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FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)
Justin M. Grabelle

(b) Address (number and street)
PO Box 865

Check if address changed

2. Identification Number

(c) City, State, and ZIP Code
Brooksville FL 34605

3. Is This Statement New (N) OR Amended (A)

4. Party Affiliation
REP

5. Office Sought
US House

6. State & District of Candidate
FL 11

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Justin Grabelle for Congress

(b) Address (number and street)

PO Box 865

(c) City, State, and ZIP Code

Brooksville FL 34605

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

None

(b) Address (number and street)

(c) City, State, and ZIP Code

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

Signature of Candidate



Date

November 2, 2015

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

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FEC FORM 2 (REV. 12/2008)

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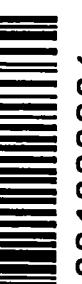
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