

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

C00505800

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 M M / D D / Y Y Y Y Y Y

Twelfth day report preceding election

on M M / D D / Y Y Y Y Y Y in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

M M / D D / Y Y Y Y Y Y
11 / 27 / 2012

through

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

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

James Moran

Signature of Treasurer

James Moran

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 01 / 2013

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: / / To: / /

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="71930.74"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="41505.50"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="113436.24"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	<input type="text" value="38821.22"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="74615.02"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="44000.00"/>
13. EXPENDITURES SUBJECT TO LIMITATION	<input type="text" value="998695.81"/>

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)	<input type="text" value="738146.85"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="985160.49"/>

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 / 27 / 2012

To:

M M / D D / Y Y Y Y
12 / 31 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	38799.22	333331.22
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	1100.00	350375.41
(ii) unitemized	1606.28	388661.44
(iii) Total contributions	2706.28	739036.85
(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))	2706.28	739036.85
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	44000.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	44000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	2401.71
(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	2401.71
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	41505.50	1118769.78

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 / 27 / 2012

To:

M M / D D / Y Y Y Y
12 / 31 / 2012

II. DISBURSEMENTS

**COLUMN A
Total This Period**

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

23. OPERATING EXPENDITURES.....	38491.59	987562.20
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	54.63	13535.32
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.....	275.00	890.00
(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))	275.00	890.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	38821.22	1001987.52

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

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

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

Office Use Only

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

2. FEC IDENTIFICATION NUMBER

C C00505800

JILL STEIN FOR PRESIDENT

ADDRESS (number and street)

22 KENDALL ROAD

LEXINGTON

CITY

MA

STATE

02421

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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JILL STEIN FOR PRESIDENT

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

FEC

Mailing Address 999 E St NW

City Washington State DC Zip Code 20463

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 38799.22

Transaction ID : SA16.26145

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2012			

Primary Matching Funds

Amount of Each Receipt this Period

38799.22

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).....▶

38799.22

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

38799.22

**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)

Blair Campbell

Mailing Address 12865 Joywood Drive

City State Zip Code
Elsah IL 62028

FEC ID number of contributing federal political committee.

Name of Employer Occupation
USPS Letter Carrier

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.26199

Date of Receipt

/ /

Amount of Each Receipt this Period

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

Margaret Flowers

Mailing Address 402 E Lake Ave

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing federal political committee.

Name of Employer Occupation
self-employed advocacy

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.26237

Date of Receipt

/ /

Amount of Each Receipt this Period

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

Susan Morris

Mailing Address 1300 Army House
PH1

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A N/A

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.26229

Date of Receipt

/ /

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)

Charles Yakert

Mailing Address PMB 20136

City State Zip Code
Pensacola FL 32513

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

Name of Employer Occupation
N/a Retired

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.26197

Date of Receipt

M M / D D / Y Y Y Y
12 27 2012

Amount of Each Receipt this Period

250.00

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).....▶ 250.00

Total This Period (last page this line number only).....▶ 1100.00

**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. Amazon

Mailing Address 1200 12th Ave.
Suite 1200

City State Zip Code
Seattle WA 98144

Purpose of Disbursement
Computer Equipment - Computer Monitors

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

101
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
12 / 15 / 2012

Transaction ID : SB23.26133

Amount of Each Disbursement this Period

256.94

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 1200 12th Ave.
Suite 1200

City State Zip Code
Seattle WA 98144

Purpose of Disbursement
Computer Equipment - Computer Cables

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

101
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
12 / 19 / 2012

Transaction ID : SB23.26134

Amount of Each Disbursement this Period

25.06

Full Name (Last, First, Middle Initial)

c. June Brashares

Mailing Address 7760 Dos Palos Lane

City State Zip Code
Sebastopol CA 95472

Purpose of Disbursement
Invoice Payment

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

101
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
12 / 13 / 2012

Transaction ID : SB23.26125

Amount of Each Disbursement this Period

4000.00

Subtotal Of Receipts This Page (optional)..... 4282.00

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. Central Properties		Date of Disbursement MM / DD / YYYY 12 / 10 / 2012
Mailing Address 513 N Lake Street		Transaction ID : SB23.26126
City Madison	State WI	
Zip Code 53703	Purpose of Disbursement Office Rent	Amount of Each Disbursement this Period 833.00
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. Kate Davidson		Date of Disbursement MM / DD / YYYY 12 / 05 / 2012
Mailing Address 2105 Village Dr 1		Transaction ID : SB23.26112
City Louisville	State KY	
Zip Code 40205	Purpose of Disbursement Reimbursement - Printing	Amount of Each Disbursement this Period 215.47
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) c. Kate Davidson		Date of Disbursement MM / DD / YYYY 12 / 05 / 2012
Mailing Address 2105 Village Dr 1		Transaction ID : SB23.26113
City Louisville	State KY	
Zip Code 40205	Purpose of Disbursement Reimbursement - Travel	Amount of Each Disbursement this Period 254.96
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1303.43

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. Direct Democracy Unlimited		Date of Disbursement MM / DD / YYYY 12 / 11 / 2012
Mailing Address 366 12th Avenue Unit 6		Transaction ID : SB23.26110
City San Francisco	State CA Zip Code 94118	
Purpose of Disbursement Ballot Access Peititoning	Category/Type 101	Amount of Each Disbursement this Period 10000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Cabo Granato		Date of Disbursement MM / DD / YYYY 12 / 04 / 2012
Mailing Address 42 Canton Lane		Transaction ID : SB23.26127
City Stuarts Draft	State VA Zip Code 24477	
Purpose of Disbursement Invoice Payment	Category/Type 101	Amount of Each Disbursement this Period 2300.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) c. Alex Howard		Date of Disbursement MM / DD / YYYY 12 / 04 / 2012
Mailing Address 420 Sterling Pl		Transaction ID : SB23.26124
City Brooklyn	State NY Zip Code 11238	
Purpose of Disbursement Reimbursement - Travel	Category/Type 101	Amount of Each Disbursement this Period 928.26
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 13228.26

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. Alex Howard		Date of Disbursement MM / DD / YYYY 12 / 05 / 2012
Mailing Address 420 Sterling Pl		Transaction ID : SB23.26111
City Brooklyn	State NY	
Purpose of Disbursement Reimbursement - Printing	Zip Code 11238	Amount of Each Disbursement this Period 69.97
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Matthew Kozlowski		Date of Disbursement MM / DD / YYYY 11 / 30 / 2012
Mailing Address 151 E Gilman #4		Transaction ID : SB23.26093
City Madison	State WI	
Purpose of Disbursement Wages	Zip Code 53703	Amount of Each Disbursement this Period 1600.00
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) c. Matthew Kozlowski		Date of Disbursement MM / DD / YYYY 12 / 13 / 2012
Mailing Address 151 E Gilman #4		Transaction ID : SB23.26099
City Madison	State WI	
Purpose of Disbursement Wages	Zip Code 53703	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 3669.97

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Ben Manski		Date of Disbursement MM / DD / YYYY 11 / 30 / 2012
Mailing Address 410 Ridge St		Transaction ID : SB23.26094
City Madison State WI Zip Code 53705	Purpose of Disbursement Wages Category/Type 101	
Candidate Name		Amount of Each Disbursement this Period 2650.00
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:		

Full Name (Last, First, Middle Initial) B. Ben Manski		Date of Disbursement MM / DD / YYYY 12 / 13 / 2012
Mailing Address 410 Ridge St		Transaction ID : SB23.26100
City Madison State WI Zip Code 53705	Purpose of Disbursement Wages Category/Type 101	
Candidate Name		Amount of Each Disbursement this Period 2650.00
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:		

Full Name (Last, First, Middle Initial) c. Mustikka Consulting		Date of Disbursement MM / DD / YYYY 11 / 29 / 2012
Mailing Address 224 E Michigan		Transaction ID : SB23.21240
City Marquette State MI Zip Code 49855	Purpose of Disbursement Contracted Services Category/Type 101	
Candidate Name		Amount of Each Disbursement this Period 1200.00
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:		

Subtotal Of Receipts This Page (optional)..... 6500.00

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. Nationbuilder		Date of Disbursement MM / DD / YYYY 11 / 30 / 2012
Mailing Address 1100 S Hope St Suite 1513		Transaction ID : SB23.21241
City Los Angeles	State CA	
Purpose of Disbursement Website Hosting Services	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="862.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Tia Nowack		Date of Disbursement MM / DD / YYYY 11 / 30 / 2012
Mailing Address 151 E Gilman #4		Transaction ID : SB23.26095
City Madison	State WI	
Purpose of Disbursement Wages	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="1750.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) c. Tia Nowack		Date of Disbursement MM / DD / YYYY 12 / 03 / 2012
Mailing Address 151 E Gilman #4		Transaction ID : SB23.26118
City Madison	State WI	
Purpose of Disbursement Reimbursement - Postage	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="14.50"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

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

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Tia Nowack		Date of Disbursement MM / DD / YYYY 12 / 03 / 2012
Mailing Address 151 E Gilman #4		Transaction ID : SB23.26119
City Madison	State WI Zip Code 53703	
Purpose of Disbursement Reimbursement - Supplies	Category/Type 101	Amount of Each Disbursement this Period 5.25
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Tia Nowack		Date of Disbursement MM / DD / YYYY 12 / 03 / 2012
Mailing Address 151 E Gilman #4		Transaction ID : SB23.26122
City Madison	State WI Zip Code 53703	
Purpose of Disbursement Reimbursement - Postage	Category/Type 101	Amount of Each Disbursement this Period 4.92
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Tia Nowack		Date of Disbursement MM / DD / YYYY 12 / 03 / 2012
Mailing Address 151 E Gilman #4		Transaction ID : SB23.26123
City Madison	State WI Zip Code 53703	
Purpose of Disbursement Reimbursement - Supplies	Category/Type 101	Amount of Each Disbursement this Period 192.41
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 202.58

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Tia Nowack		Date of Disbursement MM / DD / YYYY 12 / 12 / 2012
Mailing Address 151 E Gilman #4		Transaction ID : SB23.26120
City Madison	State WI Zip Code 53703	
Purpose of Disbursement Reimbursement - Postage	Category/Type 101	Amount of Each Disbursement this Period 31.43
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. Tia Nowack		Date of Disbursement MM / DD / YYYY 12 / 12 / 2012
Mailing Address 151 E Gilman #4		Transaction ID : SB23.26121
City Madison	State WI Zip Code 53703	
Purpose of Disbursement Reimbursement - Supplies	Category/Type 101	Amount of Each Disbursement this Period 39.81
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) c. Tia Nowack		Date of Disbursement MM / DD / YYYY 12 / 13 / 2012
Mailing Address 151 E Gilman #4		Transaction ID : SB23.26101
City Madison	State WI Zip Code 53703	
Purpose of Disbursement Wages	Category/Type 101	Amount of Each Disbursement this Period 1900.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1971.24

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Payroll Center		Date of Disbursement MM / DD / YYYY 11 / 30 / 2012
Mailing Address 2409 American Lane		Transaction ID : SB23.26096
City Madison State WI Zip Code 53704	Purpose of Disbursement Payroll Processing and Taxes Candidate Name Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2221.02
State: District:		

Full Name (Last, First, Middle Initial) B. Payroll Center		Date of Disbursement MM / DD / YYYY 12 / 13 / 2012
Mailing Address 2409 American Lane		Transaction ID : SB23.26102
City Madison State WI Zip Code 53704	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 565.17
State: District:		

Full Name (Last, First, Middle Initial) c. Payroll Center		Date of Disbursement MM / DD / YYYY 12 / 13 / 2012
Mailing Address 2409 American Lane		Transaction ID : SB23.26103
City Madison State WI Zip Code 53704	Purpose of Disbursement Payroll Processing Candidate Name Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 46.65
State: District:		

Subtotal Of Receipts This Page (optional)..... 2832.84

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. USPS - Madison		Date of Disbursement MM / DD / YYYY 11 / 28 / 2012
Mailing Address 215 Martin Luther King Junior Blvd		Transaction ID : SB23.21235
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 18.95	
Purpose of Disbursement Postage	Category/Type 101	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

Subtotal Of Receipts This Page (optional)..... 18.95

Total This Period (last page this line number only)..... 38234.78

**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 type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" 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. Diane Steen-H		Date of Disbursement MM / DD / YYYY 12 / 26 / 2012
Mailing Address 2829 Yosemite Ave		Transaction ID : SB28A.26144
City Minneapolis	State MN	
Purpose of Disbursement Refunded Contribution	Zip Code 55416	Amount of Each Disbursement this Period 25.00
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. W D Waddell		Date of Disbursement MM / DD / YYYY 12 / 06 / 2012
Mailing Address 6030 Cabrillo Hwy		Transaction ID : SB28A.26139
City cayucos	State CA	
Purpose of Disbursement Refunded Contribution	Zip Code 93430	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

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

Subtotal Of Receipts This Page (optional)..... 275.00

Total This Period (last page this line number only)..... 275.00

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Democracy Engine, LLC		Date of Disbursement MM / DD / YYYY 12 / 27 / 2012
Mailing Address 2125 14th St., NW Suite 101 West		Transaction ID : SB25.26238
City Washington	State DC	
Purpose of Disbursement Donation Processing Fees	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 46.99
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 12 / 24 / 2012
Mailing Address 1600 Amphitheater Parkway		Transaction ID : SB25.26239
City Mountain View	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 7.64
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Transaction ID : SB25.26240
City	State	
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 54.63

Total This Period (last page this line number only)..... 54.63

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/12.4100**

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

Jill Stein

[PERSONAL FUNDS]

Election: 2012

- Primary
- General
- Other (specify) ▼

Mailing Address
22 Kendall Rd.

City	State	ZIP Code
Lexington	MA	02421-7143

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 17 / Y 2011	M / D / Y on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

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

SCHEDULE C-P LOANS

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

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

NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Transaction ID : **SC/12.4101**

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

[PERSONAL FUNDS]

Election: 2012

- Primary
- General
- Other (specify) ▼

Mailing Address
22 Kendall Rd.

City	State	ZIP Code
Lexington	MA	02421-7143

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 21 / Y 2011	M / D / Y on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

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

SCHEDULE C-P LOANS

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

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

NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Transaction ID : **SC/12.6476**

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

[PERSONAL FUNDS]

Election: 2012

- Primary
- General
- Other (specify) ▼

Mailing Address
22 Kendall Rd.

City	State	ZIP Code
Lexington	MA	02421-7143

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 18 / Y 2012	M M / D D / Y On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

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

SCHEDULE C-P LOANS

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

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

NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Transaction ID : **SC/12.14647**

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

Jill Stein

[PERSONAL FUNDS]

Election: 2012

- Primary
- General
- Other (specify) ▼

Mailing Address
22 Kendall Rd.

City	State	ZIP Code
Lexington	MA	02421-7143

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 22 / 2012	On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

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

SCHEDULE C-P LOANS

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.14648

JILL STEIN FOR PRESIDENT

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

Jill Stein

[PERSONAL FUNDS]

Election: 2012

- Primary
- General
- Other (specify) ▼

Mailing Address
22 Kendall Rd.

City	State	ZIP Code
Lexington	MA	02421-7143

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
14000.00	0.00	14000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 22 / 2012	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).....▶ 14000.00

Total This Period (last page this line number only).....▶ 44000.00

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