

JUSTIN LAMAR STERNAD
19790 SW 101 Avenue
Cutler Bay, FL 33157
Tel: (305) 562-8196

RECEIVED
2013 JUL 17 AM 11:38
FEC MAIL CENTER

July 11, 2013

Federal Election Commission
999 E Street, NW
Washington, DC 20463

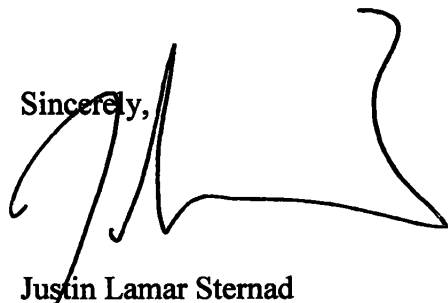
Re: 2013 Q2 July 15 Quarterly Report
Lamar Sternad for Congress
FEC Identification No.: C 00505529

Dear Federal Elections Commissions:

On counsel's advice, I invoke my rights under the Fifth Amendment of the Constitution of the United States not to answer or submit the information requested on FEC Form 3, on the grounds that I may incriminate myself.

Please refer all additional inquires to my attorney, Rick L. Yabor, at (305) 779-5901.

Sincerely,



Justin Lamar Sternad
Former Democratic Congressional Candidate
U.S. House of Representatives, District 26

13031092129

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED

2013 NOV 07 AM 11:38

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: If typing, type over the lines. **12 FEB 4 M5 FEC MAIL CENTER**

LAMAR STERNAD FOR CONGRESS

ADDRESS (number and street) **19790 SW 101 AVENUE**

Check if different than previously reported. (ACC) **CUTLER BAY FL 33157 - 8607**

2. FEC IDENTIFICATION NUMBER **C 00505529** CITY STATE ZIP CODE STATE DISTRICT
FL 26

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] / [] / [] In the State of []

(c) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] / [] / [] In the State of []

5. Covering Period **04** / **01** / **2013** through **06** / **30** / **2013**

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

Type or Print Name of Treasurer **JUSTIN L. STERNAD**

Signature of Treasurer  Date **07** / **11** / **2013**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

13031092130

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

LAMAR STERNAD FOR CONGRESS

Report Covering the Period: From:

04 / 01 / 2013

To:

06 / 30 / 2013

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))....

[Empty box for Column A, Line 6(a)]

[Empty box for Column B, Line 6(a)]

(b) Total Contribution Refunds
(from Line 20(d)).....

[Empty box for Column A, Line 6(b)]

[Empty box for Column B, Line 6(b)]

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a)).....

[Empty box for Column A, Line 6(c)]

[Empty box for Column B, Line 6(c)]

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17).....

[Empty box for Column A, Line 7(a)]

[Empty box for Column B, Line 7(a)]

(b) Total Offsets to Operating
Expenditures (from Line 14).....

[Empty box for Column A, Line 7(b)]

[Empty box for Column B, Line 7(b)]

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a)).....

[Empty box for Column A, Line 7(c)]

[Empty box for Column B, Line 7(c)]

**8. Cash on Hand at Close of
Reporting Period (from Line 27).....**

[Empty box for Column A, Line 8]

**9. Debts and Obligations Owed TO
the Committee (itemize all on
Schedule C and/or Schedule D).....**

[Empty box for Column A, Line 9]

**10. Debts and Obligations Owed BY
the Committee (itemize all on
Schedule C and/or Schedule D).....**

[Empty box for Column A, Line 10]

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

13031092131

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

LAMAR STERNAD FOR CONGRESS

Report Covering the Period: From:

04 / **01** / **2013**

To:

06 / **30** / **2013**

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 (see Schedule A).....

.....

.....

(ii) Unitemized.....

.....

.....

(iii) TOTAL of contributions
from individuals ▶

.....

.....

(b) Political Party Committees.....

.....

.....

(c) Other Political Committees
(such as PACs).....

.....

.....

(d) The Candidate.....

.....

.....

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(i), (b), (c), and (d))..

.....

.....

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

.....

.....

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

.....

.....

(b) All Other Loans.....

.....

.....

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

.....

.....

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**

.....

.....

**15. OTHER RECEIPTS
(Dividends, Interest, etc.)**

.....

.....

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶**

.....

.....

13031092132

**DETAILED SUMMARY PAGE
of Disbursements**

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....

--

--

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES.....

--

--

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

--

--

(b) Of All Other Loans.....

--

--

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

--

--

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees.....

--

--

(b) Political Party Committees.....

--

--

(c) Other Political Committees
(such as PACs).....

--

--

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

--

--

21. OTHER DISBURSEMENTS.....

--

--

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

--

--

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

--

24. TOTAL RECEIPTS THIS PERIOD (from Line 18, page 3).....

--

25. SUBTOTAL (add Line 23 and Line 24).....

--

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

--

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

--

13031092133

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)

<input type="checkbox"/> 11a 12	<input checked="" 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)

LAMAR STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

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

MM / DD / YYYY

Amount of Each Receipt this Period

[]

B.

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

MM / DD / YYYY

Amount of Each Receipt this Period

[]

C.

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

MM / DD / YYYY

Amount of Each Receipt this Period

[]

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

[]

[]

13031092134

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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)

LAMAR STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
------	------	------	------	------	------	------	------	------	------

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
------	------	------	------	------	------	------	------	------	------

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
------	------	------	------	------	------	------	------	------	------

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
------	------	------	------	------	------	------	------	------	------

9999	9999	9999	9999	9999	9999	9999	9999	9999	9999
------	------	------	------	------	------	------	------	------	------

13031092135

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
LAMAR STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election: **2012**

Primary
 General
 Other (specify) ▾

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured

MM / DD / YYYY MM / DD / YYYY % (ap) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031092136

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
LAMAR STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election: **2012**

Primary
 General
 Other (specify) ▾

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

[Empty boxes for loan amounts]

TERMS

Date Incurred: MM / DD / YYYY YYY YYY
Date Due: MM / DD / YYYY YYY YYY
Interest Rate: [] % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) []

TOTALS This Period (last page in this line only) []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031092137

SCHEDULE C (FEG Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
LAMAR STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election: **2012**

Primary
 General
 Other (specify) ▾

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured

MM / DD / YYYY MM / DD / YYYY % (ap) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶ []

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031092138

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
LAMAR STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election: **2012**

Primary
 General
 Other (specify) ▾

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured
 M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding

SUBTOTALS This Period This Page (optional)
 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031092139

SCHEDULE C (FEG Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
LAMAR STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election: **2012**

Primary
 General
 Other (specify) ▾

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY MM / DD / YYYY % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031092140

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
LAMAR STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election 2012

Primary
 General
 Other (specify) ▾

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured
 M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y % (ap) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶ []

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031092141

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
LAMAR STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election: **2012**

Primary
 General
 Other (specify) _____

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured

MM / DD / YYYY MM / DD / YYYY % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional) _____

TOTALS This Period (last page in this line only) _____

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031092142

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

13031092143

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/12/13
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><i>JMB</i></p> <p>PREPARER</p> <p>(7/2013)</p> </div> <div style="width: 35%; text-align: right;"> <p>7/17/13</p> <p>DATE PREPARED</p> </div> </div>	