

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

Name: Justin Garbelle Daytime Telephone: _____

FILER STATUS

☒ New Member of or Candidate for U.S. House of Representatives
State: FL District: 11
Candidates - Date of Election: 11/2016

☐ New Officer or Employee
Employing Office: _____

☐ Check if Amendment
Period Covered: January 1, _____ to _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

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2015 DEC -7 PM 12:35
OFFICE USE ONLY

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
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ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

<p>TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or your dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
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Use additional sheets if more space is required.

