FEC FORM 1		STATEM ORGAN			2012	JUL 17 AMII: 54				
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M5					
Lamar St	ternad	for Congre			╺╶┟╴╽┈┓┨╴┨╴┈					
ADDRESS (number a	ind street)	19790 SV	/ 101	Avenue	╘╌┧╴┨╌╷╃╌╌╋╌					
(Check if a is changed)		Cutler Bay	 / 	<u></u>	FL 33157 860					
			CITY		STATE					
COMMITTEE'S E-M/ (Check if is change	address	(Please provide only o <b>ÇAMPAİGN</b>	-	<sup>idress)</sup> :elamar <sub>i</sub> .çon	<b>n</b>					
COMMITTEE'S WEE	PAGE ADDRE	ESS (URL)	I							
(Check if is change		www.vote								
2. DATE 07	<b>/ 10</b>	2012								
3. FEC IDENTIFIC	CATION NUM	BER	0050	)5529						
4. IS THIS STATE		NEW (N) OF		AMENDED (A)						
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Type or Print Name	of Treasurer	Justin Lar	har S	ternad						
Signature of Treasure	er	_/X	$\wedge$		Day 07	<b>*</b> ) ' <b>10</b> ' ' <b>2012</b> )				
NOTE: Submission of	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.									
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)				

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5.	–		
			Committee:
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		Juştin Lamar Sternad
	Candi Party	d <b>ate</b> Affiliatio	n Dem Office State FL Sought: X House Senate President FL
		,	District 26
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	y Com	mittee:
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registraot PAC.
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
-			
		Fund	raising Representative:
	(g)	$\Box$	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a fadoral candidato.
(	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Comr	nittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number
		3.	FEC ID number
		4.	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Lamar Sternad for Congress

6. Name of Any Connected O	)rga	ani	zat	ion	, A	ffil	iat	ed	Co	om	mì	tte	е,	Joi	int	Fu	ndı	rais	sing	j Re	epr	es	ent	ati	ve	, o	r Lo	eac	ler	sh	ip	PA	IC :	Sp	on	soi		
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Mailing Address	L																																					
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Relationship: Connected	d Oi	rga	niz	atic	'n		Af	filia	tec	d C	on	nm	itte	ə		խ	oint	Fu	Indr	aisi	ing	Re	pre	ese	enta	ativ	e		]∟	ea	dei	rsh	ip F	PA	cs	Spo	onso	r

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

Full Name	Lamar Sternad	1 1 1 1 1 1	
Mailing Address	19790 SW 101 Avenue	<u>↓↓↓↓↓</u>	
	Cutler Bay	J [FL]	331578607
Title or Position	CITY	STATE	ZIP CODE
	Telephone	number [30	55628196

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

Full Name of Treasurer	in Lamar Sternad	
Mailing Address	19790 SW 101 Avenue	
	Cutler Bay	FL 33157 8607
	CITY	STATE ZIP CODE
Title or Position	Telephone n	number [305] - [562] - [8196]

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Full Name of Designated Agent	Justin Lamar Sternad
Mailing Address	19790 SW 101 Αγenμe
	Cutler Bay
	CITY STATE ZIP CODE
Title or Position	r Telephone number 305 - 562 - 8196

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

Name of Bank, Depository, etc.

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TD B	ank, , , , , , , , , , , , , , , , , , ,		
Mailing Address	19199 South Dixie Highway		
	ı Çutler Bay	j [FL]	33157   - 8607
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
		<u>1 1 - 1 1 1 1</u>	
Mailing Address			
	CITY	STATE	ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked 7/14/12
Delivery Confirmation <sup>™</sup> or Signature Co	onfirmation <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	ness Day Delivery
Received-from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	of Receipt or Postmarked
EN	7/17/12
PREPARER (3/2005)	DATE PREPARED

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