

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2011 NOV -8 AM 10:53 OFFICE USE ONLY MAIL CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Justin Sternad for Congress

ADDRESS (number and street)

19790 SW 101 Avenue

(Check if address is changed)

Cutler Bay

FL

33157 - 8607

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

campaign@justinsternadforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.justinsternadforcongress.com

2. DATE

MM DD YYYY

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement 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

[Handwritten Signature]

Date

10

31

2011

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

11030684604

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Justin Lamar Sternad

Candidate Party Affiliation  DEM Office Sought:  House  Senate  President State  FL District  25

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
2.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
3.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
4.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____

11030684605

Write or Type Committee Name

Justin Sternad for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Justin Lamar Sternad

Mailing Address 19790 SW 101 Avenue

Cutler Bay FL 33157 - 8607

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 305 - 562 - 8196

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Justin Lamar Sternad

Mailing Address 19790 SW 101 Avenue

Cutler Bay FL 33157 - 8607

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 305 - 562 - 8196

11030684606

Full Name of Designated Agent

Justin Lamar Sternad

Mailing Address

19790 SW 101 Avenue

Cutler Bay

CITY

FL

STATE

33157

ZIP CODE

-8607

Title or Position

Treasurer

Telephone number

305

-562

-8196

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

17401 SW 97 Avenue

Miami

CITY

FL

STATE

33157

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030684607

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  
11/2/11

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

  
PREPARER

11/8/11  
DATE PREPARED

11030684608