

JUSTIN LAMAR STERNAD  
19790 SW 101 Avenue  
Cutler Bay, FL 33157  
Tel: (305) 562-8196

RECEIVED  
2013 FEB -1 AM 11:58  
FEC MAIL CENTER

January 28, 2013

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

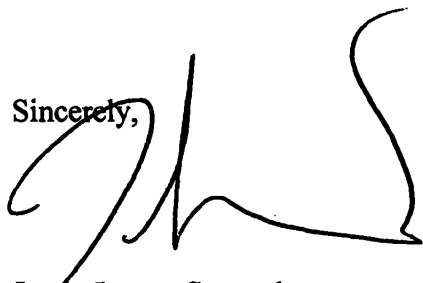
Re: 2013 Year End Report  
Lamar Sternad for Congress  
FEC Identification No.: C 00505529

Dear Federal Elections Commissions:

On counsel's advice, I invoke my rights under the Fifth Amendment of the Constitution of the United States not to answer or submit the information requested on FEC Form 3, on the grounds that I may incriminate myself.

Please refer all additional inquires to my attorney, Rick L. Yabor, at (305) 779-5901.

Sincerely,



Justin Lamar Sternad  
Former Democratic Congressional Candidate  
U.S. House of Representatives, District 26

13031030669

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2013 FEB -1 AM 11:59 Office Use Only

FEC MAIL CENTER

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

LAMAR STERNAD FOR CONGRESS

ADDRESS (number and street) 19790 SW 101 AVENUE

CUTLER BAY FL 33157 8607

2. FEC IDENTIFICATION NUMBER

C 00505529

3. IS THIS REPORT NEW OR AMENDED CITY STATE ZIP CODE STATE DISTRICT

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) [checked]

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 10/01/2012 through 12/31/2012

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 01/28/2013

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

Table with 8 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

13031030670

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name  
**LAMAR STERNAD FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

**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)) ....



(b) Total Contribution Refunds  
(from Line 20(d)) .....



(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....



**7. Net Operating Expenditures**

(a) Total Operating Expenditures  
(from Line 17) .....



(b) Total Offsets to Operating  
Expenditures (from Line 14) .....



(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....



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

**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) .....**

**For further information contact:**

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

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

13031030671

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

LAMAR STERNAD FOR CONGRESS

Report Covering the Period: From:

10 / 01 / 2012

To:

12 / 31 / 2012

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).....

Grid for itemized contributions

Grid for itemized contributions

(ii) Unitemized.....

Grid for unitemized contributions

Grid for unitemized contributions

(iii) TOTAL of contributions
from individuals.....

Grid for total individual contributions

Grid for total individual contributions

(b) Political Party Committees.....

Grid for political party contributions

Grid for political party contributions

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

Grid for other political committee contributions

Grid for other political committee contributions

(d) The Candidate.....

Grid for candidate contributions

Grid for candidate contributions

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

Grid for total contributions

Grid for total contributions

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

Grid for transfers from other committees

Grid for transfers from other committees

13. LOANS:

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

Grid for loans made or guaranteed by candidate

Grid for loans made or guaranteed by candidate

(b) All Other Loans.....

Grid for all other loans

Grid for all other loans

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

Grid for total loans

Grid for total loans

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

Grid for offsets to operating expenditures

Grid for offsets to operating expenditures

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

Grid for other receipts

Grid for other receipts

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

Grid for total receipts

Grid for total receipts

13031030672

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

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) ▶

III. CASH SUMMARY

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

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

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

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

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

13031030673

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

LAMAR STERNAD FOR CONGRESS

Report Covering the Period: From: 10 / 01 / 2012 To: 12 / 31 / 2012

I. RECEIPTS

COLUMN A  
Total this Period

COLUMN B  
Election Cycle Total as of

COLUMN C  
Total for

11 / 06 / 2012  
(date of general election)

11 / 07 / 2012  
(date after general election)

through

12 / 31 / 2012  
(last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
  - (i) Itemized (use Schedule A)

[Empty box for itemized contributions from individuals]

[Empty box for election cycle total of itemized contributions from individuals]

[Empty box for total of itemized contributions from individuals]

(ii) Unitemized

[Empty box for unitemized contributions from individuals]

[Empty box for election cycle total of unitemized contributions from individuals]

[Empty box for total of unitemized contributions from individuals]

(iii) Total of contributions from individuals

[Empty box for total of contributions from individuals]

[Empty box for election cycle total of total contributions from individuals]

[Empty box for total of total contributions from individuals]

(b) Political Party Committees

[Empty box for contributions from political party committees]

[Empty box for election cycle total of contributions from political party committees]

[Empty box for total of contributions from political party committees]

(c) Other Political Committees

[Empty box for contributions from other political committees]

[Empty box for election cycle total of contributions from other political committees]

[Empty box for total of contributions from other political committees]




























13031030674

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 6

COLUMN A Total thts Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>(d) The Candidate</b>		
		
<b>(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))</b>		
		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>		
		
<b>13. LOANS:</b>		
<b>(a) Made or Guaranteed by the Candidate</b>		
		
<b>(b) All Other Loans</b>		
		
<b>(c) TOTAL LOANS (add Lines 13(a) and (b))</b>		
		
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)</b>		
		
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>		
		
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>		
		

13031030675

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 7

Write or Type Committee Name

LAMAR STERNAD FOR CONGRESS

Report Covering the Period: From:

10 / 01 / 2012

To:

12 / 31 / 2012

II. DISBURSEMENTS

COLUMN A  
Total this Period

COLUMN B  
Election Cycle Total as of \*  
(date of general election)  
(\* See page 5 for date)

COLUMN C  
Total for \* (date after general election)  
through \* (last day of reporting period)  
(\* See page 5 for dates)

17. OPERATING EXPENDITURES

[Empty box for Column A]

[Empty box for Column B]

[Empty box for Column C]

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

[Empty box for Column A]

[Empty box for Column B]

[Empty box for Column C]

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

[Empty box for Column A]

[Empty box for Column B]

[Empty box for Column C]

(b) Of All Other Loans

[Empty box for Column A]

[Empty box for Column B]

[Empty box for Column C]

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

[Empty box for Column A]

[Empty box for Column B]

[Empty box for Column C]

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

[Empty box for Column A]

[Empty box for Column B]

[Empty box for Column C]

(b) Political Party Committees

[Empty box for Column A]

[Empty box for Column B]

[Empty box for Column C]

13031030676



POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 8

COLUMN A  
Total this Period

COLUMN B  
Election Cycle Total as of \*  
(date of general election)  
(\* See page 5 for date)

COLUMN C  
Total for \* (date after general election)  
through \* (last day of reporting period)  
(\* See page 5 for dates)

(c) Other Political Committees (such as PACs)

Empty data entry box for Column A, line (c)

Empty data entry box for Column B, line (c)

Empty data entry box for Column C, line (c)

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

Empty data entry box for Column A, line (d)

Empty data entry box for Column B, line (d)

Empty data entry box for Column C, line (d)

21. OTHER DISBURSEMENTS

Empty data entry box for Column A, line 21

Empty data entry box for Column B, line 21

Empty data entry box for Column C, line 21

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

Empty data entry box for Column A, line 22

Empty data entry box for Column B, line 22

Empty data entry box for Column C, line 22

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

Empty data entry box for Column A, Section III

Empty data entry box for Column B, Section III

Empty data entry box for Column C, Section III

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

Empty data entry box for Column A, Section IV

Empty data entry box for Column B, Section IV

Empty data entry box for Column C, Section IV

V. CASH SUMMARY

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

Empty data entry box for Column C, line 23

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

Empty data entry box for Column C, line 24

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

Empty data entry box for Column C, line 25

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

Empty data entry box for Column C, line 26

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

Empty data entry box for Column C, line 27

1303103067

**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 9 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<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**

Full Name (Last, First, Middle Initial)

**A.** 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

MM / DD / YYYY

Amount of Each Receipt this Period

\_\_\_\_\_

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

MM / DD / YYYY

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

MM / DD / YYYY

Amount of Each Receipt this Period

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

13031030678

**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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
**LAMAR STERNAD FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
Mailing Address		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y				
City State Zip Code		Amount of Each Disbursement this Period											
Purpose of Disbursement		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
Candidate Name		Category/Type											
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											
Mailing Address		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y				
City State Zip Code		Amount of Each Disbursement this Period											
Purpose of Disbursement		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
Candidate Name		Category/Type											
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											
Mailing Address		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y				
City State Zip Code		Amount of Each Disbursement this Period											
Purpose of Disbursement		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
Candidate Name		Category/Type											
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).....	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

13031030679

**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)

Election: 2012

- Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS Date Incurred Date Due Interest Rate Secured:  
 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)..... ▶

**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.

1303103068

**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)

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

[Amount field]

[Amount field]

[Amount field]

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

[MM] / [DD] / [YYYY]

[MM] / [DD] / [YYYY]

[Rate] % (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: [Amount field]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [Amount field]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [Amount field]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [Amount field]

SUBTOTALS This Period This Page (optional)..... ▶

[Amount field]

TOTALS This Period (last page in this line only)..... ▶

[Amount field]

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

13031030681

**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)

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TERMS**

Date Incurred M M / D D / Y Y Y Y	Date Due M M / D D / Y Y Y Y	Interest Rate <input type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

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

13031030682

**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)	Election: 2012
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	

City State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

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

13031030683

**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)

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TERMS**

Date Incurred MM / DD / YYYY	Date Due MM / DD / YYYY	Interest Rate <input type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

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

13031030684



**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)

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

[ ]

[ ]

[ ]

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

[ ] / [ ] / [ ]

[ ] / [ ] / [ ]

[ ] % (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)..... ▶

[ ]

**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.

13031030685

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  
1/28/13  
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

2/1/13  
DATE PREPARED

13031030686