10/14/2021 15 : 41

PAGE 1 / 7

FEC FORM 3	AND DI				O	• ffice Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRI	NT V	Example: If typin over the lines.	g, type	12FE4M5	
Greenstein for	Congress					
ADDRESS (number an	d street)					
Check if dif than previou reported. (A	ferent Jsly J Plainsboro			<u></u>	80 LN LN	1536
	CATION NUMBER V	CITY				ZIP CODE
C C0055817		3. IS THIS REPOF	~	OR	AMENDEL (A)	STATE ▼ DISTRICT
(a) Quarterly Re April 15 July 15	PORT (Choose One) eports: • Quarterly Report (Q1) Quarterly Report (Q2) • 15 Quarterly Report (Q3)	(b) 12-Day Election	PRE-Election Report Primary (12P) Convention (n on		General (120 Special (12S	
January	31 Year-End Report (YE)	(c) 30-Day	POST-Election Rep		Runoff (30R)	Special (30S)
Termina	tion Report (TER)	Election	n on	D D /	YYYYY	in the State of
5. Covering Period	07 / 01	/ Y Y Y Y 2021	through	M M 09	/ D D / Y	2021
I certify that I have e Type or Print Name of	xamined this Report and May, Jennife of Treasurer		ny knowledge and i	belief it is tr	ue, correct and c	omplete.
Signature of Treasure	May, Jennifer, , ,		[Electronically]	Filed]	Date	/ D D / Y Y Y Y 14 / 2021
NOTE: Submission of	false, erroneous, or incomp	lete information	may subject the per	son signing t	this Report to the	penalties of 52 U.S.C. §30109
Use Only						FEC FORM 3 (Revised 05/2016)

Ima	age# 202110149467278391		
	FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2/7
	Write or Type Committee Name Greenstein for Congress		
R	Report Covering the Period: From:	07 / D D / Y Y Y Y 01 / 2021 To:	M 09 / D D / Y Y Y Y 30 / 2021
		COLUMN A This Period	COLUMN B Election 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 Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	0.00
8.	Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	16270.56	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

	-	FEC Form 3 (Revised 05/2016)	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 7
		or Type Committee Name enstein for Congress		
_	סוכ			
Re	epor	t Covering the Period: From:	07 / D D / Y Y Y Y 01 2021 To	b: 09 / 09 / 10 0 / 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	со	NTRIBUTIONS (other than loans) FROM:		
	(a)	Individuals/Persons Other Than		
		Political Committees (i) Itemized (use Schedule A)	0.00	0.00
		(ii) Unitemized	0.00	0.00
		(iii) TOTAL of contributions from individuals	0.00	0.00
	(b) (c)	Political Party Committees Other Political Committees	0.00	0.00
	()	(such as PACs)	0.00	0.00
	(d)	The Candidate	0.00	0.00
	(e)	TOTAL CONTRIBUTIONS (other than loans)		
		(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12.		ANSFERS FROM OTHER	0.00	0.00
	AU	THORIZED COMMITTEES	0.00	0.00
13.	LOA (a)	ANS: Made or Guaranteed by the		
	(u)	Candidate	0.00	0.00
	(b)	All Other Loans	0.00	0.00
	(c)	TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
			1 1 1	
14.		ESETS TO OPERATING PENDITURES		
	(Re	funds, Rebates, etc.)	0.00	0.00
15.		HER RECEIPTS	0.00	0.00
16	-	idends, Interest, etc.) TAL RECEIPTS (add Lines	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
10.	11((and Lines) (a), 12, 13(c), 14, and 15) (rry 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

Image# 202110149467278393

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		y		7	_	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		9		7	_	0.00
25.	SUBTOTAL (add Line 23 and Line 24)	Γ.	7		7	-	0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7	-	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	[]	7		9	_	0.00

PAGE 5 OF 7						
separate schedule(s) each category of the ailed Summary Page						
Transaction ID : SC/10.4712						
Memo Item Election: 2014 X Primary General						
Other (specify)						
× Personal Funds of the Candida						
Balance Outstanding at Close of This Peri 0.00 5200.00						
Interest Rate (If none, enter 0) ↓ [✓] 0.00 % (apr) Yes X N						
of Employer						
ation						
t teed nding:						
of Employer						
t						
Guaranteed Outstanding:						
of Employer						
ation						
Amount Guaranteed Outstanding:						
of Employer						
ation						
t teed nding:						
→ 5200.00 						
an ai						

CHEDULE C (FEC Form 3) DANS		Use separate schedule(s) for each category of the Detailed Summary Page						
AME OF COMMITTEE (In Full) Greenstein for Congress			Transac	tion ID : SC/10.4836				
LOAN SOURCE Full Name (Last, First, M Greenstein, Linda, , ,	1iddle Initial)		🗌 Memo Item	Election: 2014 X Primary General				
Mailing Address PO Box 492				Other (specify)				
City Plainsboro	State NJ	ZIP Code 08536	9	X Personal Funds of the Candidat				
Original Amount of Loan 10000.00	Cumulative Pa	ayment To D	Date Bala 0.00	nce Outstanding at Close of This Perio 10000.00				
TERMS Date Incurred M05 ^M / P28 ^D / Y Ž014 Y	M M / D D		Interest Rate (If none, enter 31/2Ŏ14 [×] 0.0	0)				
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source		Name of Employer					
Mailing Address			Occupation					
City State	ZIP Code		Amount Guaranteed Outstanding:	g				
2. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation Amount					
City State	ZIP Code		Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address			Occupation					
City State	ZIP Code		Amount Guaranteed Outstanding:	g : ; g : ; m :				
4. Full Name (Last, First, Middle Initial)	l		Name of Employer					
Mailing Address			Occupation					
City State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 1 7 1				
UBTOTALS This Period This Page (optional)			10000.00				
OTALS This Period (last page in this line or Carry outstanding balance only to LINE 3, S								

SCHEDULE C (FEC Form 3) LOANS				Use separate schedule(s) for each category of the Detailed Summary Page					
AME OF COMMITTEE (In Greenstein for Cong				Transac	tion ID : SC/10.5228				
LOAN SOURCE Full N Greenstein, Linda	•	ddle Initial)		Memo Item	Election: 2014 X Primary General				
Mailing Address PO Box 492					Other (specify)				
City Plainsboro		State NJ	ZIP Code 08536	•	X Personal Funds of the Candidat				
Original Amount of Loa	n 1070.56	Cumulative Pa	ayment To D	ate Bala	nce Outstanding at Close of This Perio 1070.56				
TERMS Date Incl M08M / 08 ^D /	^ү Ž014 ^ү	M M / D C		Interest Rate (If none, enter \$1/2015 ^Y 0.0	0) 00 0/ () // // // //				
List All Endorsers or G 1. Full Name (Last, First		o Loan Source		Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code	(Amount Guaranteed Outstanding:	g				
2. Full Name (Last, First	t, Middle Initial)		1	Name of Employer					
Mailing Address				Occupation Amount					
City	ZIP Code		Guaranteed Outstanding:						
3. Full Name (Last, First	t, Middle Initial)		1	Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	y				
4. Full Name (Last, First	t, Middle Initial)	·	I	Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code	(Amount Guaranteed Outstanding:	9 1 9 1 × 1				
UBTOTALS This Period T	his Page (optional).		I	······ [1070.56				
OTALS This Period (last p	cage in this line only	/)		······	16270.56				
Carry outstanding balance	only to LINE 3, Sch	nedule D, for thi	is line. If no	Schedule D, carry forw	vard to appropriate line of Summar				