

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED

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Office Use Only

FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

LAMAR STERNAD FOR CONGRESS

ADDRESS (number and street)

19790 SW 101 AVENUE



Check if different  
than previously  
reported. (ACC)

CUTLER BAY

FL

33157

- 8607

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 00505529

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

FL

26

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M

/ D D

/ Y Y Y Y

in the  
State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M

/ D D

/ Y Y Y Y

in the  
State of

5. Covering Period

10<sup>M</sup> / 01<sup>D</sup> / 2014<sup>Y</sup>

through

09<sup>M</sup> / 30<sup>D</sup> / 2014<sup>Y</sup>

through

10<sup>M</sup> / 11<sup>D</sup> / 2014<sup>Y</sup>

through

10<sup>M</sup> / 11<sup>D</sup> / 2014<sup>Y</sup>

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 JUSTIN LAMAR STERNAD

Signature of Treasurer

Date

10<sup>M</sup> / 11<sup>D</sup> / 2014<sup>Y</sup>

through

10<sup>M</sup> / 11<sup>D</sup> / 2014<sup>Y</sup>

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

**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

LAMAR STERNAD FOR CONGRESS

Report Covering the Period:

From:

07 / 01 / 2014

To:

09 / 30 / 2014

## 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)) ....

8.90

61.50

(b) Total Contribution Refunds  
(from Line 20(d)) .....(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

8.90

61.50

## 7. Net Operating Expenditures

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

8.90

61.50

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

8.90

61.50

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

0.00

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

27.85

## For further information contact:

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

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

## Page 3

LAMAR STERNAD FOR CONGRESS

**From:**

**To:**

**COLUMN B**  
**Election Cycle-to-Date**

## FE5AN018

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

8.90

61.50

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

19. LOAN REPAYMENTS:

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

(b) Of All Other Loans .....

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

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

(b) Political Party Committees.....

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

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

21. OTHER DISBURSEMENTS .....

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

8.90

61.50

## **III. CASH SUMMARY**

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

0.00

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

8.90

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

8.90

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

8.90

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

0.00

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

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

FOR LINE NUMBER: PAGE 5 OF 8

(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LAMAR STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STERNAD, JUSTIN L.

Mailing Address

19790 SW 101 AVENUE

City

State

Zip Code

CUTLER BAY

FL

33157-8607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAMBEAN HOSPITALITY

Occupation

HOTEL AUDITOR

Receipt For: OPEN COMMITTEE 2012 CYCLE

Election Cycle-to-Date

☐ Primary

☐ General

☒ Other (specify)

61.50

Date of Receipt

07 / 14 / 2014

Amount of Each Receipt this Period

8.90

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

8.90

**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 6 OF 8

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

LAMAR STERNAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2014

A. USPS

Mailing Address  
1300 WASHINGTON AVENUE

City State Zip Code  
MIAMI BEACH FL 33119

Purpose of Disbursement  
POSTAGE

Candidate Name  
JUSTIN LAMAR STERNAD

001

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: OPEN COMMITTEE 2012 CYCLE

☐ Primary ☐ General  
☒ Other (specify)

State: FL District: 26

Full Name (Last, First, Middle Initial)

Amount of Each Disbursement this Period

8.90

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

8.90

# SCHEDULE C (FEC Form 3)

## LOANS

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

PAGE 7 OF 8

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

LAMAR STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]

STERNAD, JUSTIN L.

Election: 2012

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

19790 SW 101 AVE.

City

State

ZIP Code

CUTLER BAY

FL

33157-8607

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3.60

0.00

3.60

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

04

12

2012

00

ON

DEMAND

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

3.60

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

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

# SCHEDULE C (FEC Form 3)

## LOANS

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

PAGE 8 OF 8

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

LAMAR STERNAD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]

STERNAD, JUSTIN L.

Election: 2012

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

19790 SW 101 AVE.

City

CUTLER BAY

State

FL

ZIP Code

33157-8607

Original Amount of Loan

25.00

Cumulative Payment To Date

0.75

Balance Outstanding at Close of This Period

24.25

### TERMS

Date Incurred

03 / 30 / 2012

Date Due

ON / DEMAND

Interest Rate

0.00 % (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).....

24.25

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

27.85

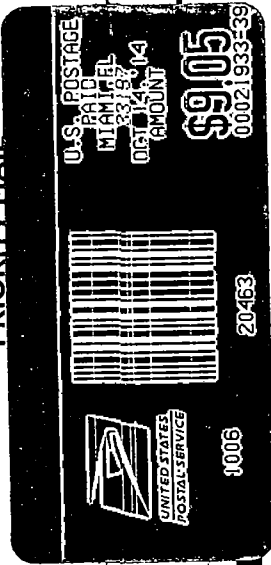
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



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EP14F July 2013

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FROM: STANLEY  
19790 SW 101 BLVD  
CUTLER BAY, FL 33107

TO: FEDERAL ELECTION COMMISSION  
999 E STREET NW  
WASHINGTON D.C. 20463


Label 228, July 2013

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Federal Election Commission  
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