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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

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

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X NEW (N) OR

AMENDED (A)

FL

25

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X 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

MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

01 M / 01 D / 2012 Y Y

through

03 M / 31 D / 2012 Y 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 L. Sternad

Signature of Treasurer

[Handwritten Signature]

Date

04 M / 09 D / 2012 Y 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.

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FEC FORM 3 (Revised 02/2003)

12030782557

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Report Covering the Period: From:

01^M / 01^D / 2012^Y

To:

03^M / 31^D / 2012^Y

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))

5.00

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))

5.00

505.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

0.20

0.20

(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))

0.20

0.20

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

29.80

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)

25.00

For further information contact:

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

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

12030782558

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: 01^M / 01^D / 2012^Y To: 03^M / 31^D / 2012^Y

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).....

5.00

505.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

5.00

505.00

(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))..

5.00

505.00

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

0.00

0.00

13. LOANS:

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

25.00

75.00

(b) All Other Loans.....

0.00

0.00

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

25.00

75.00

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)..... ▶

30.00

580.00

12030782559

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.....	0.20	500.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	50.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	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) ►	0.20	550.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30.00
25. SUBTOTAL (add Line 23 and Line 24).....	30.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	29.80

12030782560

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 4

(check only one)

<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)
JUSTIN STERNAD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hurley, Kirk

Mailing Address
10 Bowstring Way

City **Marlborough** State **MA** Zip Code **01752**

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

Name of Employer **Self-Employed** Occupation **Research Historian**

Receipt For: **2012**
 Primary General
 Other (specify)

Election Cycle-to-Date **5.00**

Date of Receipt
03 / 25 / 2012

Transaction ID:
AB04309992/3000067442

Amount of Each Receipt this Period
5.00

Earmarked -ActBlue

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address
P.O. Box 382110

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C 00401224**

Name of Employer Occupation

Receipt For: **2012**
 Primary General
 Other (specify)

Election Cycle-to-Date **5.00**

Date of Receipt
03 / 25 / 2012

Transaction ID:
AB04309992/300006744

Amount of Each Receipt this Period
5.00

Earmarked original details. Total Earmark via this conduit: \$5.00. PAC limit not affected.

[MEMO ITEM]

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).....

5.00

12030782561

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 2 OF 4

(check only one)

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

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NAME OF COMMITTEE (In Full)
JUSTIN STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Sternad, Justin L.

A.

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

Wyndham Garden

Occupation

Hotel Auditor

Receipt For: 2012

Primary General
 Other (specify)

Election Cycle-to-Date

75.00

Date of Receipt

03 / **30** / **2012**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

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

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

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

/ /

Amount of Each Receipt this Period

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

25.00

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

30.00

12030782562

**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

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)

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. ActBlue		MM / DD / YYYY 03 / 25 / 2012
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 0.20
City Cambridge	State MA	
Zip Code 02238-2110		Transaction ID: AB04309992/3000067442
Purpose of Disbursement Processing Fee		
Candidate Name Justin L. Sternad		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 25	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B.		MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C.		MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.20
TOTAL This Period (last page this line number only).....	0.20

12030782563

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
JUSTIN 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 Avenue	

City Cutler Bay	State FL	ZIP Code 33157-8607
---------------------------	--------------------	-------------------------------

Original Amount of Loan 25.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25.00
---	---	---

TERMS	Date Incurred 03^M / 30^D / 2012^Y	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	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).....	25.00
TOTALS This Period (last page in this line only).....	25.00

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

12030782564

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

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



4/17/12

PREPARER
(3/2005)

DATE PREPARED

12030782565