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PAGE 1 / 7

FEC FORM 3	AND DI	T OF REC SBURSEN Authorized Com	<b>MENTS</b>	Offic	e Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRIN full)		ample: If typing, typ er the lines.	∍ 12FE4M5	
Greenstein for					
ADDRESS (number an	d street)				
▼ Check if dif					
than previou reported. (A	usly   Plainsboro				36
2. FEC IDENTIFIC	CATION NUMBER ▼	CITY 🔺		STATE 🔺	ZIP CODE
C C0055817		3. IS THIS REPORT	X NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
(a) Quarterly Re	PORT (Choose One) eports: 6 Quarterly Report (Q1)	(b) 12-Day PRE-	Election Report for Primary (12P)	the: General (12G)	Runoff (12R)
July 15	Quarterly Report (Q2)		Convention (12C)	Special (12S)	
October	r 15 Quarterly Report (Q3)	Election on	M M / D	D / Y Y Y Y	in the State of
× January	31 Year-End Report (YE)	(c) 30-Day <b>POS</b>	<b>r</b> -Election Report fo	r the:	
Termina	tion Report (TER)	Election on	General (30G)	P     /     Y     Y     Y     Y	in the State of
5. Covering Period	M M / D D 10 / 01	/ Y Y Y Y 2021	through	M M / D D / Y 12 31	y y y 2021
I certify that I have e Type or Print Name of	xamined this Report and t May, Jennife of Treasurer		owledge and belief	it is true, correct and cor	nplete.
Signature of Treasure	May, Jennifer, , ,		[Electronically Filed]	Date M M /	D D / Y Y Y Y 29 / 2022
NOTE: Submission of	false, erroneous, or incompl	ete information may s	ubject the person sig	ning this Report to the pe	nalties of 52 U.S.C. §30109
Office Use Only					EC FORM 3 (Revised 05/2016)

Im	age# 2	202201299475459241			
Γ	_	FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements		PAGE 2/7
		or Type Committee Name enstein for Congress			
I	Report	Covering the Period: From:	10 / D D / Y Y Y Y 2021	To: 12 <sup>M</sup> /12 <sup>//</sup>	<sup>D</sup> 31 / Y Y Y Y Y 2021
			COLUMN A This Period		OLUMN B n Cycle-to-Date
6.	Net	Contributions (other than loans)			
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00		0.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	· · · ·	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00		0.00
7.	Net	Operating Expenditures			
	(a)	Total Operating Expenditures (from Line 17)	0.00	,	0.00
	(b)	Total Offsets to Operating			

0.00

0.00

0.00

0.00

16270.56

0.00

0.00

(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....

Expenditures (from Line 14).....

- 8. Cash on Hand at Close of Reporting Period (from Line 27).....
- Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D).....
- Debts and Obligations Owed BY the Committee (Itemize all on 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

Imago#	202204	2994754	150242
imade#	202201	2994/04	139242

Γ		ETAILED SUMMARY PAGE of Receipts	PAGE 3 / 7
	Vrite or Type Committee Name		
_	Greenstein for Congress		
R	Report Covering the Period: From:		M M / D D / Y Y Y Y 12 31 / 2021
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	. CONTRIBUTIONS (other than loans) FROM:		
	<ul> <li>(a) Individuals/Persons Other Than</li> <li>Political Committees</li> <li>(b) Iterational (use Dehedule A)</li> </ul>	0.00	0.00
	(i) Itemized (use Schedule A)	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	, 0.00
	(such as PACs)	0.00	0.00
	(d) The Candidate (e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12.	. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13.	. LOANS: (a) Made or Guaranteed by the		
	Candidate	0.00	, , , , , , , , , , , , , , , , , , , ,
	(b) All Other Loans (c) TOTAL LOANS	0.00	0.00
	(add Lines 13(a) and (b))	0.00	0.00
14.	. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
	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	0.00

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 0.00 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 (a) 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 0.00 0.00 (add Lines 17, 18, 19(c), 20(d), and 21)

**DETAILED SUMMARY PAGE** 

## **III. CASH SUMMARY**

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	_	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	-	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	-	0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		,		7	-	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	-	0.00

	•			r	PAGE 5 OF 7			
CHEDULE C (FEC Form 3) .OANS				Use separate schedule(s) for each category of the Detailed Summary Page				
ame of committee (in Greenstein for Cong	•			Transac	ction ID : SC/10.4712			
LOAN SOURCE Full N Greenstein, Linda	•	Idle Initial)		🗌 Memo Item	Election: 2014 Frimary General			
Mailing Address PO Box 492					Other (specify) ▼			
City Plainsboro		State NJ	ZIP Code 08536	e	Personal Funds of the Candidate			
Original Amount of Loa	in 5200.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio			
TERMS         Date Inc           M03 <sup>M</sup> /         P13 <sup>D</sup> /	<sup>ү</sup> Ž014 <sup>ү</sup>	M M / D D	Date Due	Interest Rate (If none, enter 31/2014 <sup>Y</sup> 0.	00 <b>0 1 1 1 1 1 1</b>			
List All Endorsers or G 1. Full Name (Last, Fire		o Loan Source		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y			
2. Full Name (Last, Firs	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
3. Full Name (Last, Firs	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	g			
4. Full Name (Last, Firs	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y			
UBTOTALS This Period T					5200.00			
					vard to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page				
Transaction ID : SC/10.4836				
Memo Item Election: 2014  Frimary General				
Other (specify) v				
▼ Personal Funds of the Candidate				
Balance Outstanding at Close of This Perio				
Interest Rate Secured: (If none, enter 0) 0.00 % (apr) Yes X No				
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10000.00				

					PAGE 7 OF 7			
CHEDULE C (FEC Form 3) .OANS				Use separate schedule(s) for each category of the Detailed Summary Page				
ame of committee (i Greenstein for Cor	,			Transac	ction ID : SC/10.5228			
LOAN SOURCE Full Greenstein, Lind	• • •	ddle Initial)		Memo Item	Election: 2014 X Primary General			
Mailing Address PO Box 492					Other (specify)			
City Plainsboro		State NJ	ZIP Code 08536	e	Y Personal Funds of the Candidat			
Original Amount of L	oan 1070.56	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Peric			
TERMS         Date In           M08 <sup>M</sup> /         D08 <sup>D</sup>	/ Y Ž014 Y	M M / D D	Date Due	51/2010				
List All Endorsers or 1. Full Name (Last, F	、 <i>,</i> ,	o Loan Source		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·			
2. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
3. Full Name (Last, Fi	rst, Middle Initial)	·		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y			
4. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 1 9 1 1 N 1			
UBTOTALS This Period	l This Page (optional).			······	1070.56			
<b>OTALS</b> This Period (las	t page in this line only	/)		······	16270.56			
Carry outstanding balan	ce only to LINE 3, Scl	nedule D, for this	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary			