

HAND DELIVERED

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2016 JAN 22 AM 9:32

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

STEVE STERN FOR CONGRESS

ADDRESS (number and street) PO BOX 943

(Check if address is changed)

Deer Park NY 11729

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) stevesternforcongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.stevesternforcongress.com

2. DATE 01 20 2016

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement 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 [Signature] Date 01 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Steven Stern

Candidate Party Affiliation Dem Office Sought: House Senate President State N.Y. District 03

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate Steven Stern

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the Dem (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
2.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
3.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
4.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>

2016-01-21 11:00 AM 0004000000

Write or Type Committee Name

Steve Stern for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

GARY Carpenter

Mailing Address

29 Stony Hill Path

Smithtown

NY

11787

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

631-258-5478

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Gary Carpenter

Mailing Address

29 Stony Hill Path

Smithtown

NY

11787

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

631-258-5478

20161011120100040000

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. - TD BANK]

Mailing Address

[Grid for Mailing Address - 2178 Deer Park Avenue]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3 - Deer Park NY 11729]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. - Empty]

Mailing Address

[Grid for Mailing Address - Empty]

[Grid for Mailing Address Line 2 - Empty]

[Grid for Mailing Address Line 3 - Empty]

CITY

STATE

ZIP CODE

NON-PROFIT CORPORATION

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>1/22/2016</i>
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *MP*

1/22/2016
DATE PREPARED

NON-FUNCTIONAL SEPARATION