

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

Steve Stern for Congress

ADDRESS (number and street) ▼

PO Box 943

Check if different than previously reported. (ACC)

Deer Park

NY

11729

2. **FEC IDENTIFICATION NUMBER** ▼

C C00607044

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

NY

03

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Gary Carpenter

Signature of Treasurer Gary Carpenter

[Electronically Filed]

Date

/ /

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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Steve Stern 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))....	61739.00	645896.99
(b) Total Contribution Refunds (from Line 20(d))	110700.00	120350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-48961.00	525546.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	154873.86	700395.25
(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)).....	154873.86	700395.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12841.74	
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).....	189840.00	

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)

Write or Type Committee Name

Steve Stern for Congress

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

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).....	57255.00	562070.68
(ii) Unitemized.....	1484.00	14826.31
(iii) TOTAL of contributions from individuals ▶	58739.00	576896.99
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	15000.00
(d) The Candidate.....	0.00	54000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	61739.00	645896.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	100000.00	189840.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	100000.00	189840.00
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)..... ▶	161739.00	835736.99

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	154873.86	700395.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	110700.00	119350.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	110700.00	120350.00
21. OTHER DISBURSEMENTS	0.00	2150.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	265573.86	822895.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	116676.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	161739.00
25. SUBTOTAL (add Line 23 and Line 24).....	278415.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	265573.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12841.74

**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 64
	<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)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Augie Abbatiello

Mailing Address 7 Beaux Arts Ln

City Halesite State NY Zip Code 11743-1108

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

Name of Employer: Foresters Advisory Services Occupation: Investment Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 17 / 2016

Transaction ID : VSGXHC4ZJS1

Amount of Each Receipt this Period: 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
David Avital

Mailing Address 20 W 46th St Ste 600

City New York State NY Zip Code 10036-4504

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

Name of Employer: MTP Invetmenets Occupation: owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 06 / 13 / 2016

Transaction ID : VSGXHC4G5J8

Amount of Each Receipt this Period: 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Richard Beck

Mailing Address 11 Orchard Dr

City Woodbury State NY Zip Code 11797-2802

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

Name of Employer: self Occupation: Oral & Maxillofacial Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 25 / 2016

Transaction ID : VSGXHC6G6V7

Amount of Each Receipt this Period: 150.00

Memo Item

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

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

2900.00

**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 6 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Barry Beil

Mailing Address 116 Overture Pl

City Eastport State NY Zip Code 11941-1615

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

Name of Employer Hampton Hills Occupation Golf Club Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : VSGXHC50SE7

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Gail B. Bendheim

Mailing Address 300 Frank W. Burr Blvd, Suite 21 G

City Teaneck State NJ Zip Code 07666

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

Name of Employer Self Employed Occupation Psychologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : VSGXHC6END2

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jack C. Bendheim

Mailing Address 300 Frank W Burr Blvd

City Teaneck State NJ Zip Code 07666-6704

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

Name of Employer PhibroChem, Animal Health Corp Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : VSGXHC6ENC4

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

6000.00

**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 7 OF 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Lawrence B. Benenson

Mailing Address 211 E 70th St
Apt 34C

City State Zip Code
New York NY 10021-0103

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

Name of Employer Occupation
Benenson Capital Executive Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 18 / 2016

Transaction ID : VSGXHC52BK4

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Robert Brigati

Mailing Address 250 Old Country Rd

City State Zip Code
Melville NY 11747-2730

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

Name of Employer Occupation
White Post Farms owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : VSGXHC4ZJX3

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Robert Budah

Mailing Address 8 Apex Rd

City State Zip Code
Melville NY 11747-2401

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

Name of Employer Occupation
Park shore country day Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : VSGXHC4ZJW5

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1750.00

**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 8 OF 64
	<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	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Michael E. Cafaro

Mailing Address 22 Gaulton Dr

City North Babylon State NY Zip Code 11703-2306

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

Name of Employer Suffolk county board of Elections Occupation Assistant Election Clerk

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : VSGXHC5D281

Amount of Each Receipt this Period
 _____ 30.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Philip Christopher

Mailing Address 108 Fairway View Dr

City Commack State NY Zip Code 11725-4454

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

Name of Employer American Network Solutions Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : VSGXHC5JX06

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Robert Cohen

Mailing Address 22 Byron Ln

City Larchmont State NY Zip Code 10538-1618

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

Name of Employer R.A. Cohen & Associates Occupation Real Estate Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : VSGXHC4ZJ53

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

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

_____ 3730.00

**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 64
	<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	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Judith Davis

Mailing Address 27 Old Hickory Ln

City State Zip Code
Huntington NY 11743-2526

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : VSGXHC6EN82

Amount of Each Receipt this Period
 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Scott Delman

Mailing Address 90 Elderfields Rd

City State Zip Code
Manhasset NY 11030-1623

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

Name of Employer Occupation
Blue Spruce Productions LLC Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : VSGXHC6E9A4

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Denis A. Engel

Mailing Address 9 Crane Rd

City State Zip Code
Lloyd Harbor NY 11743-1732

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

Name of Employer Occupation
Colleran, O'Hara & Mills Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : VSGXHC50QK1

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

1600.00

**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)
 11a 11b 11c 11d
 12 13a 13b 14 15
 PAGE 10 OF 64

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Esther Fortunoff

Mailing Address PO box 311

City State Zip Code
 New York NY 11568

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

Name of Employer Occupation
 FORTUNOFF COMPANY VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : VSGXHC4VGK8

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Robin Fulep

Mailing Address 48 Hunting Hill Dr

City State Zip Code
 Dix Hills NY 11746-6567

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

Name of Employer Occupation
 Fulep fire protection company Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : VSGXHC4GTR1

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
David A. Gray

Mailing Address 16835 Silver Oak Cir

City State Zip Code
 Delray Beach FL 33445-7008

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

Name of Employer Occupation
 Bushwick Commison Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : VSGXHC4GTK1

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 64
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
David A. Gray

Mailing Address 16835 Silver Oak Cir

City State Zip Code
Delray Beach FL 33445-7008

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

Name of Employer Occupation
Bushwick Commison Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : VSGXHC5K052

Amount of Each Receipt this Period
 200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Joan Gray

Mailing Address 16835 Silver Oak Cir

City State Zip Code
Delray Beach FL 33445-7008

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

Name of Employer Occupation
retired retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : VSGXHC5K060

Amount of Each Receipt this Period
 800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Harras Bloom & Archer LLP

Mailing Address 445 Broadhollow Rd
Ste 127

City State Zip Code
Melville NY 11747-3601

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : VSGXHC4H0E4

Amount of Each Receipt this Period
 250.00

Memo Item

PARTNERSHIP--partners below if itemized

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 12 OF 64
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Keith H Archer

Mailing Address 12 Weinmann Blvd

City Melville State NY Zip Code 11747-4127

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

Name of Employer Harras Bloom and Archer Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : VSGXHC4H0F2

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Neil Harris

Mailing Address 15 Bayard Dr

City Dix Hills State NY Zip Code 11746-8301

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

Name of Employer Curtiss-Wright Inc. Occupation Senior principal engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : VSGXHC4ZJP7

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Cathleen Houlihan

Mailing Address 1661 Old Country Rd
Unit 418

City Riverhead State NY Zip Code 11901-4409

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

Name of Employer homemaker Occupation homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : VSGXHC4ZJT9

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

500.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 64

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Jill Kaufman

Mailing Address 6 Regina Ave

City State Zip Code
 Dix Hills NY 11746-8322

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

Name of Employer self Occupation Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : VSGXHC4ZJJ6

Amount of Each Receipt this Period
 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Irwin Klein

Mailing Address 198 Asharoken Ave

City State Zip Code
 Northport NY 11768-1160

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

Name of Employer self Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2016

Transaction ID : VSGXHC529J0

Amount of Each Receipt this Period
 300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Andrew J. Levitt

Mailing Address 535 Broadhollow Rd Ste A30

City State Zip Code
 Melville NY 11747-3725

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

Name of Employer self Occupation attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : VSGXHC6Z409

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

650.00

**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 14 OF 64
	<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	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Kenneth Lipner

Mailing Address 79 McCulloch Dr

City State Zip Code
Dix Hills NY 11746-7905

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

Name of Employer Occupation
Self Employed Accountant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : VSGXHC4KCB2

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dennis D. Mehiel

Mailing Address 33 Bayberry Rd

City State Zip Code
Armonk NY 10504-1007

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

Name of Employer Occupation
Four M Corporation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : VSGXHC6Z3C1

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Richard Monti

Mailing Address 8325 Jericho Tpke

City State Zip Code
Woodbury NY 11797-1804

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

Name of Employer Occupation
Crest Hollow Country Club President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : VSGXHC5JX14

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

5650.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 15 OF 64

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Nikos Mouyiaris

Mailing Address 425 E 58th St
 Apt 32H

City State Zip Code
 New York NY 10022-2379

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

Name of Employer Occupation
 Mana Corporation President & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : VSGXHC4Y1X8

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Patricia Naples

Mailing Address 3 Mar Kan Dr

City State Zip Code
 Northport NY 11768-1821

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

Name of Employer Occupation
 Information Requested Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : VSGXHC4ZJN9

Amount of Each Receipt this Period
 125.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Keith Olsen

Mailing Address 162 Daly Rd

City State Zip Code
 East Northport NY 11731-6328

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

Name of Employer Occupation
 Olsen Contracting Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2016

Transaction ID : VSGXHC6GAF1

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

3325.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 16 OF 64

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Philip Paccione

Mailing Address 225 Sepulveda Boulevard Manhattan

City State Zip Code
 Manhattan Beach CA 90266

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

Name of Employer Occupation
 Skechers USA, Inc Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : VSGXHC5K4A0

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
William Pascocello

Mailing Address 29 Sunnyside Way

City State Zip Code
 New Rochelle NY 10804-2108

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

Name of Employer Occupation
 Self Employed Nursing Home Operator/Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : VSGXHC5JWZ8

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bhikhu Patel

Mailing Address 15 Avalon Vis

City State Zip Code
 Newport Coast CA 92657-1818

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

Name of Employer Occupation
 retired retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : VSGXHC4Y1W1

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

4000.00

**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 17 OF 64
	<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	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Pushpa Patel

Mailing Address 15 Avalon Vis

City Newport Coast State CA Zip Code 92657-1818

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

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : VSGXHC4Y1Y6

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Tushvar Patel

Mailing Address 15 Avalon Vis

City Newport Coast State CA Zip Code 92657-1818

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

Name of Employer self Occupation investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : VSGXHC4Y1P3

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Urvashi Patel

Mailing Address 15 Avalon Vis

City Newport Coast State CA Zip Code 92657-1818

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

Name of Employer homemaker Occupation homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : VSGXHC4Y1R9

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

7500.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 18 OF 64

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
John P Picone

Mailing Address 281 Sussex Dr

City State Zip Code
 Manhasset NY 11030-3739

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

Name of Employer Occupation
 John Picone Inc. Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : VSGXHCC5TT6

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Steve Piesner

Mailing Address 15 Greene Ct

City State Zip Code
 Hauppauge NY 11788-4355

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

Name of Employer Occupation
 self attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : VSGXHC6BN64

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RUSSELL ROSENTHAL

Mailing Address 1233 Beech St
 Apt 16

City State Zip Code
 Atlantic Beach NY 11509-1629

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

Name of Employer Occupation
 SELF-EMPLOYED COMMODITIES TRADER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : VSGXHC6EN90

Amount of Each Receipt this Period
 900.00

Memo Item

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

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

4400.00

**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 19 OF 64
	<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	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
RUSSELL ROSENTHAL

Mailing Address 1233 Beech St
Apt 16

City Atlantic Beach State NY Zip Code 11509-1629

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

Name of Employer SELF-EMPLOYED Occupation COMMODITIES TRADER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : VSGXHC6G222

Amount of Each Receipt this Period
 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Richard Schaffer

Mailing Address 105 Village Line Rd

City Babylon State NY Zip Code 11702-1526

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

Name of Employer Town of Babylon Occupation supervisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : VSGXHC50NQ0

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Richard Schaffer

Mailing Address 105 Village Line Rd

City Babylon State NY Zip Code 11702-1526

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

Name of Employer Town of Babylon Occupation supervisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : VSGXHC69D70

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

1100.00

**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 20 OF 64
	<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	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Bernard L. Schwartz

Mailing Address 745 5th Ave
745 5th Avenue

City State Zip Code
New York NY 10151-0099

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLS Investments LLC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : VSGXHC4H0D6

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
David M Schwartz

Mailing Address 12 Knoll Ln

City State Zip Code
Roslyn Heights NY 11577-2608

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Gerstman Schwartz LLP Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : VSGXHC0VYA6

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael Serao

Mailing Address 23 Willow Pond Ln

City State Zip Code
Hewlett NY 11557-2202

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LGBT Network Director of Community Development

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : VSGXHC4VGR7

Amount of Each Receipt this Period

Memo Item

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

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

**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 21 OF 64
	<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	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Pamela Setchell

Mailing Address 135A W Shore Rd

City State Zip Code
Huntington NY 11743-2042

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

Name of Employer Occupation
Huntington Lighthosue President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2016

Transaction ID : VSGXHC4ZBR8

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Insook Sin

Mailing Address 313 Broad Ave

City State Zip Code
Ridgefield NJ 07657-2350

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

Name of Employer Occupation
Schwitzz Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2016

Transaction ID : VSGXHC6BN72

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Brian Snyder

Mailing Address 555 Madison Ave
Ste 1302

City State Zip Code
New York NY 10022-3406

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

Name of Employer Occupation
HBJ Investments Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2016

Transaction ID : VSGXHC6WDY0

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

3200.00

**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 22 OF 64
	<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	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Eliot Spitzer

Mailing Address 800 5th Ave
22 -E

City State Zip Code
New York NY 10065-7216

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

Name of Employer self Occupation investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : VSGXHCC91V4

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
David A. Sterling

Mailing Address 33 Windsor Dr

City State Zip Code
Jericho NY 11753-1327

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

Name of Employer SterlingRisk Occupation Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : VSGXHC4HMT2

Amount of Each Receipt this Period
2200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Marc Tell

Mailing Address 11 Fox Meadow Ct

City State Zip Code
Woodbury NY 11797-1505

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

Name of Employer Self Occupation Acquisitions

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : VSGXHC6BJZ5

Amount of Each Receipt this Period
500.00

Memo Item

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

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

2950.00

**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 23 OF 64
	<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	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Robert Varese

Mailing Address 9 Oelsner Dr

City Northport State NY Zip Code 11768-1228

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

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : VSGXHC4ZJR3

Amount of Each Receipt this Period
250.00

Memo Item

B. 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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

Memo Item

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

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

250.00

57255.00

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

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

FOR LINE NUMBER: PAGE 24 OF 64
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
OIL HEAT INSTITUTE OF LI FEDERAL POLITICAL ACTION CMTE

Mailing Address 200 Parkway Dr S
Ste 202

City State Zip Code
Hauppauge NY 11788-2025

FEC ID number of contributing federal political committee. **C C00323444**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : VSGXHC4VGN3

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PUGET PAC

Mailing Address 410 1st St SE
Ste 310

City State Zip Code
Washington DC 20003-1819

FEC ID number of contributing federal political committee. **C C00551168**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 18 / 2016

Transaction ID : VSGXHC52BJ6

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RETAIL, WHOLESALE & DEPARTMENT STORE UNION COMMITTEE ON POLITICAL EDUCATION (RWDSU COPE)

Mailing Address 30 E 29th St

City State Zip Code
New York NY 10016-7925

FEC ID number of contributing federal political committee. **C C00174011**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : VSGXHC4GTY8

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3000.00

3000.00

**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 25 OF 64
	<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)
Steve Stern for Congress

A. Full Name (Last, First, Middle Initial)
Steven Stern

Mailing Address 14 Winter Ln

City Dix Hills State NY Zip Code 11746-5727

FEC ID number of contributing federal political committee. **C H6NY03221**

Name of Employer self Occupation attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
139840.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2016

Transaction ID : VSGXHC52BN0

Amount of Each Receipt this Period
50000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Steven Stern

Mailing Address 14 Winter Ln

City Dix Hills State NY Zip Code 11746-5727

FEC ID number of contributing federal political committee. **C H6NY03221**

Name of Employer self Occupation attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
189840.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : VSGXHC52Y5

Amount of Each Receipt this Period
50000.00

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

Amount of Each Receipt this Period

Memo Item

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

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

100000.00

100000.00

**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)		PAGE 26 OF 64	
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 3452.58
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Credit card payment(vendors that aggregate over \$200 listed below)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBBZ9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Blue Deal		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address PO Box 50		Amount of Each Disbursement this Period 1897.00
City Arlington	State VA	
Zip Code 22203	Purpose of Disbursement Printing	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBC23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) C. NY Prints		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 1105 44th Dr		Amount of Each Disbursement this Period 669.58
City Long Island City	State NY	
Zip Code 11101-5107	Purpose of Disbursement Printing	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBC65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3452.58
TOTAL This Period (last page this line number only).....	

**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)		PAGE 27 OF 64	
	<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)
Steve Stern for Congress

A. Planned parenthood

Full Name (Last, First, Middle Initial)
Mailing Address 23 Hyatt St

City Staten Island State NY Zip Code 10301-1801

Purpose of Disbursement Event tickets

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 06 / 09 / 2016

Amount of Each Disbursement this Period: 500.00

Memo Item

Transaction ID : VSFY99PBC49 *

B. USPS

Full Name (Last, First, Middle Initial)
Mailing Address 55 Gerard St

City Huntington State NY Zip Code 11743-8200

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 06 / 09 / 2016

Amount of Each Disbursement this Period: 188.00

Memo Item

Transaction ID : VSFY99PBC31 *

C. USPS

Full Name (Last, First, Middle Initial)
Mailing Address 55 Gerard St

City Huntington State NY Zip Code 11743-8200

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 06 / 09 / 2016

Amount of Each Disbursement this Period: 198.00

Memo Item

Transaction ID : VSFY99PBC57 *

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

**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)	PAGE 28 OF 64			
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 461.66
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Credit card payment(vendors that aggregate over \$200 listed below)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBC80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Tri Star Graphics		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 75 Sealey Ave FI 1		Amount of Each Disbursement this Period 461.66
City Hempstead	State NY	
Zip Code 11550-1258	Purpose of Disbursement Printing	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBC88 *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 231.97
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Credit card payment(vendors that aggregate over \$200 listed below)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBDY7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	693.63
TOTAL This Period (last page this line number only).....	

**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)		PAGE 29 OF 64	
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016
Mailing Address 410 Terry Ave N		Amount of Each Disbursement this Period 231.97
City Seattle State WA Zip Code 98109-5210	Category/Type	
Purpose of Disbursement Office supplies	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : VSFY99PBDZ5 *	

Full Name (Last, First, Middle Initial) B. AMS Communications Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 24 Veterans Sq		Amount of Each Disbursement this Period 14690.00
City Media State PA Zip Code 19063-3155	Category/Type	
Purpose of Disbursement Media buy	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : VSFY99PBE03	

Full Name (Last, First, Middle Initial) c. AMS Communications Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address 24 Veterans Sq		Amount of Each Disbursement this Period 14690.00
City Media State PA Zip Code 19063-3155	Category/Type	
Purpose of Disbursement Media buy	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : VSFY99PBE36	

SUBTOTAL of Disbursements This Page (optional).....	29380.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 30 OF 64			
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. AMS Communications Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016
Mailing Address 24 Veterans Sq		Amount of Each Disbursement this Period 14690.00
City Media	State PA	
Zip Code 19063-3155	Purpose of Disbursement Media buy	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBE84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMS Communications Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 24 Veterans Sq		Amount of Each Disbursement this Period 14690.00
City Media	State PA	
Zip Code 19063-3155	Purpose of Disbursement Media buy	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBEA0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Brooklyn Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 214 N 11th St Apt 3W		Amount of Each Disbursement this Period 4000.00
City Brooklyn	State NY	
Zip Code 11211-1490	Purpose of Disbursement Political consultant	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBC07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	33380.00
TOTAL This Period (last page this line number only).....	

**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)		PAGE 31 OF 64	
	<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)
Steve Stern for Congress

A. Brooklyn Strategies

Full Name (Last, First, Middle Initial)
Mailing Address 214 N 11th St
Apt 3W

City Brooklyn State NY Zip Code 11211-1490

Purpose of Disbursement Political consultant

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2016

Amount of Each Disbursement this Period: 4000.00

Memo Item

Transaction ID : VSFY99PBCC2

B. Brown Miller Group

Full Name (Last, First, Middle Initial)
Mailing Address 220 5th Ave
Fl 9

City New York State NY Zip Code 10001-7721

Purpose of Disbursement Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 06 / 28 / 2016

Amount of Each Disbursement this Period: 718.15

Memo Item

Transaction ID : VSFY99PBDX9

C. Campaign Compliance, Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802-3222

Purpose of Disbursement Accounting fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 06 / 09 / 2016

Amount of Each Disbursement this Period: 2000.00

Memo Item

Transaction ID : VSFY99PBC15

SUBTOTAL of Disbursements This Page (optional) 6718.15

TOTAL This Period (last page this line number only)

**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)		PAGE 32 OF 64	
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Campaign Compliance, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 3242 Cummins Way		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City Missoula	State MT	
Zip Code 59802-3222	Purpose of Disbursement Accounting fees	Transaction ID : VSFY99PBCD0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GMMB Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 3050 K St NW Ste 100		Amount of Each Disbursement this Period 44999.47 <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20007-5161	Purpose of Disbursement Media buy	Transaction ID : VSFY99PBEC6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. J & J Associates LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 98 Cuttermill Rd Ste 310		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Great Neck	State NY	
Zip Code 11021-3009	Purpose of Disbursement Rent	Transaction ID : VSFY99PBDQ2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	48499.47
TOTAL This Period (last page this line number only).....	

**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)		PAGE 33 OF 64	
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Optimum		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 1070 E Jericho Tpke		Amount of Each Disbursement this Period 80.70
City Huntington	State NY	
Zip Code 11743-5433	Purpose of Disbursement Utilities	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBC72
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 10291.83
City Fairfax	State VA	
Zip Code 22031-4627	Purpose of Disbursement Payroll(vendors that aggregate over \$200 listed below)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBH9
State: District:		

Full Name (Last, First, Middle Initial) C. Andrew Simmers		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 10 Countryside Ct		Amount of Each Disbursement this Period 952.26
City Camp Hill	State PA	
Zip Code 17011-1518	Purpose of Disbursement Salary	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBQ6
State: District:		*

SUBTOTAL of Disbursements This Page (optional).....	10372.53
TOTAL This Period (last page this line number only).....	

**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)		PAGE 34 OF 64	
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Elissa Deutsch		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 15 Ormond St		Amount of Each Disbursement this Period 4108.21
City Dix Hills	State NY	
Zip Code 11746-6331	Purpose of Disbursement Salary	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBK4 *
State: District:		

Full Name (Last, First, Middle Initial) B. Joseph Diver		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 1990 Tawleed Rd		Amount of Each Disbursement this Period 1815.66
City Reno	State NV	
Zip Code 89521-4345	Purpose of Disbursement Salary	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBM2 *
State: District:		

Full Name (Last, First, Middle Initial) c. Francisco Castillo		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 3315 Theysen Cir		Amount of Each Disbursement this Period 952.27
City Houston	State TX	
Zip Code 77080-2903	Purpose of Disbursement Salary	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBJ7 *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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)		PAGE 35 OF 64	
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Katy Jewett		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 13409 Campesina Dr		Amount of Each Disbursement this Period 1511.16
City Austin	State TX Zip Code 78727-3441	
Purpose of Disbursement Salary		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBN0 *
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Raymond Schein		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 20 Pearsall St		Amount of Each Disbursement this Period 952.27
City Babylon	State NY Zip Code 11702-2518	
Purpose of Disbursement Salary		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBP8 *
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 106.75
City Fairfax	State VA Zip Code 22031-4627	
Purpose of Disbursement Payroll expenses		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBE52
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	106.75
TOTAL This Period (last page this line number only).....	

**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)	PAGE 36 OF 64			
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 4150.37
City Fairfax	State VA	
Zip Code 22031-4627	Purpose of Disbursement Payroll taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBE60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 1278.69
City Fairfax	State VA	
Zip Code 22031-4627	Purpose of Disbursement Payroll taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBE78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 10291.82
City Fairfax	State VA	
Zip Code 22031-4627	Purpose of Disbursement Payroll(vendors that aggregate over \$200 listed below)	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBBR4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15720.88
TOTAL This Period (last page this line number only).....	

**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)		PAGE 37 OF 64	
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Andrew Simmers		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address 10 Countryside Ct		Amount of Each Disbursement this Period 952.27
City Camp Hill	State PA	
Zip Code 17011-1518	Purpose of Disbursement Salary	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBY1 *
State: District:		

Full Name (Last, First, Middle Initial) B. Elissa Deutsch		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address 15 Ormond St		Amount of Each Disbursement this Period 4108.21
City Dix Hills	State NY	
Zip Code 11746-6331	Purpose of Disbursement Salary	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBT0 *
State: District:		

Full Name (Last, First, Middle Initial) c. Joseph Diver		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address 1990 Tawleed Rd		Amount of Each Disbursement this Period 1815.66
City Reno	State NV	
Zip Code 89521-4345	Purpose of Disbursement Salary	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBV8 *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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)		PAGE 38 OF 64	
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Francisco Castillo		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address 3315 Theysen Cir		Amount of Each Disbursement this Period 952.26
City Houston	State TX	
Zip Code 77080-2903	Purpose of Disbursement Salary	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBS2 *
State: District:		

Full Name (Last, First, Middle Initial) B. Katy Jewett		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address 13409 Campesina Dr		Amount of Each Disbursement this Period 1511.16
City Austin	State TX	
Zip Code 78727-3441	Purpose of Disbursement Salary	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBW6 *
State: District:		

Full Name (Last, First, Middle Initial) c. Raymond Schein		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address 20 Pearsall St		Amount of Each Disbursement this Period 952.26
City Babylon	State NY	
Zip Code 11702-2518	Purpose of Disbursement Salary	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBBX3 *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 39 OF 64			
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 106.75
City Fairfax	State VA	
Zip Code 22031-4627	Purpose of Disbursement Payroll expenses	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBEE1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 1274.19
City Fairfax	State VA	
Zip Code 22031-4627	Purpose of Disbursement Payroll taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBEE9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 4150.38
City Fairfax	State VA	
Zip Code 22031-4627	Purpose of Disbursement Payroll taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBEG7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5531.32
TOTAL This Period (last page this line number only).....	

**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)		PAGE 40 OF 64	
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Sandford Neil Berland PLLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016	
Mailing Address 16 Wildwood Dr			Amount of Each Disbursement this Period 750.05	
City Dix Hills	State NY	Zip Code 11746-6041	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Attorney fees			Transaction ID : VSFY99BDW1	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Raymond Schein			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 20 Pearsall St			Amount of Each Disbursement this Period 73.50	
City Babylon	State NY	Zip Code 11702-2518	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Reimbursement(vendors that aggregate over \$200 listed below)			Transaction ID : VSFY99BCA6	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 55 Gerard St			Amount of Each Disbursement this Period 73.50	
City Huntington	State NY	Zip Code 11743-8200	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement Postage			Transaction ID : VSFY99PBCB4	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	823.55
TOTAL This Period (last page this line number only).....	

**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)		PAGE 41 OF 64	
	<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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. TD Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 410 New York Ave		Amount of Each Disbursement this Period 25.00
City Huntington	State NY	
Zip Code 11743-3437	Purpose of Disbursement Bank fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBE11
State: District:		

Full Name (Last, First, Middle Initial) B. TD Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address 410 New York Ave		Amount of Each Disbursement this Period 25.00
City Huntington	State NY	
Zip Code 11743-3437	Purpose of Disbursement Bank fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBE44
State: District:		

Full Name (Last, First, Middle Initial) c. TD Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016
Mailing Address 410 New York Ave		Amount of Each Disbursement this Period 25.00
City Huntington	State NY	
Zip Code 11743-3437	Purpose of Disbursement Bank fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBE92
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**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)		PAGE 42 OF 64	
	<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)
Steve Stern for Congress

A. TD Bank

Full Name (Last, First, Middle Initial)
Mailing Address 410 New York Ave

City: Huntington State: NY Zip Code: 11743-3437

Purpose of Disbursement: Bank fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 20 / 2016

Amount of Each Disbursement this Period: 25.00

Memo Item

Transaction ID : VSFY99PBEB8

B. TD Bank

Full Name (Last, First, Middle Initial)
Mailing Address 410 New York Ave

City: Huntington State: NY Zip Code: 11743-3437

Purpose of Disbursement: Bank fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 20 / 2016

Amount of Each Disbursement this Period: 25.00

Memo Item

Transaction ID : VSFY99PBED3

c. TD Bank

Full Name (Last, First, Middle Initial)
Mailing Address 410 New York Ave

City: Huntington State: NY Zip Code: 11743-3437

Purpose of Disbursement: Bank fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2016

Amount of Each Disbursement this Period: 30.00

Memo Item

Transaction ID : VSFY99PBEH5

SUBTOTAL of Disbursements This Page (optional) 80.00

TOTAL This Period (last page this line number only) 154833.86

**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)	PAGE 43 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Paul Amoruso		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 2 Jericho Plz Ste 301		Amount of Each Disbursement this Period 1300.00 <input type="checkbox"/> Memo Item
City Jericho	State NY	
Zip Code 11753-1681	Purpose of Disbursement Refund	Transaction ID : VSFY99PBGH1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Judith Berkheimer		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 105 Mill River Rd		Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Memo Item
City Oyster Bay	State NY	
Zip Code 11771-2736	Purpose of Disbursement Refund	Transaction ID : VSFY99PBGK6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Alison Brod		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 870 5th Ave Apt 3H		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City New York	State NY	
Zip Code 10065-4907	Purpose of Disbursement Refund	Transaction ID : VSFY99PBES8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6300.00
TOTAL This Period (last page this line number only).....	

**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)		PAGE 44 OF 64	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Jody Cohn Melzer			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 450 7th Ave Ste 2000			Amount of Each Disbursement this Period 2500.00	
City New York	State NY	Zip Code 10123-0083	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VSFY99PBFM2	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Duffy & Duffy PLLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 1370 Rxr Plz			Amount of Each Disbursement this Period 2700.00	
City Uniondale	State NY	Zip Code 11556-1370	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VSFY99PBGPO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) C. James S. Fenimore			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 8 Country Meadow Ct			Amount of Each Disbursement this Period 2700.00	
City Melville	State NY	Zip Code 11747-2027	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Candidate Name	Transaction ID : VSFY99PBF04	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	7900.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 45 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Ross Gelb		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 10651 Hilltop Meadow Pt		Amount of Each Disbursement this Period 2700.00
City Boynton Beach	State FL	
Zip Code 33473-4837	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBGJ9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kevin G. Gersh		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 21 Sweet Hollow Rd		Amount of Each Disbursement this Period 300.00
City Huntington	State NY	
Zip Code 11743-6530	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBGY3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Fredric H. Gould		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 60 Cuttermill Rd		Amount of Each Disbursement this Period 2700.00
City Great Neck	State NY	
Zip Code 11021-3131	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBEQ2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 46 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Julie Gray			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 19 Woodlee Rd			Amount of Each Disbursement this Period 7,100.00		
City Cold Spring Harbor	State NY	Zip Code 11724-2316	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VSFY99PBH33		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) B. Kenneth Gray			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 19 Woodlee Rd			Amount of Each Disbursement this Period 2,700.00		
City Cold Spring Harbor	State NY	Zip Code 11724-2316	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VSFY99PBGS4		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) c. Glenn J. Kaplan			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 64 Clock Tower Ln			Amount of Each Disbursement this Period 2,700.00		
City Old Westbury	State NY	Zip Code 11568-1030	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VSFY99PBEP5		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	7100.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 47 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Rhonda Katz			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 800 Park Ave Apt 3109			Amount of Each Disbursement this Period 2700.00		
City Fort Lee	State NJ	Zip Code 07024-3780	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VSFY99PBGM4		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Jennifer Kleet			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 28 Lloyd Ln			Amount of Each Disbursement this Period 2700.00		
City Lloyd Harbor	State NY	Zip Code 11743-9704	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VSFY99PBF61		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. Linda Kleet			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 8 Harbor Hill Rd			Amount of Each Disbursement this Period 2700.00		
City Huntington	State NY	Zip Code 11743-1112	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : VSFY99PBEK1		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional)	8100.00
TOTAL This Period (last page this line number only)	

**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)	PAGE 48 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Richard Leavy		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 28 Lloyd Ln		Amount of Each Disbursement this Period 2700.00
City Lloyd Harbor	State NY	
Zip Code 11743-9704	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBF79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Justin Marcus		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 15 Central Park W Apt 23F		Amount of Each Disbursement this Period 2700.00
City New York	State NY	
Zip Code 10023-7716	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBGW8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Danielle Marzo		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 41 Chelsea St		Amount of Each Disbursement this Period 2700.00
City Staten Island	State NY	
Zip Code 10307-1710	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBGX5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 49 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Stephen Melzer			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 450 7th Ave Ste 2000			Amount of Each Disbursement this Period 2700.00		
City New York State NY Zip Code 10123-0083		Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VSFY99PBFG0		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) B. Chintu Patel			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 32 Legends Cir			Amount of Each Disbursement this Period 2300.00		
City Melville State NY Zip Code 11747-5302		Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VSFY99PBGF5		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) c. Falguni Patel			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 32 Legends Cir			Amount of Each Disbursement this Period 2300.00		
City Melville State NY Zip Code 11747-5302		Purpose of Disbursement Refund	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : VSFY99PBGG3		
State: District:		Category/Type			

SUBTOTAL of Disbursements This Page (optional).....	7300.00
TOTAL This Period (last page this line number only).....	

**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)		PAGE 50 OF 64	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Rivkin Radler LLP		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 926 Rxr Plz		Amount of Each Disbursement this Period 2700.00
City Uniondale	State NY	
Zip Code 11556-3823	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBDR0
State: District:		

Full Name (Last, First, Middle Initial) B. Karen M. Robbie		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 42 Beechtree Rd		Amount of Each Disbursement this Period 2700.00
City West Caldwell	State NJ	
Zip Code 07006-7321	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBG2
State: District:		

Full Name (Last, First, Middle Initial) C. RUSSELL ROSENTHAL		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1233 Beech St Apt 16		Amount of Each Disbursement this Period 100.00
City Atlantic Beach	State NY	
Zip Code 11509-1629	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBGZ1
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 51 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Jonathan Rovner			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 11 Village Dr W			Amount of Each Disbursement this Period 2300.00		
City Dix Hills	State NY	Zip Code 11746-8132	<input type="checkbox"/> Memo Item Transaction ID : VSFY99PBFE4		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Quyen Rovner			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 11 Village Dr W			Amount of Each Disbursement this Period 2300.00		
City Dix Hills	State NY	Zip Code 11746-8132	<input type="checkbox"/> Memo Item Transaction ID : VSFY99PBFF2		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Wayne Saunders MD			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016		
Mailing Address 3 Chesterfield Dr			Amount of Each Disbursement this Period 2700.00		
City Warren	State NJ	Zip Code 07059-6773	<input type="checkbox"/> Memo Item Transaction ID : VSFY99PBET6		
Purpose of Disbursement Refund		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	7300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 52 OF 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Tracy L. Simon		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 25 Esmond Ave		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Memo Item
City Melville	State NY	
Zip Code 11747-4304	Purpose of Disbursement Refund	Transaction ID : VSFY99PBCG4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Warren I. Simon		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 25 Esmond Ave		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Memo Item
City Melville	State NY	
Zip Code 11747-4304	Purpose of Disbursement Refund	Transaction ID : VSFY99PBCF6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Marilyn J. Snyder		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 11 E 86th St Apt. 12 C		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City New York	State NY	
Zip Code 10028-0501	Purpose of Disbursement Refund	Transaction ID : VSFY99PBCE8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7700.00
TOTAL This Period (last page this line number only).....	

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)		PAGE 53 OF 64	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Anna Stern		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 6 Hessian Ct		Amount of Each Disbursement this Period 2700.00
City South Setauket	State NY	
Zip Code 11720-4619	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBER0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Peter Stern		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 6 Hessian Ct		Amount of Each Disbursement this Period 2700.00
City South Setauket	State NY	
Zip Code 11720-4619	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBFD6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Vanessa Walder		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 3810 Broad St		Amount of Each Disbursement this Period 2700.00
City Bellingham	State WA	
Zip Code 98229-3342	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBFB0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

**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)		PAGE 54 OF 64	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Craig Waldman		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 10 Kite Hill Ln		Amount of Each Disbursement this Period 2700.00
City Mill Valley	State CA	
Zip Code 94941-1458	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBGE7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Michelle Waldman		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 10 Kite Hill Ln		Amount of Each Disbursement this Period 2700.00
City Mill Valley	State CA	
Zip Code 94941-1458	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBH41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Austin Waldner		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 219 Overbrook Dr		Amount of Each Disbursement this Period 2700.00
City Stamford	State CT	
Zip Code 06906-1033	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VSFY99PBGR6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

**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)		PAGE 55 OF 64	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Belle Waldner		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 703 Bridgewood Dr		Amount of Each Disbursement this Period 2700.00
City Boca Raton	State FL	
Zip Code 33434-4106	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBF87
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Diane Waldner		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 3810 Broad St		Amount of Each Disbursement this Period 2700.00
City Bellingham	State WA	
Zip Code 98229-3342	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBF88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jay D. Waldner		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 219 Overbrook Dr		Amount of Each Disbursement this Period 2700.00
City Stamford	State CT	
Zip Code 06906-1033	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VSFY99PBF95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

**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)		PAGE 56 OF 64	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Jeffrey Waldner		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 125 Route 110		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City Farmingdale State NY Zip Code 11735-4864	Purpose of Disbursement Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBEW2

Full Name (Last, First, Middle Initial) B. Paula L. Waldner		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 219 Overbrook Dr		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City Stamford State CT Zip Code 06906-1033	Purpose of Disbursement Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBFA3

Full Name (Last, First, Middle Initial) c. Sheldon Waldner		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 125 Broadhollow Rd		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item
City Farmingdale State NY Zip Code 11735-4804	Purpose of Disbursement Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VSFY99PBCH1

SUBTOTAL of Disbursements This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

**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)		PAGE 57 OF 64	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <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)
Steve Stern for Congress

Full Name (Last, First, Middle Initial) A. Jeffrey Weiner			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 10 Melville Park Rd			Amount of Each Disbursement this Period 2700.00	
City Melville	State NY	Zip Code 11747-3146	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VSFY99PBEM9		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Diane Wolfe			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address PO Box 229			Amount of Each Disbursement this Period 2300.00	
City Clinton	State NY	Zip Code 13323-0229	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VSFY99PBG2		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Shafiq M. Yasin			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 3105 42nd St			Amount of Each Disbursement this Period 2300.00	
City Astoria	State NY	Zip Code 11103-3142	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name		Transaction ID : VSFY99PBFK4		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	7300.00
TOTAL This Period (last page this line number only).....	110700.00

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)

Transaction ID : VSGXHBJ652L

Steve Stern for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Steven Stern

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
14 Winter Ln

City State ZIP Code
Dix Hills NY 11746-5727

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
32000.00	0.00	32000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2016	M / D / Y none	none % (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).....	▶	32000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Steve Stern for Congress** Transaction ID : **VSGXHBYS6B5L**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Steven Stern Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
14 Winter Ln

City State ZIP Code
Dix Hills NY 11746-5727

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS

Date Incurred: M 05 / D 27 / Y 2016
Date Due: M / D / Y none
Interest Rate: none % (apr)
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)..... ▶ 5000.00

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.

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)

Transaction ID : VSGXHBZZAS2L

Steve Stern for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Steven Stern

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
14 Winter Ln

City State ZIP Code
Dix Hills NY 11746-5727

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred: M 06 / D 07 / Y 2016
 Date Due: M / D / Y none
 Interest Rate: none % (apr)
 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)..... ▶ 10000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Steve Stern for Congress** Transaction ID : **VSGXHBZZAT0L**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Steven Stern Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
14 Winter Ln
 City State ZIP Code
 Dix Hills NY 11746-5727

Original Amount of Loan 26000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 26000.00
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TERMS
 Date Incurred: M 06 / D 07 / Y 2016
 Date Due: M / D / Y none
 Interest Rate: none % (apr)
 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)..... ▶ 26000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Steve Stern for Congress** Transaction ID : **VSGXHC0PAD0L**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Steven Stern Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
14 Winter Ln

City State ZIP Code
Dix Hills NY 11746-5727

Original Amount of Loan 16840.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 16840.00
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TERMS

Date Incurred: M 06 / D 08 / Y 2016
Date Due: M / D / Y none
Interest Rate: none % (apr)
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)..... ▶ 16840.00

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Steve Stern for Congress** Transaction ID : **VSGXHC52BN0L**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Steven Stern Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 14 Winter Ln
 City State ZIP Code
 Dix Hills NY 11746-5727

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS
 Date Incurred: M 06 / D 18 / Y 2016
 Date Due: M / D / Y none
 Interest Rate: none % (apr)
 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)..... ▶ 50000.00
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.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Steve Stern for Congress** Transaction ID : **VSGXHC5D2Y5L**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Steven Stern Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 14 Winter Ln
 City State ZIP Code
 Dix Hills NY 11746-5727

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS
 Date Incurred: M 06 / D 20 / Y 2016
 Date Due: M M / D D / Y none
 Interest Rate: none % (apr)
 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).....	50000.00
TOTALS This Period (last page in this line only).....	189840.00

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