

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION

2014 JAN 30 PM 1:17

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

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

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

26

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X: 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

07, 01, 2013

through

09, 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 LAMAR STERNAD

Signature of Treasurer

Date

01 16 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g

Office Use Only

FEC FORM 3 (Revised 02/2003)

14031170439

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

LAMAR STERNAD FOR CONGRESS

Report Covering the Period: From:

07 / 01 / 2013

To:

09 / 30 / 2013

14031170440

	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))	8.70	26.10
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8.70	26.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8.70	26.10
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8.70	26.10
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	27.85	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

8.70

26.10

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) ▶

8.70

26.10

III. CASH SUMMARY

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

0.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

8.70

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

8.70

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

8.70

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

0.00

14031170442

**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)

PAGE 5 OF 8

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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

A. Full Name (Last, First, Middle-Initial)
STERNAD, JUSTIN L.

Mailing Address
19790 SW 101 AVENUE

City **CUTLER BAY** State **FL** Zip Code **33157-8607**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CAMBEAN HOSPITALITY** Occupation **HOTEL AUDITOR**

Receipt For: OPEN COMMITTEE 2012 CYCLE
 Primary General
 Other (specify)

Election Cycle-to-Date **26.10**

Date of Receipt
07 / 12 / 2013

Amount of Each Receipt this Period
8.70

B. Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

8.70

14031170443

**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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LAMAR STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

USPS

Mailing Address
1300 WASHINGTON AVENUE

City **MIAMI BEACH** State **FL** Zip Code **33119**

Purpose of Disbursement
POSTAGE

Candidate Name
JUSTIN LAMAR STERNAD

Office Sought: House Senate President

Disbursement For: **OPEN COMMITTEE 2012 CYCLE**
 Primary General Other (specify)

State: _____ District: _____

Date of Disbursement
07 / 12 / 2013

Amount of Each Disbursement this Period
8.70

001
Category/
Type

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify)

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify)

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

8.70

14031170444

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full)
LAMAR STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]
STERNAD, JUSTIN L.

Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
19790 SW 101 AVE.

City State ZIP Code
CUTLER BAY FL 33157-8607

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3.60	0.00	3.60

TERMS Date Incurred Date Due Interest Rate Secured:
04 / 12 / 2012 ON DEMAND 0.00 % (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).....	3.60
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.	

14031170445

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) [PERSONAL FUNDS] STERNAD, JUSTIN L.	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 19790 SW 101 AVE.	

City CUTLER BAY	State FL	ZIP Code 33157-8607
--------------------	-------------	------------------------

Original Amount of Loan 25.00	Cumulative Payment To Date 0.75	Balance Outstanding at Close of This Period 24.25
----------------------------------	------------------------------------	--

TERMS	Date Incurred 03 / 30 / 2012	Date Due ON DEMAND	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 X	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).....	24.25
TOTALS This Period (last page in this line only).....	27.85

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

14031170446

1-800-1-170-447
RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

LAW OFFICE OF RICK YABOR, P.A.
2200 SOUTH DIXIE HIGHWAY
SUITE 704
COCONUT GROVE, FL 33122

Leonard O. Evans III
Attorney, Enforcement Division
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

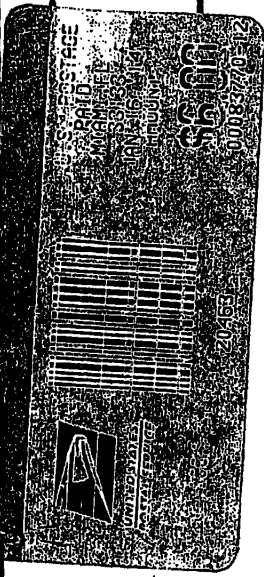
Y®



IFIED*

DED*

14031170448



FROM:

Rick Yakuz P.A
2200 S Dixie Hwy Suite 704
Coconut Grove, FL 33133

TO:

Leonard O. Evans III

UNITED STATES POSTAL SERVICE®

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For Tracking or Inquiries go to USPS.com
or call 1-800-222-1811

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.

Hand Delivered

Date of Receipt

USPS First Class Mail

Postmarked

1/16/14

USPS Registered/Certified

Postmarked (R/C)

USPS Priority Mail

Postmarked

USPS Priority Mail Express

Postmarked

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):

Date of Receipt or Postmarked

ED

PREPARER

(8/2013)

1/30/14

DATE PREPARED

14031170449