

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

3. THIS REPORT IS FOR Primary or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1) October 15 (Q3)
- July 15 (Q2) January 31 Year-End Report (YE)

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

Thirtieth day report following the General Election

on / /

Twelfth day report preceding election

on / / in the State of

Is this Report an Amendment?

yes no

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

Signature of Treasurer [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. All previous versions of this form are obsolete and should no longer be used.

Office Use Only							
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Write or Type Committee Name

JILL STEIN FOR PRESIDENT

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	3

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	37868.21
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	532.11
8. SUBTOTAL (Lines 6 and 7)	38400.32
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	8156.32
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	30244.00
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	23286.37
13. EXPENDITURES SUBJECT TO LIMITATION	1018455.28

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	802871.32
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	992231.90

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

JILL STEIN FOR PRESIDENT

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2013

To:

MM / DD / YYYY
07 / 31 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	333331.22
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	68.00	381777.54
(ii) unitemized	100.00	417559.91
(iii) Total contributions	168.00	799337.45
(b) Political Party Committees	0.00	3002.50
(c) Other Political Committees	0.00	1706.66
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	168.00	804046.61
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	64000.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	64000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	364.11	8374.06
(b) Fundraising	0.00	1.75
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	364.11	8375.81
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	532.11	1209753.64

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

PAGE 4 / 24

NAME OF COMMITTEE (in Full)

JILL STEIN FOR PRESIDENT

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 / 01 / 2013

To:

M M / D D / Y Y Y Y
07 / 31 / 2013

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
23. OPERATING EXPENDITURES.....	8152.37	1000605.96
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	3.95	26225.13
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	20000.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	20000.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1175.29
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	1175.29
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	8156.32	1048006.38

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC FORM 3P,
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00505800

JILL STEIN FOR PRESIDENT

ADDRESS (number and street) 22 KENDALL ROAD

LEXINGTON MA 02421

CITY

STATE

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3PA
Transaction ID :

Report Discloses Negative Closing Balance, Committee is implementing report amendments as recommended by Audit Division. No illegal bank contributions or overdraft fees were incurred during this report period. Report Discloses Different Starting Balance than Previous Closing Balance, Committee is currently amending previous reports which is causing a discrepancy in reported balances. For immediate questions, contact Director of Information, Matt Kozlowski, at Info@Jillstein.org, 715-571-1577.

Form/Schedule:
Transaction ID:

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
Contributors Unitemized

Mailing Address PO Box 2552

City	State	Zip Code
Madison	WI	53701

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	N/A

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.34822

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2013

Amount of Each Receipt this Period

<input type="text" value="68.00"/>

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

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

Amount of Each Receipt this Period

<input type="text"/>

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

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

Amount of Each Receipt this Period

<input type="text"/>

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<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)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
Priceline

Mailing Address 800 Connecticut Ave.

City State Zip Code
Norwalk CT 06854

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
364.11

Transaction ID : SA20A.34817

Date of Receipt
M M / D D / Y Y Y Y
07 25 2013

Refunded Hotel Room

Amount of Each Receipt this Period
364.11

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶ 364.11

Total This Period (last page this line number only).....▶ 364.11

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 07 / 03 / 2013
Mailing Address 208 South Akard St. #110		Transaction ID : SB23.34806
City Dallas State TX Zip Code 75202	Amount of Each Disbursement this Period 84.40	
Purpose of Disbursement Internet Services	Category/Type 101	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 07 / 09 / 2013
Mailing Address 208 South Akard St. #110		Transaction ID : SB23.34798
City Dallas State TX Zip Code 75202	Amount of Each Disbursement this Period 221.11	
Purpose of Disbursement Internet Services	Category/Type 101	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Central Properties		Date of Disbursement MM / DD / YYYY 07 / 17 / 2013
Mailing Address 513 N Lake Street		Transaction ID : SB23.34802
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 520.00	
Purpose of Disbursement Office Rent	Category/Type 101	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 825.51

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. City of Madison Parking		Date of Disbursement MM / DD / YYYY 07 / 12 / 2013
Mailing Address 215 Martin Luther King Jr Blvd #100		Transaction ID : SB23.34808
City Madison	State WI	
Purpose of Disbursement Parking	Category/ Type 101	Amount of Each Disbursement this Period 2.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. City of Madison Parking		Date of Disbursement MM / DD / YYYY 07 / 19 / 2013
Mailing Address 215 Martin Luther King Jr Blvd #100		Transaction ID : SB23.34810
City Madison	State WI	
Purpose of Disbursement Parking	Category/ Type 101	Amount of Each Disbursement this Period 2.50
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) c. Meghan Ford		Date of Disbursement MM / DD / YYYY 07 / 11 / 2013
Mailing Address 412 W Main St 6		Transaction ID : SB23.34799
City Madison	State WI	
Purpose of Disbursement Database Services	Category/ Type 101	Amount of Each Disbursement this Period 585.03
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 589.53

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Matthew Kozlowski		Date of Disbursement MM / DD / YYYY 07 / 11 / 2013
Mailing Address 151 E Gilman #4		Transaction ID : SB23.34824
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 1267.39	
Purpose of Disbursement Net Wages - Director of Information	Candidate Name	Category/Type 101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Matthew Kozlowski		Date of Disbursement MM / DD / YYYY 07 / 29 / 2013
Mailing Address 151 E Gilman #4		Transaction ID : SB23.34827
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 1267.39	
Purpose of Disbursement Net Wages - Director of Information	Candidate Name	Category/Type 101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Law Office of Harry Kresky		Date of Disbursement MM / DD / YYYY 07 / 17 / 2013
Mailing Address 505 West 54th Street Suite 419		Transaction ID : SB23.34801
City New York State NY Zip Code 10019	Amount of Each Disbursement this Period 85.00	
Purpose of Disbursement Legal Services	Candidate Name	Category/Type 101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2619.78

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Ben Manski		Date of Disbursement MM / DD / YYYY 07 / 11 / 2013
Mailing Address 410 Ridge St		Transaction ID : SB23.34823
City Madison	State WI	
Purpose of Disbursement Net Wages - Campaign Manager	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="511.62"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Ben Manski		Date of Disbursement MM / DD / YYYY 07 / 29 / 2013
Mailing Address 410 Ridge St		Transaction ID : SB23.34828
City Madison	State WI	
Purpose of Disbursement Net Wages - Campaign Manager	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="511.62"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) c. Nationbuilder		Date of Disbursement MM / DD / YYYY 07 / 06 / 2013
Mailing Address 1100 S Hope St Suite 1513		Transaction ID : SB23.34796
City Los Angeles	State CA	
Purpose of Disbursement Website Hosting Services	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="163.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Tia Nowack		Date of Disbursement MM / DD / YYYY 07 / 31 / 2013
Mailing Address 151 E Gilman #4		Transaction ID : SB23.34803
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 106.25	
Purpose of Disbursement Database Services	Category/Type 101	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Tia Nowack		Date of Disbursement MM / DD / YYYY 07 / 31 / 2013
Mailing Address 151 E Gilman #4		Transaction ID : SB23.34804
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 252.95	
Purpose of Disbursement Reimbursement - Mileage	Category/Type 101	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Tia Nowack		Date of Disbursement MM / DD / YYYY 07 / 31 / 2013
Mailing Address 151 E Gilman #4		Transaction ID : SB23.34818
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 5.33	
Purpose of Disbursement Reimbursement	Category/Type 101	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 364.53

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. USPS - Madison		Date of Disbursement MM / DD / YYYY 06 / 07 / 2013
Mailing Address 215 Martin Luther King Junior Blvd		Transaction ID : SB23.34818.0
City Madison	State WI	
Purpose of Disbursement Postage	Category/ Type 101	Amount of Each Disbursement this Period 5.33
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Depot - East Madison		Date of Disbursement MM / DD / YYYY 07 / 03 / 2013
Mailing Address 4016 E Washington Ave		Transaction ID : SB23.34807
City Madison	State WI	
Purpose of Disbursement Office Supplies	Category/ Type 101	Amount of Each Disbursement this Period 29.23
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) c. Office Depot - East Madison		Date of Disbursement MM / DD / YYYY 07 / 19 / 2013
Mailing Address 4016 E Washington Ave		Transaction ID : SB23.34811
City Madison	State WI	
Purpose of Disbursement Office Supplies	Category/ Type 101	Amount of Each Disbursement this Period 9.79
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Subtotal Of Receipts This Page (optional)..... 39.02

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Payroll Center		Date of Disbursement MM / DD / YYYY 07 / 11 / 2013
Mailing Address 2409 American Lane		Transaction ID : SB23.34825
City Madison	State WI Zip Code 53704	
Purpose of Disbursement Payroll Processing Fees	Category/Type 101	Amount of Each Disbursement this Period 46.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Payroll Center		Date of Disbursement MM / DD / YYYY 07 / 11 / 2013
Mailing Address 2409 American Lane		Transaction ID : SB23.34826
City Madison	State WI Zip Code 53704	
Purpose of Disbursement Payroll Taxes	Category/Type 101	Amount of Each Disbursement this Period 750.77
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) c. Payroll Center		Date of Disbursement MM / DD / YYYY 07 / 29 / 2013
Mailing Address 2409 American Lane		Transaction ID : SB23.34829
City Madison	State WI Zip Code 53704	
Purpose of Disbursement Payroll Taxes	Category/Type 101	Amount of Each Disbursement this Period 750.76
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 1547.63

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Payroll Center		Date of Disbursement MM / DD / YYYY 07 / 29 / 2013
Mailing Address 2409 American Lane		Transaction ID : SB23.34830
City Madison State WI Zip Code 53704	Purpose of Disbursement Payroll Processing Fees Candidate Name Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 46.10
State: District:		

Full Name (Last, First, Middle Initial) B. Priceline		Date of Disbursement MM / DD / YYYY 07 / 20 / 2013
Mailing Address 800 Connecticut Ave.		Transaction ID : SB23.34812
City Norwalk State CT Zip Code 06854	Purpose of Disbursement Airline Tickets Candidate Name Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 364.11
State: District:		

Full Name (Last, First, Middle Initial) c. Priceline		Date of Disbursement MM / DD / YYYY 07 / 20 / 2013
Mailing Address 800 Connecticut Ave.		Transaction ID : SB23.34813
City Norwalk State CT Zip Code 06854	Purpose of Disbursement Travel - Hotel Candidate Name Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 485.48
State: District:		

Subtotal Of Receipts This Page (optional)..... 895.69

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. RiPT Accounting & Tax, LLC		Date of Disbursement MM / DD / YYYY 07 / 16 / 2013
Mailing Address 3921 Anchor Dr		Transaction ID : SB23.34809
City Madison	State WI Zip Code 53714	
Purpose of Disbursement Accounting Services	Category/Type 101	Amount of Each Disbursement this Period 68.75
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Summit Credit Union		Date of Disbursement MM / DD / YYYY 07 / 01 / 2013
Mailing Address PO Box 8046		Transaction ID : SB23.34795
City Madison	State WI Zip Code 53718	
Purpose of Disbursement Bank Fees	Category/Type 101	Amount of Each Disbursement this Period 3.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) c. Summit Credit Union		Date of Disbursement MM / DD / YYYY 07 / 01 / 2013
Mailing Address PO Box 8046		Transaction ID : SB23.34805
City Madison	State WI Zip Code 53718	
Purpose of Disbursement Bank Fees	Category/Type 101	Amount of Each Disbursement this Period 6.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 77.75

Total This Period (last page this line number only)..... 8145.68

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Democracy Engine, LLC		Date of Disbursement MM / DD / YYYY 07 / 05 / 2013
Mailing Address 2125 14th St., NW Suite 101 West		Transaction ID : SB25.34821
City Washington State DC Zip Code 20009	Purpose of Disbursement Donation Processing Fees	
Candidate Name	Category/ Type 101	Amount of Each Disbursement this Period 3.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 3.95

Total This Period (last page this line number only)..... 3.95

SCHEDULE C-P LOANS

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

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Transaction ID : **SC/12.29400**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Jill Stein

[PERSONAL FUNDS]

Election: 2012

- Primary
- General
- Other (specify) ▼

Mailing Address
22 Kendall Rd.

City	State	ZIP Code
Lexington	MA	02421-7143

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="1000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="10/17/2011"/>	<input type="text" value="On Demand"/>	<input type="text" value="0.00"/> % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Transaction ID : **SC/12.29403**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Jill Stein

[PERSONAL FUNDS]

Election: 2012

- Primary
- General
- Other (specify) ▼

Mailing Address
22 Kendall Rd.

City	State	ZIP Code
Lexington	MA	02421-7143

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 21 / Y 2011	M / D / Y On Demand	0.00 % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number 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-P LOANS

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

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Transaction ID : **SC/12.46570**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Jill Stein

[PERSONAL FUNDS]

Election: 2012

- Primary
- General
- Other (specify) ▼

Mailing Address
22 Kendall Rd.

City	State	ZIP Code
Lexington	MA	02421-7143

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 11 / Y 2012	M / D / Y On Demand	0.00 % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number 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 D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Direct Democracy Unlimited

Nature of Debt (Purpose):
 Petitioning Services

Mailing Address 366 12th Avenue
 Unit 6

City State Zip Code
 San Francisco CA 94118

Outstanding Balance Beginning This Period

Transaction ID : SD12.39564

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="-713.63"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="-713.63"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only).....	<input type="text" value="-713.63"/>