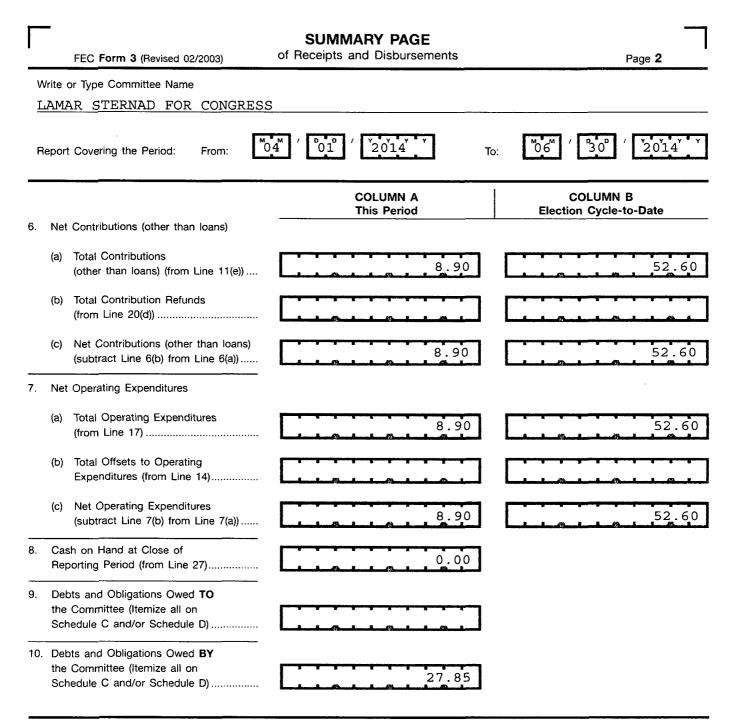
FEC FORM 3	AND DI	OF RECEIPTS			RECE1 14 JUL 2 I GGC MAIL	AM 10: 43
1. NAME OF COMMITTEE (ir	TYPE OR PRIN	T ▼ Example: If typ over the lines.	ing, type	12FE4M5		
LAMAR STER	I 19790 S I 1970 S I	, , , , , , , , , , , , , , , , , , ,		FL 33 TATE AMENDED (A)]
(a) Quarterly F April 1 X July 19 Octobe Januar	PORT (Choose One) Reports: 5 Quarterly Report (Q1) 5 Quarterly Report (Q2) er 15 Quarterly Report (Q3) y 31 Year-End Report (YE) ation Report (TER)	(b) 12-Day PRE-Election Rep Primary (12 Convention Election on (c) 30-Day POST-Election R General (30 Election on	P)	General (12G) Special (12S) Y Y Y Y Runoff (30R)	in the State of	off (12R)
5. Covering Period 04 '01' 2014' hrough 06' '30' 2014' <i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i> Type or Print Name of Treasurer JUSPTN LAMAR STERNAD Signature of Treasurer Date 07' '11' '20'14' ' NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §4379.						
Use Only FE5AN018					EC FORM (Revised 02/2000	

1403-127-0940

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For further information contact:

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

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

FE5AN018

FEC Form 3 (Revised 12/2003)	DETAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name		
LAMAR STERNAD FOR CONGRES	SS	
Report Covering the Period: From:	M04 01 12014 T	ro: 0'6'' ' 3'0' ' 2014' '
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM	м:	
 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
 (iii) TOTAL of contributions from individuals (b) Political Party Committees 		
(c) Other Political Committees (such as PACs)		
 (d) The Candidate	8.90 8.90	52.60
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans (c) TOTAL LOANS (add Lines 13(a) and (b))	and a strand and a strand and and a strand and	and a second
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	8.90	52.60
		

1403-127-0942

FE5AN018

	FEC Form 3 (Revised 02/2003)	DETAILED SUMMARY PAGE of Disbursements	Page 4		
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	8.90	52.60		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES		and and the state of the state		
19.	 LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate (b) Of All Other Loans				
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))		and a second and the second se		
21.	OTHER DISBURSEMENTS				
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	8.90	52.60		
	III. CASH :	SUMMARY	, <u></u>		
23.	CASH ON HAND AT BEGINNING OF REF	ORTING PERIOD	0.00		
24	TOTAL RECEIPTS THIS PERIOD (from Lin	e 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.	27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)				

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FE5AN018

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) X 11a 11b 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and State or for commercial purposes, other than using the na		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial)		
A. Mailing Address 19790 SW 101 AVENUE	State Zip Code FL 33157-8607	Date of Receipt
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
CAMBEAN HOSPITALITY	ccupation HOTEL AUDITOR lection Cycle-to-Date 43.70	8.90]
Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address	State Zip Code	
	C C Cupation	Amount of Each Receipt this Period
Other (specify)]
Full Name (Last, First, Middle Initial) C. Mailing Address City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer C	Occupation	
Receipt For: Primary General Other (specify)	lection Cycle-to-Date]
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only	8.90	

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 0F 8 (check only one)
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) LAMAR STERNAD FOR CONGRESS		
Full Name (Last, First, Middle Initial) A. USPS Mailing Address	······································	Date of Disbursement
1300 WASHINGTON AVENUE City State MIAMI BEACH FL Purpose of Disbursement FL	Zip Code 33119	Amount of Each Disbursement this Period 8.90
POSTAGE Candidate Name JUSTIN LAMAR STERNAD	Cotegory Type COPEN COMMITTEE 2012 CYCLE	
Senate Primary President X State: FL District: 26 Full Name (Last, First, Middle Initial)		
B. Mailing Address		Date of Disbursement
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Candidate Name Office Sought: House Disbursement For Senate Primary Other (s	General	
State: District: One (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City State Zi Purpose of Disbursement	Amount of Each Disbursement this Period	
Candidate Name	Category Type	
Office Sought: House Disbursement For Senate Primary President Other (s		
SUBTOTAL of Disbursements This Page (optional)		8.90

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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) X 13a 13b
NAME OF COMMITTEE (In Full)				• · · · · · · · · · · · · · · · · · · ·
LAMAR STERNAD FOR	CONGRESS			
LOAN SOURCE Full Name STERNAD, JUSTIN		dle Initial) [PERSONA		ection: 2012 Primary General
Mailing Address 19790 SW 101 AVE				Other (specify) ▼
City CUTLER BAY		State ZIP Coo FL 3315	de 57-8607	
Original Amount of Loan	3.60	Cumulative Payment To	Date Balance	Outstanding at Close of This Perioc
List All Endorsers or Guara		تيا لنتنا لصب	Interest Rate	Secured: 0 % (apr) Yes No
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	-i-1-0-1-0-t
2. Full Name (Last, First, Mic	Idle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	<u> </u>
3. Full Name (Last, First, Mic	dle Initial)		Name of Employer	
Mailing Address	WP ⁴ mineses		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Mic	dle Initial)	<u></u>	Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This P TOTALS This Period (last page				<u> </u>
Carry outstanding balance only	arry 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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FEC Schedule C (Form 3) (Revised 02/2003)

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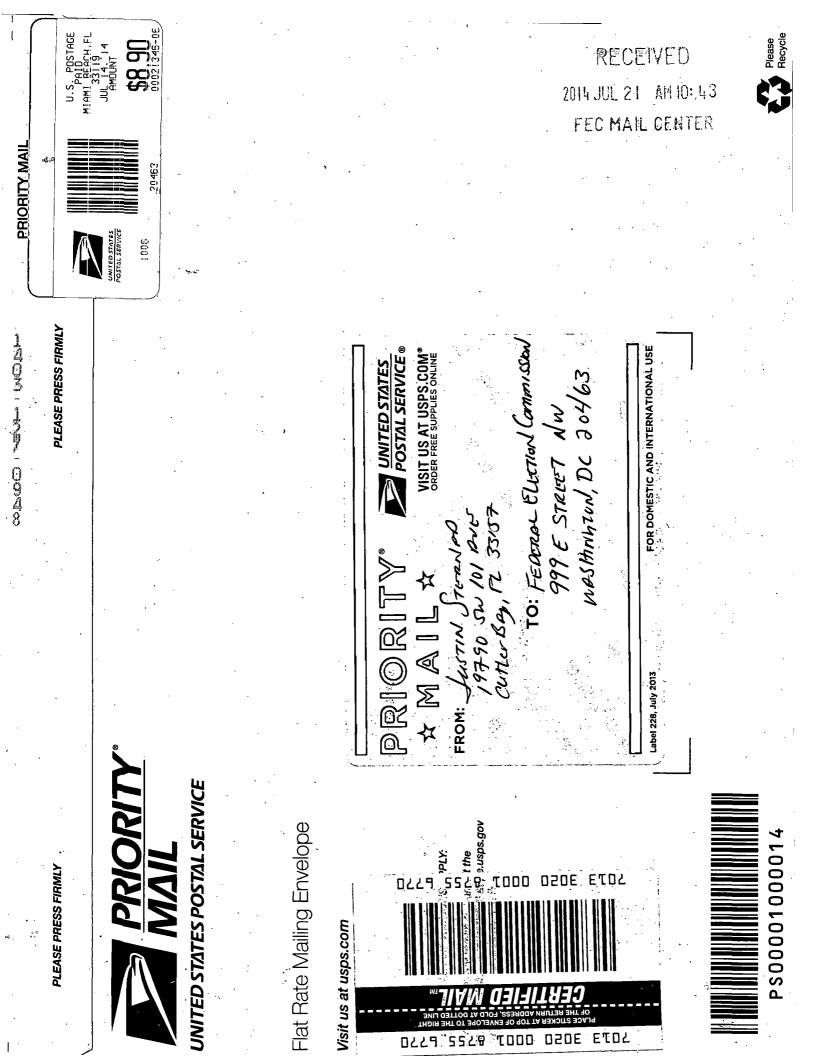
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CHEDULE C (FEC Form 3)		Use separate schedule(s) FOR LINE NUMBER:
DANS		for each category of the Detailed Summary Page
AME OF COMMITTEE (In Full)		
AMAR STERNAD FOR CONGRES	S	
LOAN SOURCE Full Name (Last, First, N	liddle Initial) [PERS	ONAL FUNDS] Election: 2012
STERNAD, JUSTIN L.		X Primary General
Mailing Address 19790 SW 101 AVE.		Other (specify)
City CUTLER BAY		P Code 33157-8607
Original Amount of Loan	Cumulative Payme	ent To Date Balance Outstanding at Close of This Peri 0.75 24.25
TERMS		
Date Incurred Mo3 / 30 / 2012		Due Interest Rate Secured:
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source	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	M.J	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:
UBTOTALS This Period This Page (optiona)	
OTALS This Period (last page in this line o	nly)	27.85

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Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR II The FEC added this page to the end of this filing t	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C) 7/14/14
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	FUSIIIaikeu
Postmark Illegible	-
No Postmark	· · ·
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration (Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER	7/2///¥ DATE PREPARED
(8/2013)	

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