

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 JAN 25 AM 8:57 Office Use Only

12FE4M5 FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

JUSTIN 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

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

ZIP CODE STATE DISTRICT

FL

25

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

M M /

D D /

Y Y Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

10^M

01^D

2011^Y

through

12^M

31^D

2011^Y

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 Sternad

Signature of Treasurer

[Handwritten Signature]

Date

01^M

19^D

2012^Y

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)

12030713543

SUMMARY PAGE

Write or Type Committee Name

JUSTIN STERNAD FOR CONGRESS

Report Covering the Period: From:

10^M / 01^D / 2011^Y

To:

12^M / 31^D / 2011^Y

12030713544

	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))	500.00	500.00
(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))	500.00	500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	500.00	500.00
(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))	500.00	500.00
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)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

JUSTIN STERNAD FOR CONGRESS

Report Covering the Period: From: **10** / **01** / **2011** To: **12** / **31** / **2011**

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 (use Schedule A).....

500.00

500.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

500.00

500.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

500.00

500.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS:

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

50.00

50.00

(b) All Other Loans.....

0.00

0.00

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

50.00

50.00

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

0.00

0.00

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

0.00

0.00

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

550.00

550.00

12030713545

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	500.00	500.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	50.00	50.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	50.00	50.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	550.00	550.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	550.00
25. SUBTOTAL (add Line 23 and Line 24)	550.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	550.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

12030713546

**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 9
	<input checked="" type="checkbox"/> 11a 12 <input 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)
JUSTIN STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Puppato, Jesse P.		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>31</td> <td>2011</td> </tr> </table>	M M	D D	Y Y Y Y Y Y	12	31	2011
M M	D D	Y Y Y Y Y Y						
12	31	2011						
Mailing Address 951 Euclid Avenue Apt. 14		Amount of Each Receipt this Period 500.00						
City Miami Beach	State Zip Code FL 33139							
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00						
Name of Employer Self-Employed	Occupation Webdeveloper							
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00							

Full Name (Last, First, Middle Initial) B.		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	M M	D D	Y Y Y Y Y Y			
M M	D D	Y Y Y Y Y Y						
Mailing Address		Amount of Each Receipt this Period						
City	State Zip Code							
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period						
Name of Employer	Occupation							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date							

Full Name (Last, First, Middle Initial) C.		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	M M	D D	Y Y Y Y Y Y			
M M	D D	Y Y Y Y Y Y						
Mailing Address		Amount of Each Receipt this Period						
City	State Zip Code							
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period						
Name of Employer	Occupation							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date							

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

12030713547

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 9

(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
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NAME OF COMMITTEE (In Full)

JUSTIN STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Sternad, Justin L.

Mailing Address

19790 SW 101 Avenue

City

Cutler Bay

State

FL

Zip Code

33157

FEC ID number of contributing federal political committee.

C

Date of Receipt

12 / 02 / 2011

Amount of Each Receipt this Period

50.00

Name of Employer

Wyndham Garden

Occupation

Hotel Auditor

Receipt For: 2012

Primary General
 Other (specify)

Election Cycle-to-Date

50.00

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

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

50.00

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

550.00

12030713548

**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)

JUSTIN STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY	12 / 31 / 2011
----------------	----------------

A. Pupparo, Jesse P.

Mailing Address

951 Euclid Avenue Apt. 14

City State Zip Code
Miami Beach FL 33139

Amount of Each Disbursement this Period

Amount	500.00
--------	--------

Purpose of Disbursement
Contribution In-Kind Web Development & Hosting

Category/Type	001
---------------	-----

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

B.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Amount	
--------	--

Purpose of Disbursement

Category/Type	
---------------	--

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

C.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Amount	
--------	--

Purpose of Disbursement

Category/Type	
---------------	--

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

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

Amount	500.00
--------	--------

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

Amount	
--------	--

12030713549

**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 type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
------------------------------------	------------------------------------	--	------------------------------------

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NAME OF COMMITTEE (In Full)

JUSTIN STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Sternad, Justin L.

Mailing Address

19790 SW 101 Avenue

City

Cutler Bay

State

FL

Zip Code

33157

Purpose of Disbursement

Loan Repayment

009

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For: **2012**

Primary General
 Other (specify)

State:

District:

Date of Disbursement

12 / **17** / **2011**

Amount of Each Disbursement this Period

50.00

Memo: Check #101

Full Name (Last, First, Middle Initial)

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

/ /

Amount of Each Disbursement this Period

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

/ /

Amount of Each Disbursement this Period

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

50.00

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

550.00

12030713550

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)
JUSTIN 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 Avenue

City State ZIP Code
Cutler Bay FL 33157-8607

Original Amount of Loan 50.00	Cumulative Payment To Date 50.00	Balance Outstanding at Close of This Period 0.00
---	--	--

TERMS

Date Incurred M ¹² / D ⁰² / Y ²⁰¹¹	Date Due M / D / Y NONE	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	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)..... ▶	0.00
TOTALS This Period (last page in this line only)..... ▶	0.00

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

12030713551

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
1/19/12

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail 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

Amid 1/25/12
PREPARER **DATE PREPARED**

12030713552