

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.

12FE4M5

JILL STEIN FOR PRESIDENT

ADDRESS (number and street)

22 KENDALL ROAD

Check if different than previously reported. (ACC)

LEXINGTON

CITY

MA

STATE

02421

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00581199

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

Steven Welzer

Signature of Treasurer

Steven Welzer

[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

Write or Type Committee Name

JILL STEIN FOR PRESIDENT

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	5

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	21792.04
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	25771.92
8. SUBTOTAL (Lines 6 and 7)	47563.96
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	29454.49
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	18109.47
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).....	40000.00
13. EXPENDITURES SUBJECT TO LIMITATION	199241.38

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)	177350.85
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	196166.83

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:

M M / D D / Y Y Y Y
11 / 01 / 2015

To:

M M / D D / Y Y Y Y
11 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	9020.00	71139.00
(ii) unitemized	16751.92	106211.85
(iii) Total contributions	25771.92	177350.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	25771.92	177350.85
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	40000.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	40000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	0.00
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	0.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	25771.92	217350.85

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

JILL STEIN FOR PRESIDENT

Report Covering the Period: From:

M M / D D / Y Y Y Y
11 / 01 / 2015

To:

M M / D D / Y Y Y Y
11 / 30 / 2015

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

23. OPERATING EXPENDITURES.....	28134.56	196166.83
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	1319.93	3074.55
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	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(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	0.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	29454.49	199241.38

**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 C00581199

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

**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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
John Andrews

Mailing Address 22 Kendall Rd

City Lexington State MA Zip Code 02421

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
575.00

Transaction ID : SA17A.9714

Date of Receipt
M M / D D / Y Y Y Y
11 / 05 / 2015

Amount of Each Receipt this Period
50.00

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

Mailing Address 22 Kendall Rd

City Lexington State MA Zip Code 02421

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
675.00

Transaction ID : SA17A.10179

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2015

Amount of Each Receipt this Period
100.00

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

Mailing Address 220 S Frederick Ave

City Daytona Beach State FL Zip Code 32114

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

Name of Employer Embry-Riddle Aeronautical University Occupation Professor

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.10270

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

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 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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) David Chase Mailing Address 1779 31st Avenue San Francisco City San Francisco State CA Zip Code 94122 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Self Occupation Dance Teacher Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.9764 Date of Receipt M M / D D / Y Y Y Y 11 / 05 / 2015 Amount of Each Receipt this Period <input type="text" value="100.00"/>
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B. Full Name (Last, First, Middle Initial) Ronald Christensen Mailing Address 1610 E 2nd St City Brooklyn State NY Zip Code 11230-6928 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/A Occupation N/A Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.10320 Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2015 Amount of Each Receipt this Period <input type="text" value="50.00"/>
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C. Full Name (Last, First, Middle Initial) Alexandra Coe Mailing Address 2700 Kenilworth Pl City Minneapolis State MN Zip Code 55405 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/A Occupation N/A Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="600.00"/>		Transaction ID : SA17A.9637 Date of Receipt M M / D D / Y Y Y Y 11 / 10 / 2015 Amount of Each Receipt this Period <input type="text" value="100.00"/>
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Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input 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)
Herbert Davis

Mailing Address 12474 County 100

City State Zip Code
Sauk Centre MN 56378

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

Name of Employer Occupation
n/a n/a

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.10302

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2015

Amount of Each Receipt this Period
100.00

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

Mailing Address 1780 N 300 Rd

City State Zip Code
Baldwin City KS 66006

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

Name of Employer Occupation
Retired Educator

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.10368

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2015

Amount of Each Receipt this Period
50.00

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

Mailing Address 3202 jasmine Pkwy

City State Zip Code
alpharetta GA 30022

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

Name of Employer Occupation
adp llc devops engineer

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.10198

Date of Receipt
M M / D D / Y Y Y Y
11 / 21 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 400.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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
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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
Douglas Evans

Mailing Address 3587 NE Joel St

City State Zip Code
McMinnville OR 97128

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SBA Network Services Senior Property Specialist

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17A.9754

Date of Receipt
M M / D D / Y Y Y Y
11 / 05 / 2015

Amount of Each Receipt this Period

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

Mailing Address 145 Three Oaks Dr

City State Zip Code
Athens GA 30607

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University of Georgia Teacher

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17A.10194

Date of Receipt
M M / D D / Y Y Y Y
11 / 21 / 2015

Amount of Each Receipt this Period

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

Mailing Address 3329 Los Prados St #4

City State Zip Code
San Mateo CA 94403

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17A.9651

Date of Receipt
M M / D D / Y Y Y Y
11 / 13 / 2015

Amount of Each Receipt this Period

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
Mike Ewall

Mailing Address 1434 Elbridge St

City	State	Zip Code
Philadelphia	PA	19149

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Energy Justice Network	Environmentalist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.10221

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2015			

Amount of Each Receipt this Period

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

Mailing Address 9628 Colbert Cv

City	State	Zip Code
Denton	TX	76207-5608

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
None	Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.9672

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2015			

Amount of Each Receipt this Period

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

Mailing Address 1771 loma Ave

City	State	Zip Code
long beach	CA	90804

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
silliker labs	microbiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.9874

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Amount of Each Receipt this Period

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 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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
Brian Good

Mailing Address 101 Alma #305

City	State	Zip Code
Palo Alto	CA	94301

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

Name of Employer self	Occupation researcher
--------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 340.00

Transaction ID : SA17A.9704

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

Amount of Each Receipt this Period
 10.00

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

Mailing Address 5804 Stonehaven Dr NW

City	State	Zip Code
Kennesaw	GA	30152-3760

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

Name of Employer American Megatrends, Inc.	Occupation Customer Support Technician
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 360.00

Transaction ID : SA17A.9674

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2015			

Amount of Each Receipt this Period
 30.00

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

Mailing Address 53 Rossmore Rd

City	State	Zip Code
Brunswick	ME	04011

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

Name of Employer N/A	Occupation N/A
-------------------------	-------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.10215

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2015			

Amount of Each Receipt this Period
 250.00

Subtotal Of Receipts This Page (optional).....▶ 290.00

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 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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
Robert Mueller

Mailing Address 508 N Cass Ave Unit 103

City State Zip Code
Westmont IL 60559

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

Name of Employer Occupation
self-employed self-employed

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.9662

Date of Receipt

M M / D D / Y Y Y Y
11 / 18 / 2015

Amount of Each Receipt this Period

100.00

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

Mailing Address 315 W 10th St

City State Zip Code
The Dalles OR 97058

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

Name of Employer Occupation
self self

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
290.00

Transaction ID : SA17A.9652

Date of Receipt

M M / D D / Y Y Y Y
11 / 14 / 2015

Amount of Each Receipt this Period

40.00

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

Mailing Address 352 manitou Rd

City State Zip Code
hilton NY 14468

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

Name of Employer Occupation
city of rochester civil engineer

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
535.00

Transaction ID : SA17A.9821

Date of Receipt

M M / D D / Y Y Y Y
11 / 05 / 2015

Amount of Each Receipt this Period

35.00

Subtotal Of Receipts This Page (optional).....▶ 175.00

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 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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
jason nabewaniec

Mailing Address 352 manitou Rd

City hilton State NY Zip Code 14468

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

Name of Employer city of rochester Occupation civil engineer

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 565.00

Transaction ID : SA17A.10352

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2015

Amount of Each Receipt this Period
30.00

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

Mailing Address 5125 Chowan Ave

City Alexandria State VA Zip Code 22312

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

Name of Employer PatchAdvisor Occupation Computer Consultant

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 240.00

Transaction ID : SA17A.9710

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2015

Amount of Each Receipt this Period
10.00

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

Mailing Address 8 Paramount Ave

City Hamden State CT Zip Code 06517

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

Name of Employer none Occupation retired

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 225.00

Transaction ID : SA17A.10155

Date of Receipt
M M / D D / Y Y Y Y
11 / 14 / 2015

Amount of Each Receipt this Period
75.00

Subtotal Of Receipts This Page (optional).....▶ 115.00

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:

PAGE 24 / 53

(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

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NAME OF COMMITTEE (In Full)

JILL STEIN FOR PRESIDENT

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

Wilma E Ralls

Mailing Address 2998 Balearic Dr

City Marietta State GA Zip Code 30067

FEC ID number of contributing federal political committee.

Name of Employer N/A Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.10343

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

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

Wilma E Ralls

Mailing Address 2998 Balearic Dr

City Marietta State GA Zip Code 30067

FEC ID number of contributing federal political committee.

Name of Employer N/A Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.9711

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Amount of Each Receipt this Period

<input type="text" value="20.00"/>

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

Thomas Rehwaldt

Mailing Address 2611 Park Pl

City Evanston State IL Zip Code 60201

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.10330

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

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

<input type="text" value="370.00"/>

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

<input type="text"/>

**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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
Ben Schattenburg

Mailing Address 83 Vesper St

City Portland State ME Zip Code 04101

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Petitioner

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.10001

Date of Receipt
M M / D D / Y Y Y Y
11 / 10 / 2015

Amount of Each Receipt this Period

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

Mailing Address 5844 Cedar St B

City Ferndale State WA Zip Code 98248

FEC ID number of contributing federal political committee.

Name of Employer Circle of Life Coop Occupation Circle of Life Coop

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.9687

Date of Receipt
M M / D D / Y Y Y Y
11 / 24 / 2015

Amount of Each Receipt this Period

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

Mailing Address PO Box 641

City Scottsdale State AZ Zip Code 85252

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation teacher

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.9954

Date of Receipt
M M / D D / Y Y Y Y
11 / 07 / 2015

Amount of Each Receipt this Period

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 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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
Timothy Sevenser

Mailing Address 81 St Johns
POB 296

City State Zip Code
mt labor NJ 07878-0296

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

Name of Employer Occupation
Celgene IT Systems Associate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.9916

Date of Receipt
M M / D D / Y Y Y Y
11 / 06 / 2015

Amount of Each Receipt this Period
250.00

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

Mailing Address 7 Cyrus Pl

City State Zip Code
San Francisco CA 94109-2705

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
285.00

Transaction ID : SA17A.9773

Date of Receipt
M M / D D / Y Y Y Y
11 / 05 / 2015

Amount of Each Receipt this Period
50.00

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

Mailing Address 7 Cyrus Pl

City State Zip Code
San Francisco CA 94109-2705

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
335.00

Transaction ID : SA17A.10037

Date of Receipt
M M / D D / Y Y Y Y
11 / 12 / 2015

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 350.00

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 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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
Pat Taub

Mailing Address 118 State St

City State Zip Code
Portland ME 04101

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

Name of Employer Occupation
Self Writer

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.10314

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2015

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1183 Apple Rd

City State Zip Code
Quakertown PA 18951-5423

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.10417

Date of Receipt
M M / D D / Y Y Y Y
11 / 22 / 2015

Amount of Each Receipt this Period
50.00

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

Mailing Address 692 Hortense Pl Nw

City State Zip Code
Atlanta GA 30318

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

Name of Employer Occupation
Southeastern horticulture society Gardener

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.10421

Date of Receipt
M M / D D / Y Y Y Y
11 / 22 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1300.00

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 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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
Ron Whitehurst

Mailing Address 108 Orchard Dr

City State Zip Code
Ventura CA 93001

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

Name of Employer Occupation
Rincon-Vitova Insectaries, Inc. Pest Control Advisor

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.10231

Date of Receipt

M M / D D / Y Y Y Y
11 / 16 / 2015

Amount of Each Receipt this Period

100.00

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).....▶ 100.00

Total This Period (last page this line number only).....▶ 9020.00

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Aileron Films Inc		Date of Disbursement MM / DD / YYYY 11 / 20 / 2015
Mailing Address 6004 Franklin Ave Suite 1		Transaction ID : SB23.9509
City Los Angeles State CA Zip Code 90028	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Communications Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Air France		Date of Disbursement MM / DD / YYYY 11 / 24 / 2015
Mailing Address 142 W 57th St		Transaction ID : SB23.9583
City New York State NY Zip Code 10019	Amount of Each Disbursement this Period 486.76	
Purpose of Disbursement Airline Tickets	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Air France		Date of Disbursement MM / DD / YYYY 11 / 24 / 2015
Mailing Address 142 W 57th St		Transaction ID : SB23.9587
City New York State NY Zip Code 10019	Amount of Each Disbursement this Period 486.76	
Purpose of Disbursement Airline Tickets	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2973.52

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. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : SB23.9571
City Fort Worth	State TX	
Purpose of Disbursement Airline Tickets	Candidate Name	Amount of Each Disbursement this Period \$ 220.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : SB23.9572
City Fort Worth	State TX	
Purpose of Disbursement Airline Tickets	Candidate Name	Amount of Each Disbursement this Period \$ 159.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : SB23.9573
City Fort Worth	State TX	
Purpose of Disbursement Airline Tickets	Candidate Name	Amount of Each Disbursement this Period \$ 148.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... → \$ 527.80

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. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 16 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : SB23.9577
City Fort Worth	State TX	
Purpose of Disbursement Airline Tickets	Candidate Name	Amount of Each Disbursement this Period 99.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 16 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : SB23.9578
City Fort Worth	State TX	
Purpose of Disbursement Airline Tickets	Candidate Name	Amount of Each Disbursement this Period 1058.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 11 / 16 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : SB23.9579
City Fort Worth	State TX	
Purpose of Disbursement Airline Tickets	Candidate Name	Amount of Each Disbursement this Period 259.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... 1416.70

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. John Andrews		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 22 Kendall Rd		Transaction ID : SB23.9524
City Lexington	State MA Zip Code 02421	
Purpose of Disbursement Printing Costs	Candidate Name	Amount of Each Disbursement this Period 111.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Basecamp		Date of Disbursement MM / DD / YYYY 11 / 11 / 2015
Mailing Address 30 N Racine Suite 200		Transaction ID : SB23.9598
City Chicago	State IL Zip Code 60607	
Purpose of Disbursement Project Management	Candidate Name	Amount of Each Disbursement this Period 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) c. BestBuy		Date of Disbursement MM / DD / YYYY 11 / 08 / 2015
Mailing Address 7357 W Towne Way		Transaction ID : SB23.9604
City Madison	State WI Zip Code 53719	
Purpose of Disbursement Computer Equipment	Candidate Name	Amount of Each Disbursement this Period 917.82
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 1059.35

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. Adrian Boutureira		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 12119 Sunderland Dr		Transaction ID : SB23.9513
City Austin State TX Zip Code 78753	Amount of Each Disbursement this Period 1538.46	
Purpose of Disbursement Campaign Scheduler	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Adrian Boutureira		Date of Disbursement MM / DD / YYYY 11 / 19 / 2015
Mailing Address 12119 Sunderland Dr		Transaction ID : SB23.9514
City Austin State TX Zip Code 78753	Amount of Each Disbursement this Period 1538.46	
Purpose of Disbursement Campaign Scheduler	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Adrian Boutureira		Date of Disbursement MM / DD / YYYY 11 / 19 / 2015
Mailing Address 12119 Sunderland Dr		Transaction ID : SB23.9515
City Austin State TX Zip Code 78753	Amount of Each Disbursement this Period 1538.46	
Purpose of Disbursement Campaign Scheduler	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 4615.38

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. Kendall Ferguson		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1622 Fordem Ave #401		Transaction ID : SB23.9606
City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period 318.75	
Purpose of Disbursement Campaign Administrator	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. Kendall Ferguson		Date of Disbursement MM / DD / YYYY 11 / 15 / 2015
Mailing Address 1622 Fordem Ave #401		Transaction ID : SB23.9506
City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period 446.25	
Purpose of Disbursement Campaign Administrator	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Kendall Ferguson		Date of Disbursement MM / DD / YYYY 11 / 15 / 2015
Mailing Address 1622 Fordem Ave #401		Transaction ID : SB23.9507
City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period 840.00	
Purpose of Disbursement Campaign Administrator	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1605.00

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. Google Inc.		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address PO Box 39000		Transaction ID : SB23.9595
City San Francisco	State CA	
Purpose of Disbursement Domain Services	Category/ Type	Amount of Each Disbursement this Period 92.08
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. Cheri Honkala		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 2114 N Hancock #2F		Transaction ID : SB23.9500
City Philadelphia	State PA	
Purpose of Disbursement Organizing Services	Category/ Type	Amount of Each Disbursement this Period 800.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) c. Cheri Honkala		Date of Disbursement MM / DD / YYYY 11 / 12 / 2015
Mailing Address 2114 N Hancock #2F		Transaction ID : SB23.9501
City Philadelphia	State PA	
Purpose of Disbursement Organizing Services	Category/ Type	Amount of Each Disbursement this Period 800.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1692.08

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. Cheri Honkala		Date of Disbursement MM / DD / YYYY 11 / 19 / 2015
Mailing Address 2114 N Hancock #2F		Transaction ID : SB23.9502
City Philadelphia	State PA Zip Code 19122	
Purpose of Disbursement Organizing Services	Candidate Name	Amount of Each Disbursement this Period 800.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Cheri Honkala		Date of Disbursement MM / DD / YYYY 11 / 26 / 2015
Mailing Address 2114 N Hancock #2F		Transaction ID : SB23.9503
City Philadelphia	State PA Zip Code 19122	
Purpose of Disbursement Organizing Services	Candidate Name	Amount of Each Disbursement this Period 800.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Matthew Kozlowski		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1622 Fordem Ave #401		Transaction ID : SB23.9607
City Madison	State WI Zip Code 53704	
Purpose of Disbursement Director of Compliance	Candidate Name	Amount of Each Disbursement this Period 1912.00
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:	Category/Type 101	

Subtotal Of Receipts This Page (optional)..... 3512.00

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 11 / 10 / 2015
Mailing Address 1622 Fordem Ave #401		Transaction ID : SB23.9534
City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period 59.02	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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 11 / 13 / 2015
Mailing Address 1622 Fordem Ave #401		Transaction ID : SB23.9504
City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period 808.00	
Purpose of Disbursement Director of Compliance	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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 11 / 11 / 2015
Mailing Address 520 S Grand Ave 2nd Floor		Transaction ID : SB23.9591
City Los Angeles State CA Zip Code 90071	Amount of Each Disbursement this Period 509.00	
Purpose of Disbursement Web Hosting Costs	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1376.02

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:
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<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. Nationbuilder		Date of Disbursement MM / DD / YYYY 11 / 11 / 2015
Mailing Address 520 S Grand Ave 2nd Floor		Transaction ID : SB23.9592
City Los Angeles	State CA	
Purpose of Disbursement Web Hosting Costs	Candidate Name	Amount of Each Disbursement this Period 379.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. Nationbuilder		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address 520 S Grand Ave 2nd Floor		Transaction ID : SB23.9593
City Los Angeles	State CA	
Purpose of Disbursement Web Hosting Costs	Candidate Name	Amount of Each Disbursement this Period 509.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) c. Office Depot - Madison		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 4016 E Washington Ave		Transaction ID : SB23.9532
City Madison	State WI	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 105.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 993.45

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. Office Depot - Madison		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address 4016 E Washington Ave		Transaction ID : SB23.9533
City Madison	State WI	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 222.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Office Depot - Madison		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 4016 E Washington Ave		Transaction ID : SB23.9535
City Madison	State WI	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 90.66
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" 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 11 / 05 / 2015
Mailing Address PO Box 8023		Transaction ID : SB23.9517
City Madison	State WI	
Purpose of Disbursement Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period 217.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 530.49

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)

PAGE 44 / 53

<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 11 / 05 / 2015
Mailing Address PO Box 8023		Transaction ID : SB23.9519
City Madison	State WI	
Purpose of Disbursement Payroll Processing Fees	Candidate Name	Amount of Each Disbursement this Period 83.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" 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 11 / 19 / 2015
Mailing Address PO Box 8023		Transaction ID : SB23.9518
City Madison	State WI	
Purpose of Disbursement Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period 434.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" 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 11 / 19 / 2015
Mailing Address PO Box 8023		Transaction ID : SB23.9520
City Madison	State WI	
Purpose of Disbursement Payroll Processing Fees	Candidate Name	Amount of Each Disbursement this Period 78.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 596.28

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. David Schwab		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 225 E Lakelawn Pl		Transaction ID : SB23.9510
City Madison	State WI	
Purpose of Disbursement Associate Campaign Manager	Candidate Name	Amount of Each Disbursement this Period 1300.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. David Schwab		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address 225 E Lakelawn Pl		Transaction ID : SB23.9589
City Madison	State WI	
Purpose of Disbursement Facebook Advertisements	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) c. David Schwab		Date of Disbursement MM / DD / YYYY 11 / 19 / 2015
Mailing Address 225 E Lakelawn Pl		Transaction ID : SB23.9511
City Madison	State WI	
Purpose of Disbursement Associate Campaign Manager	Candidate Name	Amount of Each Disbursement this Period 1300.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 2700.00

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. David Schwab		Date of Disbursement MM / DD / YYYY 11 / 19 / 2015
Mailing Address 225 E Lakelawn Pl		Transaction ID : SB23.9512
City Madison	State WI	
Purpose of Disbursement Associate Campaign Manager	Candidate Name	Amount of Each Disbursement this Period 1300.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/ Type	

Full Name (Last, First, Middle Initial) B. Target - Madison		Date of Disbursement MM / DD / YYYY 11 / 01 / 2015
Mailing Address 750 Hilldale Way		Transaction ID : SB23.9530
City Madison	State WI	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 86.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/ Type	

Full Name (Last, First, Middle Initial) c. Target - Madison		Date of Disbursement MM / DD / YYYY 11 / 23 / 2015
Mailing Address 750 Hilldale Way		Transaction ID : SB23.9536
City Madison	State WI	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 18.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/ Type	

Subtotal Of Receipts This Page (optional)..... 1405.25

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:
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<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. Zane Benefits		Date of Disbursement MM / DD / YYYY 11 / 08 / 2015
Mailing Address 383 West Vine St Suite 300		Transaction ID : SB23.9522
City Murray State UT Zip Code 84123	Amount of Each Disbursement this Period 800.00	
Purpose of Disbursement Healthcare Setup Charges	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Zane Benefits		Date of Disbursement MM / DD / YYYY 11 / 14 / 2015
Mailing Address 383 West Vine St Suite 300		Transaction ID : SB23.9523
City Murray State UT Zip Code 84123	Amount of Each Disbursement this Period 70.00	
Purpose of Disbursement Healthcare Administration Costs	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Subtotal Of Receipts This Page (optional)..... 870.00

Total This Period (last page this line number only)..... 27708.27

**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		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address 2125 14th St NW		Transaction ID : SB25.9544
City Washington State DC Zip Code 20009	Purpose of Disbursement Donation Processing Costs	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 619.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Democracy Engine		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 2125 14th St NW		Transaction ID : SB25.9550
City Washington State DC Zip Code 20009	Purpose of Disbursement Donation Processing Costs	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 249.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Democracy Engine		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 2125 14th St NW		Transaction ID : SB25.9551
City Washington State DC Zip Code 20009	Purpose of Disbursement Donation Processing Costs	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 101.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 619.61

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 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

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

Full Name (Last, First, Middle Initial) A. Democracy Engine		Date of Disbursement MM / DD / YYYY 11 / 19 / 2015
Mailing Address 2125 14th St NW		Transaction ID : SB25.9558
City Washington State DC Zip Code 20009	Purpose of Disbursement Donation Processing Costs	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 224.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Democracy Engine		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address 2125 14th St NW		Transaction ID : SB25.9568
City Washington State DC Zip Code 20009	Purpose of Disbursement Donation Processing Costs	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 83.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Democracy Engine		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address 2125 14th St NW		Transaction ID : SB25.9569
City Washington State DC Zip Code 20009	Purpose of Disbursement Donation Processing Costs	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 286.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 594.32

Total This Period (last page this line number only)..... 1213.93

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)

Transaction ID : SC/12.8887

JILL STEIN FOR PRESIDENT

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

JILL STEIN

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
22 KENDALL ROAD

City	State	ZIP Code
LEXINGTON	MA	02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 06 / Y 2015	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: []
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	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: []

Subtotal Of Receipts This Page (optional).....▶ [] 10000.00

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/12.8889**

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

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
22 KENDALL ROAD

City	State	ZIP Code
LEXINGTON	MA	02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="10000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="10000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>	<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)

Transaction ID : SC/12.8890

JILL STEIN FOR PRESIDENT

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

JILL STEIN

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
22 KENDALL ROAD

City	State	ZIP Code
LEXINGTON	MA	02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 06 / 2015	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: []
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	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: []

Subtotal Of Receipts This Page (optional).....▶ [] 10000.00

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)

Transaction ID : SC/12.8891

JILL STEIN FOR PRESIDENT

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

JILL STEIN

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
22 KENDALL ROAD

City	State	ZIP Code
LEXINGTON	MA	02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 23 / 2015	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: []
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	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: []

Subtotal Of Receipts This Page (optional).....▶ 10000.00

Total This Period (last page this line number only).....▶ 40000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.