2030871321

FEC FORM 3

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2012 AUG -3 AM 11: 34

• • •	Office	Use O	nly	
19-E	-C-M	a/mln/a	CF	ITER

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT	▼	Example: If typi over the lines.	ng, type	12FE4M5	C-MAIR CENTER
۲	MAR STERNAD FOR	CONGRESS	1 1 1 1	1 1 1 1 1		<u> </u>	
L		11111	1 1 1 1		1111	1 1 1 1 1	
ADE	DRESS (number and street)	19790 SW 10	1 AVENUE		111	<u> </u>	
Г	Check if different						
· Bass	than previously reported. (ACC)	CUTLER BAY	<u> </u>				33157, 8607
2.	FEC IDENTIFICATION N	UMBER ♥	CITY '	A		STATE	ZIP CODE A
	C .00505529		3. IS THIS REPOR	F/\U	OR	AMENDI (A)	STATE ▼ DISTRICT
4.	TYPE OF REPORT (Ch (a) Quarterly Reports:		E-	PRE-Election Rep X Primary (12) Convention	P)	General (12	
	July 15 Quarterly F		Election	ŏå"	' 14° '	2012 [°]	in the FL State of
	January 31 Year-En	nd Report (YE)	(c) 30-Day I	POST-Election Re		Runoff (30f	Constitution (1995)
	Termination Report	(TER)	Election	[M M]	/ D D /	Y Y Y Y	in the State of
5.	Covering Period 0	7" ' <mark>°</mark> 01° '	Ž012 ` `	through	Ö7 ^m	′ 25° ′	[*] 2012 [*] , [*]
	rtify that I have examined the	•	he best of m	y knowledge and	belief it is tro	ue, correct and	complete.
Sign	nature of Treasurer	6 11		\leq	<u> </u>	ate 07 ^M	′ 31° ′ 2012° °
NOT	TE: Submission of false, erron	eous, or incomplete	information r	may subject the pe	erson signing t	his Report to the	e penalties of 2 U.S.C. §437g.
l	Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Page 2

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

10. Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

l	_AN	MAR STERNAD FOR CONGRI	ESS	
R	epor	t Covering the Period: From:	07 ^m / 01° / 2012 . To:	"07" ' 25° ' '2012' `
	***		COLUMN A This Period	COLUMN B Election Cycle-to-Date
5.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	505.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	505.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (frem Line 17)	185.98	10,712.63
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	185.98	10,712.63
3.		sh on Hand at Close of porting Period (from Line 27)	120.97	•
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00	

For further information contact:

10,828.60

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

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

FE5AN018

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

LAMAR STERNAD FOR CONGRESS

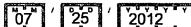












	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
1. CO	NTRIBUTIONS (other than loans) FROM:				
(a)	Individuals/Persons Other Than				
	Political Committees (i) Itemized (use Schedule A)	0.00	505.0		
	(ii) Unitermized	0.00	0.0		
	(iii) TOTAL of contributions from individuals	0.00	505.0		
(b)	Political Party Committees	0.00	0.0		
	Other Political Committees (such as PACs)	0.00	0.0		
(~l\	The Candidate	0.00	0.0		
(d) (e)	TOTAL CONTRIBUTIONS				
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	505.0		
	ANSFERS FROM OTHER THORIZED COMMITTEES	0.00	0.0		
3. LOA	ANS:				
(a)	Made or Guarenteed by the Candidate	0.00	10,878.6		
(b)	All Other Loans	0.00	0.0		
(c)	TOTAL LOANS	0.00	10,878.6		
	(add Lines 13(a) and (b))				
EXP	FSETS TO OPERATING PENDITURES	0.00			
(Ref	funds, Rebates, etc.)	0.00	0.0		
	idends Interest etc.)	0.00	0.0		
	TAL RECEIPTS (add Lines	the state of the s			
(Car	rry Total to Line 24, page 4)	0.00	11,383.		

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
OPERATING EXPENDITURES	185.98	11,212.63
TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	50.00
(b) Of All Other Loans	0.00	0.Q0 50.00
REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
OTHER DISBURSEMENTS	0.00	0.00
TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	185.98	11,262.63
III. CASH SI	UMMARY	
CASH ON HAND AT BEGINNING OF REPO	PRTING PERIOD	, 306.95
TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
SUBTOTAL (add Line 23 and Line 24)		306.95
TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	185.98
CASH ON HAND AT CLOSE OF REPORTIN	IG PERIOD	120.97
	II. DISBURSEMENTS OPERATING EXPENDITURES	II. DISBURSEMENTS COLUMN A Total This Period OPERATING EXPENDITURES

SCHEDULE B	(FEC Form 3)
ITEMIZED DISE	BURSEMENTS

CHEDULE B (FEC Form 3) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 11 (check only one) X 17
Any information copied from such Reports and Statements no or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)		
LAMAR STERNAD FOR CONGRES	SS	
Full Name (Last, First, Middle Initial)		Date of Bishumanant
· USPS		Date of Disbursement
Mailing Address 1300 Washington Avenue		07 06 2012
City State Miami Beach FL	Zip Code 33119	Amount of Each Disbursement this Period
Purpose of Disbursement Postage	001	4.45
Candidate Name Justin L. Sternad	Category. Type	
Office Sought: X House Disbursement Fo		-
Senate X Primary President Other (
State: FL District: 26		
Full Name (Last, First, Middle Initial)		Data of Diskursons
. USPS		Date of Disbursement
Mailing Address 1300 Washington Avenue		07 / 12 / 2012
City State Miami Beach FL	Zip Code 33119	Amount of Each Disbursement this Period
Purpose of Disbursement		3.80
Postage Candidate Name	001	
Justin L. Sternad	Category. Type	′
Office Sought: X House Disbursement Fo		
Senate X Primary President Other (1 1	
State: FL District: 26		
Full Name (Last, First, Middle Initial)		D-4(Si-h
USPS		Date of Disbursement
Mailing Address 1300 Washington Avenue		07 1 14 1 2012
City State Z Miami Beach FL	ip Code 33119	Amount of Each Disbursement this Period
Purpose of Disbursement	Promote company	7.70
Postage Candidate Name	001	
Justin L. Sternad	Category. Type	′
Office Sought: House Disbursement Fo		
Senate X Primary President Other (s	لسسا	
State: FL District: 26		
		15.05

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B	(FEC Form 3)	
ITEMIZED DISE	BURSEMENTS	

FOR LINE NUMBER	PAGE	6	OF	11	
(check only one)					
X 17	18		19a		19t
20a	20b		20c		21

TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)		
\nearrow LAMAR STERNAD FOR CONGRES	SS	
Full Name (Last, First, Middle Initial)		
Live Colors Group, LLC.		Date of Disbursement
Mailing Address 8932 SW 40th Street		07 02 2012
Miami State FL	Zip Code 33165	Amount of Each Disbursement this Period
Purpose of Disbursement Graphics & Signage	001	90.95
Candidate Name Justin L. Sternad	Category. Type	7
Office Sought: X House Disbursement For	— <u></u>	
Senate X Primary President Other (s		
State: FL District: 26		
Full Name (Last, First, Middle Initial)		
Boost Mobile		Date of Disbursement
Mailing Address 9060 Irvine Center Drive		07" / 02 / 2012
City State	Zip Code	Amount of Each Disbursement this Period
Irvine CA	92618	
Purpose of Disbursement Telephone	001	58.85
Candidate Name Justin L. Sternad	Category. Type	· · · · · · · · · · · · · · · · · · ·
Office Sought: House Disbursement For		
Senate X Primary President Other (s	1 1	
State: FL District: 26		
Full Name (Last, First, Middle Initial)		Date of Dishumanast
C. Walmart		Date of Disbursement
Mailing Address 33501 South Dixie Highway		07 11 2012
Florida City FL 3	p Code 3034	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supply	001	20.23
Candidate Name Justin L. Sternad	Category. Type	andi /
Office Sought: X House Disbursement For		—
Senate Primary President Other (s	l	1
State: FL District: 26		
		170.03
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Berind (lest page this line sumber colu)		185.98

SCHEDU	LE	C	(FEC	Form	3)
IOANS	•				

Use separate schedule(s) . for each category of the

PAGE FOR LINE NUMBER:

JAN5		Detailed Summary	Page	check only one;	13b
AME OF COMMITTEE (In Full). _AMAR STERNAD FOR CONC	GRESS				
LOAN SOURCE Full Name (Last, First, Mid STERNAD, JUSTIN L.	वाe Initial) [PERSON	IAL FUNDS]	X P	on: 2012 rimary eneral	
Mailing Address 19790 SW 101 Avenue				ther (specify)	
Cutler Bay	State ZIP Code FL 33157	, '-8607			
Original Amount of Loan	Cumulative Payment To D	0.00	Balance Ou	tstanding at Close o	f This Period
TERMS Date Incurred 12 ' 2012 '	Date Due	Interest MĂNĎ	Rate Q.Q0	Secu % (apr)	red: /es No
List All Endorsers or Guarantors (if any) to 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:		<u> </u>	
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	-1A\1.	_^	
SUBTOTALS This Period This Page (optional)					3.60
TOTALS This Period (last page in this line only	·			National Property of the Control of	
Carry outstanding balance only to LINE 3. Sch	equie D. for this line if no	achequie D. carry	torward to	appropriate line of	Summary

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 08 OF

FOR LINE NUMBER: (check only one)

JANS .		Detailed Summary Page	13b
AME OF COMMITTEE (In Full) AMAR STERNAD FOR CONG	RESS		
STERNAD, JUSTIN L.	dle Initial) [PERSON.		ection: 2012 Primary General
Mailing Address 19790 SW 101 Avenue			Other (specify) ▼
Cutler Bay	State ZIP Code FL 331.57		
Original Amount of Loan	Cumulative Payment To D	ate Balance	Outstanding at Close of This Period
Date Incurred Date Incurred Date Incurred		Interest Rate	Secured: % (apr) Secured: Yes No
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Dutstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	L	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)			300.00
Corn, autotanding balance only to LINE 2. Sab	adula D. fan Abia lina. If na	Cohodula D. same famous	As annualists line of Community

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

PAGE

FOR LINE NUMBER:

OANS				Summary Page -	(check only one)	13a 13b
AME OF COMMITTEE (In Fu	•	DEGO			•	
AMAR STERNAD						
LOAN SOURCE Full Nam		ale Initial) [PER	SONAL FUN		ection: 2012 Primary	
STERNAD, JUST	IIÀ F.				General	
Mailing Address 19790 SW 101 Av	venue				Other (specify)	
City Cutler Bay			IP Code 3157-8607			
Original Amount of Loan		Cumulative Paymo	ent To Date	Balance	Outstanding at Close	of This Period
	5,000.00		, , , , , <u>,</u> , , , , , , , , ,	00	5,0	00.00
TERMS Date Incurre		Date	Due	Interest Rate	Sec	ured:
06 '07 '	2012 °	' ĎN	ĎĖMANĎ	0.0	0 % (apr)	Yes No
List All Endorsers or Gua	rantors (if any) to	Loan Source				105 110
1. Full Name (Last, First,	Middle Initial)		Name of Em	ployer		
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:		-1	
2. Full Name (Last, First, N	Middle Initial)		Name of Em	ployer		
Mailing Address			Occupation			
			Amount			mangeousy:
City	State	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, I	Middle Initial)		Name of Em	ployer		
Mailing Address			Occupation	<u> </u>		
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:			l
4. Full Name (Last, First, I	Middle Initial)	<u> </u>	Name of Em	ployer		
Mailing Address			Occupation			
			Amount			-
City	State	ZIP Code	Guaranteed Outstanding:			
				F-3	· · · · · · · · · · · · · · · · · · ·	
SUBTOTALS This Period This	s Page (optional)				5,	000.00
FOTALS This Period (last page	ge in this line only			. 🗾		ليدوي
Carry outstanding balance o	nly to LINE 3, Sch	edule D, for this li	ne. If no Schedule	D, carry forward	to appropriate line o	f Summary.

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 10 OF 11

FOR LINE NUMBER: (check only one)

	•	Detailed Suffill	ary Page		13b
NAME OF COMMITTEE (In Full)					
LAMAR STERNAD FOR CO		<u>-</u>			
LOAN SOURCE Full Name (Last, First, Mid	Idle Initial) [PERSON	IAL FUNDS	Electi	on: 2012	
STERNAD, JUSTIN L.			1 1	rimary	
Mailing Address				General Other (specify)	
19790 SW 101 Avenue			ال	other (specify)	
City	State ZIP Cod				
		7-8607			
Cutler Bay	FL 33137	-0001			
Original Amount of Loan	Cumulative Payment To I	Date	Balance Ou	tstanding at Close of Ti	his Period
5,500,00		0.00		5,50	0.00
TERMS					
Date Incurred	Date Due	Intere	est Rate	Secured 9	:
06 / 08 / 2012	ON DE	MAND	0.00	% (apr)	X
List All Endorsers or Guarantors (if any) to	Loan Source			Yes	No
1. Full Name (Last, First, Middle Initial)		Name of Employer	ř		
Mailing Address		Occupation	-		
,					
		Amount	· · · · · · · · · · · · · · · · · · ·		7
City State	ZIP Code	Guaranteed Outstanding:			j
2. Full Name (Last, First, Middle Initial)		Name of Employer	r		
Mailing Address		Occupation			
	ŀ	Amount			
City State	ZIP Code	Guaranteed			1
		Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer	r		
Mailing Address		Occupation			
		Amount r		•	
City State	ZIP Code	Guaranteed			1
		Outstanding:		mentione of the second constitution of the second	estifi
4. Full Name (Last, First, Middle Initial)		Name of Employer	r		
Mailing Address		Occupation		***************************************	
	}	Amount E			
City State	ZIP Code	Guaranteed	massament Server Server all m	and meeting the second of the	7
,		Outstanding:			
SUBTOTALS This Period This Page (optional)					
Concentration of the contration of the contratio					
TOTALS This Period (last page in this line only)	·····	ــــــــــــــــــــــــــــــــــــــ	Describeration of the state of	الند
Carry outstanding balance only to LINE 3. Sch	edule D. for this line. If n	o Schedule D. car	rry forward to	appropriate line of Su	ımmarv

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 11 OF 11
OR LINE NUMBER:

FOR LINE NUMBER: (check only one)

UANS	Detailed Summary Page (Creek Only Only)
IAME OF COMMITTEE (In Full)	
LAMAR STERNAD FOR CONGRESS	
LOAN SOURCE Full Name (Last, First, Middle Initial) IDERSO	NAL LOAN] Election: 2012
STERNAD, JUSTIN L.	Primary
Mailing Address	General Other (coeff)
19790 SW 101 Avenue	Other (specify) w
City State ZIP Co	de
- 0045	57-8607
Cutler Bay FL 3315	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
25.00	0.00 25.00
TERMS Date Incurred Date Due	Interest Rate Secured:
03" ' 30 ' 2012. ' "" ' " ' " ON ' DE	MAND 0.00 % (apr)
List All Endorsers or Guarantors (if any) to Loan Source	Yes No
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
·	Amount
City State ZIP Code	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
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	disservati manufarrande l'increditament hannel l'amente result de l'amente result de l'amente de l'ame
TOTALS This Period (last page in this line only)	Describerant American School Service School Service School Service School Service Service School Service Servi
Carry outstanding balance only to LINE 3. Schedule D. for this line. If	no Schedule D. carry forward to appropriate line of Summary.

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	ation™ Label
USPS Express Mail	Postmarked 8/2/12
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	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
Other (Specify):	ceipt or Postmarked
Su-	8/3/12
(3/2005)	DATE PREPARED