PAGE 1 / 7

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3 For An Authorized Committee					Office Use Only			
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, er the lines.	type	12FE4M5			
Greenstein for Congr	ess					ı		
DDRESS (number and street)	16 Krebs Rd							
▼ Check if different								
than previously reported. (ACC)	Plainsboro				NJ 08	536		
		CITY ▲			STATE A	ZIP CODE ▲		
. FEC IDENTIFICATION I	NOMBER A					STATE ▼ DISTRICT		
C C00558171		3. IS THIS REPORT	NEW (N)	OR	AMENDED (A)			
. TYPE OF REPORT (C	Choose One) (b) 12-Day PRE	-Election Report	for the:				
(a) Quarterly Reports:		П	Primary (12P)	Г	General (12G	Runoff (12R)		
X April 15 Quarterly	Report (Q1)	H			1			
July 15 Quarterly	Report (Q2)		Convention (12	2C)	Special (12S))		
October 15 Quar		Election on	M M /	D D /	Y Y Y Y	in the State of		
January 31 Year-	End Report (YE) (c	30-Day POS	T-Election Repo	rt for the:				
			General (30G)		Runoff (30R)	Special (30S)		
Termination Repo	rt (TER)	Election on	M M /	D D /	Y Y Y Y	in the State of		
. Covering Period	01 / 01 / Y	7 Y Y Y Y 2018	through	M M 03	/ D D / Y	2018		
certify that I have examined	May, Jennifer, , ,	e best of my kr	nowledge and be	elief it is tru	ue, correct and c	omplete.		
Type or Print Name of Treasu	rer 							
M Signature of Treasurer	ay, Jennifer, , ,		[Electronically Fi	<i>led]</i> D	ate 04	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
IOTE: Submission of false, erro	neous, or incomplete i	nformation may	subject the perso	n signing tl	nis Report to the p	penalties of 52 U.S.C. §3010		
Office								
Use Only						FEC FORM 3 (Revised 05/2016)		

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 7

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Greenstein for Congress

2018 2018 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 306872.52 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 20.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 306852.52 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 323774.35 (from Line 17) (b) Total Offsets to Operating 1063.21 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 322711.14 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 462.99 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 16270.56 Schedule C and/or Schedule D).....

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 05/2016)

PAGE 3/7

Write or Type Committee Name

Greenstein	for	Congress
Cicciotelli	101	COLIGICSS

01 2018 03 31 2018 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 223275.00 (i) Itemized (use Schedule A)...... 25581.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 248856.00 from individuals 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 58016.52 (such as PACs)..... 0.00 0.00 (d) The Candidate TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 306872.52 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES

	, , , , , , , , , , , , , , , , , , ,	
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	16270.56
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	16270.56
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1063.21
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)	0.00	324206.29

DETAILED SUMMARY PAGE

of Disbursements PAGE 4/7 FEC Form 3 (Revised 05/2016) **COLUMN A COLUMN B** II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 0.00 323774.35 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 20.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 20.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 323794.35 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 462.99 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 462.99 25. SUBTOTAL (add Line 23 and Line 24)..... 0.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 462.99 (subtract Line 26 from Line 25).....

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

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

PAGE 5 FOR LINE NUMBER: (check only one)

OF

X 13a 13b Transaction ID: SC/10.4712 NAME OF COMMITTEE (In Full) Greenstein for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Greenstein, Linda, , , General Mailing Address Other (specify) PO Box 492 City State ZIP Code X Personal Funds of the Candidate NJ 08536 Plainsboro Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5200.00 0.00 5200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D13^D M 03M ž014 Y12/31/2014 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5200.00 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

PAGE 6
FOR LINE NUMBER: (check only one)

13a

OF

_						130			
	ME OF COMMITTEE (In Full) reenstein for Congress				Transa	ction ID : SC/10.4836			
	LOAN SOURCE Full Name (Last, First, Middle Initial) Greenstein, Linda, , ,					Election: 2014 x Primary			
-	Mailing Address PO Box 492			General Other (specify) ▼					
-	City				de	Personal Funds of the Candidate			
-	Plainsboro		NJ	08536		To some in the same same			
	Original Amount of Loan Cumulative Payment To			o Date Balance Outstanding at Close of This Period					
	10000.00				0.00 10000.00				
İ	TERMS Date Incurred	RMS Date Incurred Date Due			Interest Rat (If none, ente				
	M05M / D28D / Y 2014 Y M M / D D / Y12				2/31/2014 0.00 % (apr) Yes X No				
İ	List All Endorsers or Guarantors (if any) to Loan Source								
	1. Full Name (Last, First, Middle Initial)			Name of Employer					
	Mailing Address				Occupation				
	011	la			Amount Guaranteed				
	City	State	ZIP Code			y			
	2. Full Name (Last, First, Middle Initial)				Name of Employer Occupation				
	Mailing Address								
					Amount Guaranteed				
	City	State	ZIP Code			7			
Ī	Full Name (Last, First, Middle Initial) Mailing Address			Name of Employer Occupation					
	0''	la	710 0 1		Amount Guaranteed				
	City	State	ZIP Code		Outstanding:	9			
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer				
					Occupation				
	City State ZIP Code			Amount Guaranteed					
	City	State	ZIP Code		Outstanding:	9 9			
SI	JBTOTALS This Period This Page (optional)				10000 00			
	SUBTOTALS This Period This Page (optional)								
TC	OTALS This Period (last page in this	s line only	/)		······				
С	arry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.			

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

Use separate schedule(s) for each category of the

PAGE OF FOR LINE NUMBER: (check only one)

X 13a Detailed Summary Page 13b Transaction ID: SC/10.5228 NAME OF COMMITTEE (In Full) Greenstein for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Greenstein, Linda, , , General Mailing Address Other (specify) \blacktriangledown PO Box 492 City State ZIP Code X Personal Funds of the Candidate NJ 08536 Plainsboro Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1070.56 0.00 1070.56 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D08D ^M80^M ž014 Y12/31/2015 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1070.56 TOTALS This Period (last page in this line only) 16270.56 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.