF 72	
	<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 12 / 30 / 2015	
Mailing Address 7170 Barclay Ave			Amount of Each Disbursement this Period 16.78	
City Brooksville	State FL	Zip Code 34609	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4869.4	
Purpose of Disbursement Fuel		002 Category/Type		
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. USPS			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016	
Mailing Address 207 E Fort Dade Ave			Amount of Each Disbursement this Period 14.75	
City Brooksville	State FL	Zip Code 34601	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4869.7	
Purpose of Disbursement Postage		001 Category/Type		
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. Sunoco			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016	
Mailing Address 7170 Barclay Ave			Amount of Each Disbursement this Period 27.93	
City Brooksville	State FL	Zip Code 34609	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4869.9	
Purpose of Disbursement Fuel		002 Category/Type		
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).....	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 56 OF 72	
	<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 01 / 16 / 2016
Mailing Address 7170 Barclay Ave		Amount of Each Disbursement this Period 25.11
City Brooksville	State FL	
Purpose of Disbursement Fuel	Zip Code 34609	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
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 : SB17.4869.17
State: District:		

Full Name (Last, First, Middle Initial) B. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 7170 Barclay Ave		Amount of Each Disbursement this Period 25.91
City Brooksville	State FL	
Purpose of Disbursement Fuel	Zip Code 34609	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
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 : SB17.4869.21
State: District:		

Full Name (Last, First, Middle Initial) c. CitiCard		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016
Mailing Address Box 6062		Amount of Each Disbursement this Period 2285.26
City Sioux Falls	State SD	
Purpose of Disbursement Credit Card Payment	Zip Code 57117	<input type="checkbox"/> Memo Item
Candidate Name	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)	Transaction ID : SB17.4938
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2285.26
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 57 OF 72	
	<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. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 300 First St SE		Amount of Each Disbursement this Period 1142.42
City Washington	State DC	
Purpose of Disbursement Fundraising Event	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4938.0
Candidate Name	Category/Type 007	
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. Wal-Mart		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 5511 Deep Lake Rd		Amount of Each Disbursement this Period 15.78
City Oviedo	State FL	
Purpose of Disbursement Office Supplies	Zip Code 32765	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4938.2
Candidate Name	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. USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 207 E Fort Dade Ave		Amount of Each Disbursement this Period 98.00
City Brooksville	State FL	
Purpose of Disbursement Postage	Zip Code 34601	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4938.5
Candidate Name	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).....	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 58 OF 72	
	<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 / 05 / 2016
Mailing Address 7170 Barclay Ave		Amount of Each Disbursement this Period 22.53
City Brooksville	State FL	
Zip Code 34609	Purpose of Disbursement Fuel	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4938.9
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016
Mailing Address 2497 SW 27th Ave		Amount of Each Disbursement this Period 16.92
City Ocala	State FL	
Zip Code 34474	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4938.17
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)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016
Mailing Address 2701 SW College Rd		Amount of Each Disbursement this Period 288.44
City Ocala	State FL	
Zip Code 34474	Purpose of Disbursement Postage & Office Supplies	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.4938.18
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)	
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 59 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement MM / DD / YYYY 02 / 18 / 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	<input checked="" type="checkbox"/> Memo Item
Candidate Name	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)	Transaction ID : SB17.4938.21
State: District:		

Full Name (Last, First, Middle Initial) B. Wal-Mart		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address 5511 Deep Lake Rd		Amount of Each Disbursement this Period 26.00
City Oviedo	State FL	
Zip Code 32765	Purpose of Disbursement Dessert for Meeting	<input checked="" type="checkbox"/> Memo Item
Candidate Name	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)	Transaction ID : SB17.4938.23
State: District:		

Full Name (Last, First, Middle Initial) C. Citrus County REC		Date of Disbursement MM / DD / YYYY 01 / 16 / 2016
Mailing Address PO Box 924		Amount of Each Disbursement this Period 250.00
City Lecanto	State FL	
Zip Code 34460	Purpose of Disbursement Lincoln Dinner	<input type="checkbox"/> Memo Item
Candidate Name	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)	Transaction ID : SB17.4854
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
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 60 OF 72	
	<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 01 / 12 / 2016
Mailing Address 6211 NW 132nd St		Amount of Each Disbursement this Period 2318.75
City Gainesville State FL Zip Code 32653	Purpose of Disbursement Christmas Cards 003 Category/Type	
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 type="checkbox"/> Memo Item Transaction ID : SB17.4804
State: District:		

Full Name (Last, First, Middle Initial) B. Data Targeting Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 6211 NW 132nd St		Amount of Each Disbursement this Period 2383.75
City Gainesville State FL Zip Code 32653	Purpose of Disbursement Palm Cards 006 Category/Type	
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 type="checkbox"/> Memo Item Transaction ID : SB17.4805
State: District:		

Full Name (Last, First, Middle Initial) c. Data Targeting Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 6211 NW 132nd St		Amount of Each Disbursement this Period 1709.06
City Gainesville State FL Zip Code 32653	Purpose of Disbursement Literature 006 Category/Type	
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 type="checkbox"/> Memo Item Transaction ID : SB17.4921
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6411.56
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 61 OF 72			
	<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. Decker Consulting Services			Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address 244 14th Place NE Suite 2			Amount of Each Disbursement this Period 602.28
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement Fundraising Consultant		Candidate Name	Memo Item <input type="checkbox"/>
Category/Type 003			
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 : SB17.4915
State: District:			

Full Name (Last, First, Middle Initial) B. Decker Consulting Services			Date of Disbursement MM / DD / YYYY 03 / 07 / 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	Memo Item <input type="checkbox"/>
Category/Type 003			
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 : SB17.4973
State: District:			

Full Name (Last, First, Middle Initial) c. R Caroline Engeman			Date of Disbursement MM / DD / YYYY 01 / 29 / 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		Candidate Name	Memo Item <input type="checkbox"/>
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)		Transaction ID : SB17.5014
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3881.09
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 62 OF 72			
	<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 02 / 15 / 2016		
Mailing Address 1302 Golfside Dr					
City Winter Park	State FL	Zip Code 32792	Amount of Each Disbursement this Period 512.89		
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002	<input type="checkbox"/> Memo Item		
Candidate Name		Transaction ID : SB17.4917			
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 02 / 15 / 2016		
Mailing Address 1302 Golfside Dr					
City Winter Park	State FL	Zip Code 32792	Amount of Each Disbursement this Period 42.35		
Purpose of Disbursement Reimb Office Supplies		Category/ Type 001	<input type="checkbox"/> Memo Item		
Candidate Name		Transaction ID : SB17.4918			
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 02 / 26 / 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 : SB17.4928			
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).....	3334.05
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 63 OF 72	
	<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 02 / 26 / 2016	
Mailing Address 1302 Golfside Dr			Amount of Each Disbursement this Period 32.62	
City Winter Park	State FL	Zip Code 32792	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Thank you cards		Category/ Type 001	Transaction ID : SB17.4930	
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. R Caroline Engeman			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016	
Mailing Address 1302 Golfside Dr			Amount of Each Disbursement this Period 748.98	
City Winter Park	State FL	Zip Code 32792	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Reimb Mileage		Category/ Type 002	Transaction ID : SB17.4934	
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. R Caroline Engeman			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016	
Mailing Address 1302 Golfside Dr			Amount of Each Disbursement this Period 167.67	
City Winter Park	State FL	Zip Code 32792	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Office Supplies for Fundraiser		Category/ Type 003	Transaction ID : SB17.4935	
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).....	949.27
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 64 OF 72	
	<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. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 2497 SW 27th Ave		Amount of Each Disbursement this Period 167.67
City Ocala State FL Zip Code 34474	Purpose of Disbursement Office Supplies for Fundraiser Category/Type 003	
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 : SB17.4935.0
State: District:		

Full Name (Last, First, Middle Initial) B. R Caroline Engeman		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 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	
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 type="checkbox"/> Memo Item Transaction ID : SB17.4937
State: District:		

Full Name (Last, First, Middle Initial) c. Berny Jacques		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 7606 Ridge Rd #203		Amount of Each Disbursement this Period 444.50
City Seminole State FL Zip Code 33772	Purpose of Disbursement In-kind - Food for Fundraiser Category/Type	
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 type="checkbox"/> Memo Item Transaction ID : SB17.4795
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3223.31
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 65 OF 72	
	<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. Lori A Sowers, CPA, PA			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016	
Mailing Address 312 S Broad St			Amount of Each Disbursement this Period 1432.66	
City Brooksville	State FL	Zip Code 34601	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Accounting Fees		Category/ Type 001		
Candidate Name			Transaction ID : SB17.4858	
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. Mojo Grill & Catering Co			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016	
Mailing Address 2015 SW 17th St			Amount of Each Disbursement this Period 264.99	
City Ocala	State FL	Zip Code 34471	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food for Fundraiser		Category/ Type 007		
Candidate Name			Transaction ID : SB17.4978	
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. Reilly Arts Center			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016	
Mailing Address 500 NE 9th St			Amount of Each Disbursement this Period 400.00	
City Ocala	State FL	Zip Code 34470	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Facility Rental		Category/ Type 007		
Candidate Name			Transaction ID : SB17.4976	
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).....	2097.65
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 66 OF 72
	<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. Sir Speedy		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address 1260 Lori Dr		Amount of Each Disbursement this Period 77.75
City Spring Hill	State FL	
Zip Code 34606	Purpose of Disbursement Business Cards	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.4914
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. Stripe		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 83.93
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5013
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. Stripe		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 91.33
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5012
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).....	253.01
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 67 OF 72			
	<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. Stripe		Date of Disbursement
Mailing Address 3180 18th St		M M / D D / Y Y Y Y 03 / 31 / 2016
City	State	Zip Code
San Francisco	CA	94110
Purpose of Disbursement Merchant Fees		Category/ Type
		001
Candidate Name	Amount of Each Disbursement this Period	
	312.63	
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:	Memo Item <input type="checkbox"/>	
	Transaction ID : SB17.5006	

Full Name (Last, First, Middle Initial) B. Sumter Co REC		Date of Disbursement
Mailing Address 1072 Winnsboro Dr		M M / D D / Y Y Y Y 02 / 04 / 2016
City	State	Zip Code
The Villages	FL	31262
Purpose of Disbursement Lincoln Dinner		Category/ Type
		001
Candidate Name	Amount of Each Disbursement this Period	
	225.00	
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:	Memo Item <input type="checkbox"/>	
	Transaction ID : SB17.4860	

Full Name (Last, First, Middle Initial) c. United States Treasury		Date of Disbursement
Mailing Address Cincinnati		M M / D D / Y Y Y Y 01 / 14 / 2016
City	State	Zip Code
Cincinnati	OH	45999
Purpose of Disbursement Payroll Taxes		Category/ Type
		001
Candidate Name	Amount of Each Disbursement this Period	
	1710.75	
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:	Memo Item <input type="checkbox"/>	
	Transaction ID : SB17.4996	

SUBTOTAL of Disbursements This Page (optional).....	2248.38
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 68 OF 72	
	<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 01 / 15 / 2016
Mailing Address Cincinnati		Amount of Each Disbursement this Period 40.50
City Cincinnati	State OH Zip Code 45999	
Purpose of Disbursement Payroll Taxes	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4997
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016
Mailing Address Cincinnati		Amount of Each Disbursement this Period 6334.37
City Cincinnati	State OH Zip Code 45999	
Purpose of Disbursement Payroll Taxes	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4995
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address Cincinnati		Amount of Each Disbursement this Period 854.37
City Cincinnati	State OH Zip Code 45999	
Purpose of Disbursement Payroll Taxes	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4993
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7229.24
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 69 OF 72	
	<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 MM / DD / YYYY 02 / 17 / 2016
Mailing Address 207 E Fort Dade Ave		Amount of Each Disbursement this Period 19.60
City Brooksville	State FL	
Zip Code 34601	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.4922
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 MM / DD / YYYY 01 / 29 / 2016
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 138.36
City Ackworth	State GA	
Zip Code 30101	Purpose of Disbursement Cell Phone	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.4857
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 MM / DD / YYYY 02 / 26 / 2016
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 138.95
City Ackworth	State GA	
Zip Code 30101	Purpose of Disbursement Cell Phone	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.4929
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).....	296.91
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 70 OF 72			
	<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 03 / 24 / 2016		
Mailing Address PO Box 4001			Amount of Each Disbursement this Period 154.95		
City Ackworth	State GA	Zip Code 30101	<input type="checkbox"/> Memo Item Transaction ID : SB17.4986		
Purpose of Disbursement Cell Phone		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)			
State:	District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
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:				

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	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
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:				

SUBTOTAL of Disbursements This Page (optional).....	154.95
TOTAL This Period (last page this line number only).....	53249.37

**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 71 OF 72			
	<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				

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

Full Name (Last, First, Middle Initial) A. Albert Dunlap			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016		
Mailing Address 2180 SW 55th St Rd			Amount of Each Disbursement this Period 2700.00		
City Ocala	State FL	Zip Code 34471	<input type="checkbox"/> Memo Item Transaction ID : SB20A.4796		
Purpose of Disbursement Contribution Refund		Category/ Type 010			
Candidate Name					
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. Judith Dunlap			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016		
Mailing Address 2180 SW 55th St Rd			Amount of Each Disbursement this Period 2700.00		
City Ocala	State FL	Zip Code 34471	<input type="checkbox"/> Memo Item Transaction ID : SB20A.4799		
Purpose of Disbursement Contribution Refund		Category/ Type 010			
Candidate Name					
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) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
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:					

SUBTOTAL of Disbursements This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	5400.00

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
Data Targeting Inc

Mailing Address 6211 NW 132nd St

City State Zip Code
Gainesville FL 32653

Nature of Debt (Purpose):
Benchmark Survey

Outstanding Balance Beginning This Period **Transaction ID : SD10.5018**

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="7250.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="7250.00"/>
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="7250.00"/>