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# FEC FORM 2

## STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) Justin M. Grabelle			2. Identification Number		
(b) Address (number and street) PO Box 865			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Brooksville FL 34605			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> 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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(3/2015)

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