

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2015 JAN 27 AM 9:58

FEC MAIL CENTER 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 CUTLER BAY FL 33157 8607

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C 00505529 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) 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 10/01/2014 through 12/31/2014

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 01/12/2015

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 10 columns, first column labeled 'Office Use Only', followed by 'FEC FORM 3 (Revised 02/2003)'

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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))	9.05	70.55
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	9.05	70.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9.05	70.55
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	9.05	70.55
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 Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

LAMAR STERNAD FOR CONGRESS

Report Covering the Period: From: M^M 10 / D^D 01 / Y^Y 2014 To: M^M 12 / D^D 31 / Y^Y 2014

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).....

9.05

70.55

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

9.05

70.55

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

9.05

70.55

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

9.05

70.55

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

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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)..... ▶

9.05

70.55

03-NOV-2014 10:00:00 AM

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.....	9.05	70.55
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) ▶	9.05	70.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9.05
25. SUBTOTAL (add Line 23 and Line 24).....	9.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 OF 8
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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. STERNAD, JUSTIN L.

Mailing Address
19790 SW 101 AVENUE
City State Zip Code
CUTLER BAY FL 33157-8607

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

Name of Employer Occupation
CAMBEAN HOSPITALITY HOTEL AUDITOR

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

Election Cycle-to-Date
70.55

Date of Receipt
10 / 14 / 2014

Amount of Each Receipt this Period
9.05

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
M M / D D / Y Y Y Y Y Y

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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

9.05

11/02/14 10:00 AM

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

LAMAR STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

USPS

Mailing Address
10360 SW 186th Street

City State Zip Code
MIAMI FL 33197

Purpose of Disbursement
POSTAGE

001

Candidate Name
JUSTIN LAMAR STERNAD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: OPEN COMMITTEE 2012 CYCLE

Primary General
 Other (specify)

State: FL District: 26

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 14 / 2014

Amount of Each Disbursement this Period

9.05

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:

Full Name (Last, First, Middle Initial)

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:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Amount of Each Disbursement this Period

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

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

9.05

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

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.

11/01/11 11:08:04

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
 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
25.00	0.75	24.25

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 30 / 2012	ON DEMAND	0.00 % (apr)	<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).....	▶ [] 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.

LAWSON - INFO - 04-11-11

JUSTIN STEINBO
19790 SW 101 AVENUE
CUTLER BAY, FL 33157

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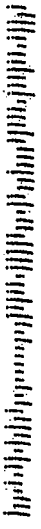


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12 JAN 2015

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FEDERAL ELECTION COMMISSION
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WASHINGTON, DC 20463

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Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

1/27/15
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