

# 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 MM / DD / YYYY

Twelfth day report preceding election

on MM / DD / YYYY in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

MM / DD / YYYY 05 / 01 / 2016

through

MM / DD / YYYY 05 / 31 / 2016

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

MM / DD / YYYY 06 / 20 / 2016

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="137122.62"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	<input type="text" value="166992.77"/>
8. SUBTOTAL (Lines 6 and 7) .....	<input type="text" value="304115.39"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	<input type="text" value="108352.75"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="195762.64"/>
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="40000.00"/>
13. EXPENDITURES SUBJECT TO LIMITATION .....	<input type="text" value="451269.46"/>

## 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="412257.75"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="441473.31"/>

**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  
05 / 01 / 2016

To:

M M / D D / Y Y Y Y  
05 / 31 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	96924.35	196924.35
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	26075.00	158502.00
(ii) unitemized .....	43903.24	256220.75
(iii) Total contributions .....	69978.24	414722.75
(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)) .....	69978.24	414722.75
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 .....	90.18	491.18
(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)) .....	90.18	491.18
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	166992.77	652138.28

**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:

MM / DD / YYYY  
05 / 01 / 2016

To:

MM / DD / YYYY  
05 / 31 / 2016

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

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

23. OPERATING EXPENDITURES.....	108102.75	441964.49
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	1900.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	9796.15
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	2465.00
(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	2465.00
29. OTHER DISBURSEMENTS .....	250.00	250.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	108352.75	456375.64

**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
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

# 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)  
**Federal Election Commission**

Mailing Address 999 E Street NW

City	State	Zip Code
Washington	DC	20463

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 196924.35

**Transaction ID : SA16.19660**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	6

Submission #1 Payment

Amount of Each Receipt this Period

9	6	9	2	4	.	3	5
---	---	---	---	---	---	---	---

Memo Item

**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

--	--	--	--	--	--	--	--

Memo Item

**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

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Memo Item

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

96924.35
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**Total This Period** (last page this line number only).....▶ 

96924.35
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**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)  
**Rhett Alden**

Mailing Address 56 Monument Ave  
#3

City State Zip Code  
boston MA 02129

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
sanofi director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18582**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 25 / 2016

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Micah Alexander**

Mailing Address 2504 Huntwick Dr  
APT 204

City State Zip Code  
Austin TX 78741

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pflugerville ISD Teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18129**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2016

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jim Anderson**

Mailing Address 1513 Meadowhill Dr

City State Zip Code  
Mountain Home AR 72653

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17513**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2016

Amount of Each Receipt this Period

Memo Item

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

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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<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)  
**Jim Anderson**

Mailing Address 1513 Meadowhill Dr

City	State	Zip Code
Mountain Home	AR	72653

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18919**

Date of Receipt

M M / D D / Y Y Y Y
05 / 29 / 2016

Amount of Each Receipt this Period

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

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Patrick Ashmore**

Mailing Address 442 Brighton Way

City	State	Zip Code
Livermore	CA	94551

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Google Inc.	System Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18637**

Date of Receipt

M M / D D / Y Y Y Y
05 / 25 / 2016

Amount of Each Receipt this Period

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

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**James Atkinson**

Mailing Address 512 N McClurg Ct  
#4410

City	State	Zip Code
Chicago	IL	60611

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
self-employed	self-employed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18321**

Date of Receipt

M M / D D / Y Y Y Y
05 / 24 / 2016

Amount of Each Receipt this Period

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

Memo Item

**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)**

**Elizabeth Axtell**

Mailing Address 3427 Churchill Rd

City Raleigh State NC Zip Code 27607

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19513**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Lee Baker**

Mailing Address 2506 Sylvan Rd

City Greensboro State NC Zip Code 27403

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation former teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17470**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Lee Baker**

Mailing Address 2506 Sylvan Rd

City Greensboro State NC Zip Code 27403

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation former teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17930**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)**

**Lee Baker**

Mailing Address 2506 Sylvan Rd

City Greensboro State NC Zip Code 27403

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation former teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18417**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Phillip Baker**

Mailing Address 10006 Frederick Ave

City Kensington State MD Zip Code 20895

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation microbiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18359**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Stephen Baker**

Mailing Address 238 Quay Assisi

City New Smyrna Beach State FL Zip Code 32169

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18297**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)

**Alan Barbier**

Mailing Address PO Box 42

City	State	Zip Code
Chichester	NY	12416

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

Name of Employer	Occupation
Citizen	Builder

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 216.00

**Transaction ID : SA17A.18539**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	6

Amount of Each Receipt this Period

_____	50.00
-------	-------

Memo Item

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

**Alan Barbier**

Mailing Address PO Box 42

City	State	Zip Code
Chichester	NY	12416

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

Name of Employer	Occupation
Citizen	Builder

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 258.00

**Transaction ID : SA17A.19209**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	6

Amount of Each Receipt this Period

_____	42.00
-------	-------

Memo Item

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

**Patti Batchelder**

Mailing Address 55 Searle St

City	State	Zip Code
Georgetown	MA	01833

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

Name of Employer	Occupation
U.S. Bureau of the Census	field representative

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 325.00

**Transaction ID : SA17A.17579**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	6

Amount of Each Receipt this Period

_____	10.00
-------	-------

Memo Item

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

_____	102.00
-------	--------

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

_____	
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**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)**

**Brandon Bausher**

Mailing Address 218 Sousley Rd

City Lenhartsville State PA Zip Code 19534

FEC ID number of contributing federal political committee.

Name of Employer Airport Diner Occupation Server

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18270**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Judith A. Beaver**

Mailing Address 325 N 5th Ave #21

City Sequim State WA Zip Code 98382

FEC ID number of contributing federal political committee.

Name of Employer Self-employed Occupation Self-employed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19600**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**richard begliomini**

Mailing Address 280 new sweden Rd

City woodstock State CT Zip Code 06281

FEC ID number of contributing federal political committee.

Name of Employer self-employed Occupation home health care

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18226**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)  
**Glen Bennett**

Mailing Address 176 Bartlett Dr

City State Zip Code  
Warwick RI 02886

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18082**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			17			2016			

Amount of Each Receipt this Period

<input type="text" value="66.00"/>
------------------------------------

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Louis Birk**

Mailing Address 450 N Main St

City State Zip Code  
Chalfont PA 18914

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ericsson Software engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18903**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			29			2016			

Amount of Each Receipt this Period

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

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Michele Bline**

Mailing Address 1953 19th St

City State Zip Code  
Cuyahoga Falls OH 44223

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A Disabled veteran

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18419**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			25			2016			

Amount of Each Receipt this Period

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

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

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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Detailed Summary Page

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(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 Bonaparte-Wyse**

Mailing Address 3685 Meadville Dr

City Sherman Oaks State CA Zip Code 91403

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
EGG corp. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18797**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			28			2016			

Amount of Each Receipt this Period

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

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Solomon Boucher**

Mailing Address 27 Grandview St

City Tolland State CT Zip Code 06084

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Carnegie Mellon University Ph.D. student

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18604**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			25			2016			

Amount of Each Receipt this Period

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

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey Broiles**

Mailing Address 21995 Manton School Rd

City Manton State CA Zip Code 96059

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self-employed farmer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17619**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			09			2016			

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
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Memo Item

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

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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Detailed Summary Page

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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)**

**Jeffrey Broiles**

Mailing Address 21995 Manton School Rd

City	State	Zip Code
Manton	CA	96059

FEC ID number of contributing federal political committee.

Name of Employer self-employed Occupation farmer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17853**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="66.00"/>
------------------------------------

Memo Item

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

**Morton Brooks**

Mailing Address 1633 E Virginia Ave

City	State	Zip Code
Denver	CO	80209

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation Sales

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18363**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="18.00"/>
------------------------------------

Memo Item

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

**Dwight Burdick**

Mailing Address 423 E Avenue F  
P. O. Box 1539

City	State	Zip Code
Port Aransas	TX	78373

FEC ID number of contributing federal political committee.

Name of Employer Self-employed Occupation Semi-retired Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18827**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	6

Amount of Each Receipt this Period

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

**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)  
**Stephen Burns**

Mailing Address 925 High St  
#3

City Madison State WI Zip Code 53715

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

Name of Employer Madison College Occupation Teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17A.19423**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 10 / 2016

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lisa Canar**

Mailing Address 915 N 79th St

City Seattle State WA Zip Code 98103

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

Name of Employer DiagosTechs Occupation Medical Consulting

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17A.19526**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 21 / 2016

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Vincent Cangiano**

Mailing Address 55 Belmont St

City Hamden State CT Zip Code 06517

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

Name of Employer Yale University Occupation Educational Technology

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17A.18070**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2016

Amount of Each Receipt this Period  
250.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ 750.00

**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)**

**Stuart Chen-Hayes**

Mailing Address 43 David Dr

City State Zip Code  
Newtown PA 18940

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

Name of Employer Occupation  
Professor, Counselor Education Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17A.17729**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 11 / 2016

Amount of Each Receipt this Period

250.00

Memo Item

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

**Michael Childers**

Mailing Address 5807 Danville Dr

City State Zip Code  
Fitchburg WI 53719

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

Name of Employer Occupation  
UW Teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17A.18693**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 26 / 2016

Amount of Each Receipt this Period

250.00

Memo Item

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

**Laura Clark**

Mailing Address 370 E 11th Ave  
#704

City State Zip Code  
Denver CO 80203

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

Name of Employer Occupation  
First Transit Call Center, Assistant Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
205.00

**Transaction ID : SA17A.19270**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 31 / 2016

Amount of Each Receipt this Period

50.00

Memo Item

**Subtotal Of Receipts This Page (optional)**.....▶ 550.00

**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:

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(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)**

**Wyatt Cleberg**

Mailing Address 59062 740th St

City Alpha State MN Zip Code 56111

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Interstates Construction Services Electrician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17717**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**James Clements**

Mailing Address 956 Manor Ave

City Meadowbrook State PA Zip Code 19046

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19259**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Arlen Comfort**

Mailing Address 48 Lorelei Ln

City Menlo Park State CA Zip Code 94025

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19028**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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:

PAGE 22 / 127

(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)**

**Jean Comfort**

Mailing Address 48 Lorelei Ln

City State Zip Code  
Menlo Park CA 94025

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19025**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Samuel Conver**

Mailing Address 20 Hillside Rd

City State Zip Code  
Catonsville MD 21228

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Carpenter

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18208**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Will Cooper**

Mailing Address 1199 Pacific Hwy  
Apt. 2702

City State Zip Code  
San Diego CA 92101

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Playwright, The Roustabouts Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17546**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:

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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)**

**David Couret**

Mailing Address 630 Oleander St

City State Zip Code  
Mount Dora FL 32757

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
at&t Telecommunications at&t Telecommunications

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19642**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Pamela Coxson**

Mailing Address 25 Fair Oaks St

City State Zip Code  
San Francisco CA 94110

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UCSF math specialist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19610**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Barbara Craig**

Mailing Address 2 Samoset Rd

City State Zip Code  
Worcester MA 01604

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
College of the Holy Cross Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18233**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)  
**Adrienne Craig-Williams**

Mailing Address 544 E 11th St  
Apt. 3B

City State Zip Code  
New York NY 10009

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self-employed Executive Assistant

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

**Transaction ID : SA17A.19280**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2016

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Claude Crider**

Mailing Address 122 Washington Oak Ct  
mail drawer 1459

City State Zip Code  
Waleska GA 30183

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Systems Analyst

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

**Transaction ID : SA17A.19355**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2016

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**david curtis**

Mailing Address 95 el capitan Dr

City State Zip Code  
san rafael CA 94903

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self principal designer

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

**Transaction ID : SA17A.17175**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2016

Amount of Each Receipt this Period

Memo Item

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

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<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)**

**Woody Deryckx**

Mailing Address 39306 Cape Horn Rd

City	State	Zip Code
Concrete	WA	98237

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Gratitude Gardens	farmer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19551**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2016			

Amount of Each Receipt this Period

<input type="text" value="10.00"/>
------------------------------------

Memo Item

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

**Woody Deryckx**

Mailing Address 39306 Cape Horn Rd

City	State	Zip Code
Concrete	WA	98237

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Gratitude Gardens	farmer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19631**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			26			2016			

Amount of Each Receipt this Period

<input type="text" value="10.00"/>
------------------------------------

Memo Item

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

**Teresa Halpert Deschanes**

Mailing Address 209 S Geneva St

City	State	Zip Code
Ithaca	NY	14850

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
self	property management

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19263**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			31			2016			

Amount of Each Receipt this Period

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

**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)  
**Gary DesRoches**

Mailing Address 174 Pleasant St

City State Zip Code  
Norwood MA 02062

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
3EG Systems, LLC Software Architect

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17230**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2016			

Amount of Each Receipt this Period

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

**B.** Full Name (Last, First, Middle Initial)  
**Nathanael Dresser**

Mailing Address 336 E Jefferson St

City State Zip Code  
Spring Green WI 53588

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self-employed singer-songwriter, photographer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17888**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			14			2016			

Amount of Each Receipt this Period

<input type="text" value="33.00"/>
------------------------------------

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Nathanael Dresser**

Mailing Address 336 E Jefferson St

City State Zip Code  
Spring Green WI 53588

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self-employed singer-songwriter, photographer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18424**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			25			2016			

Amount of Each Receipt this Period

<input type="text" value="17.00"/>
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Memo Item

**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)**

**Nathanael Dresser**

Mailing Address 336 E Jefferson St

City State Zip Code  
Spring Green WI 53588

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self-employed singer-songwriter, photographer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19354**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Ross Erwin**

Mailing Address 806 Trotters Ridge Ln  
Apt K

City State Zip Code  
Gaithersburg MD 20879

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dept of Commerce US Gov physicist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18918**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Regina Esposito**

Mailing Address 20524 Grant Ct

City State Zip Code  
Sterling VA 20165

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Grafik Production Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19557**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)**

**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.19577**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Burton Fleming**

Mailing Address 1950 Roosevelt Dr  
#88

City State Zip Code  
Northfield MN 55057

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
retired Teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18051**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Carol Fowler**

Mailing Address 792 N 1300 W

City State Zip Code  
Salt Lake City UT 84116

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.18482**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)  
**samuel french**

Mailing Address 17 via san remo

City State Zip Code  
rancho palos verdes CA 90274

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

Name of Employer Occupation  
harbor ucla med center professor physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : SA17A.19264**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2016

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Keith Ghesquiere**

Mailing Address 7553 Hazel St

City State Zip Code  
Lambertville MI 48144

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 ▼  
250.00

**Transaction ID : SA17A.17714**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 11 / 2016

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ayesha Gill**

Mailing Address 6604 Dana St

City State Zip Code  
Oakland CA 94609

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 ▼  
220.00

**Transaction ID : SA17A.17588**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2016

Amount of Each Receipt this Period  
50.00

Memo Item

**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)  
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)**

**Ayesha Gill**

Mailing Address 6604 Dana St

City	State	Zip Code
Oakland	CA	94609

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17859**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
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Memo Item

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

**Ayesha Gill**

Mailing Address 6604 Dana St

City	State	Zip Code
Oakland	CA	94609

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18896**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
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Memo Item

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

**Claude Ginsburg**

Mailing Address 3011 NW 75th St

City	State	Zip Code
Seattle	WA	98117

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MSC Software	Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19524**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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Memo Item

**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)**

**Ernest Goitein**

Mailing Address 167 Almendral Ave

City Atherton State CA Zip Code 94027

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17589**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Ernest Goitein**

Mailing Address 167 Almendral Ave

City Atherton State CA Zip Code 94027

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18453**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Brian Good**

Mailing Address 101 Alma #305

City Palo Alto State CA Zip Code 94301

FEC ID number of contributing federal political committee.

Name of Employer self Occupation researcher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18033**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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
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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.

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18876**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="35.00"/>
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Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Gerald Gras**

Mailing Address 278 Campesino Ave

City	State	Zip Code
Palo Alto	CA	94306-2912

FEC ID number of contributing federal political committee.

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19528**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Chuck Grau**

Mailing Address 65 Smith Rd

City	State	Zip Code
Bedford	NH	03110

FEC ID number of contributing federal political committee.

Name of Employer Upton Hatfield	Occupation Attorney
------------------------------------	------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19050**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	6

Amount of Each Receipt this Period

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

**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
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NAME OF COMMITTEE (In Full)

**JILL STEIN FOR PRESIDENT**

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

**Margaret Guttshall**

Mailing Address 15161 Ford Rd  
Apt. 105

City Dearborn State MI Zip Code 48126

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Law Librarian

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19578**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			14			2016			

Amount of Each Receipt this Period

<input type="text" value="600.00"/>
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Memo Item

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

**Lawrence Hamilton**

Mailing Address 5415 N Sheridan Rd  
Apt 3901

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee.

Name of Employer Mayer Brown LLP Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18455**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			25			2016			

Amount of Each Receipt this Period

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

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

**Thomas Hand**

Mailing Address 406 Broadway # 139

City Santa Monica State CA Zip Code 90401

FEC ID number of contributing federal political committee.

Name of Employer LA Care Occupation Software Developer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17448**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2016			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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Memo Item

**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:

PAGE 36 / 127

(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)**

**Thomas Hand**

Mailing Address 406 Broadway # 139

City State Zip Code  
Santa Monica CA 90401

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
LA Care Software Developer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18003**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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.

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18508**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**C. 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.

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18509**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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:

PAGE 37 / 127

(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)**

**Mark Harding**

Mailing Address 5804 Stonehaven Dr NW

City State Zip Code  
Kennesaw GA 30152-3760

FEC ID number of contributing federal political committee.

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19057**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Joe Harrison**

Mailing Address 1605 Linden Ave

City State Zip Code  
Boulder CO 80304

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A Rigger

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18325**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Jennifer Hartman**

Mailing Address PO Box 448

City State Zip Code  
Lexington MA 02420

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-employed Librarian

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19382**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)**

**Howie Hawkins**

Mailing Address PO Box 562

City State Zip Code  
Syracuse NY 13205

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

Name of Employer Occupation  
UPS package handler

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17A.18396**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 24 / 2016

Amount of Each Receipt this Period

250.00

Memo Item

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

**Frederic Herter**

Mailing Address 22 Bodwell St

City State Zip Code  
Brunswick ME 04011

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

Name of Employer Occupation  
Retired Video Producer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
566.00

**Transaction ID : SA17A.19514**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 21 / 2016

Amount of Each Receipt this Period

500.00

Memo Item

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

**Ruth Hintze**

Mailing Address 332 Marengo Rd

City State Zip Code  
Harvard IL 60033

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

Name of Employer Occupation  
Zurich Financial Services Information Architect

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : SA17A.19026**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 30 / 2016

Amount of Each Receipt this Period

50.00

Memo Item

**Subtotal Of Receipts This Page (optional)**.....▶ 800.00

**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)**

**Steven Hohensee**

Mailing Address 29001 211 St

City Easton State KS Zip Code 66020

FEC ID number of contributing federal political committee.

Name of Employer none Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19626**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Melanie Hopkins**

Mailing Address 929 Scenic Hwy

City Lookout Mountain State TN Zip Code 37350

FEC ID number of contributing federal political committee.

Name of Employer self-employed Occupation Forest landowner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18142**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Richard Hughes**

Mailing Address 24039 Redwood Hwy

City Kerby State OR Zip Code 97531

FEC ID number of contributing federal political committee.

Name of Employer Semi-retired Occupation Activist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19505**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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:

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(check only one)  
 16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

**JILL STEIN FOR PRESIDENT**

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

**Andrew Jensen**

Mailing Address 95873 E Goldmohr Ln

City State Zip Code  
Lakeview OR 97630

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WA Potato Commission Scientist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17246**

Date of Receipt

/

Amount of Each Receipt this Period

Memo Item

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

**David Johnson**

Mailing Address 16 Woodland Ave

City State Zip Code  
Manasquan NJ 08736

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
New Jersey Resources Managing Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19368**

Date of Receipt

/

Amount of Each Receipt this Period

Memo Item

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

**Rosemary Kean**

Mailing Address 83 Codman Hill Ave

City State Zip Code  
Dorchester MA 02124

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.19039**

Date of Receipt

/

Amount of Each Receipt this Period

Memo Item

**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:

PAGE 41 / 127

(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)**

**William Kelso**

Mailing Address 330 Briarcliff Dr

City State Zip Code  
Thomasville GA 31792-3933

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WellandFree.org Instructor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18512**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Larry Kennedy**

Mailing Address 13057 SW Hunter Rd

City State Zip Code  
Augusta KS 67010

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.18095**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Nabil Khoury**

Mailing Address 1209 Water Cliff Dr

City State Zip Code  
Bloomfield MI 48302

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
EPMG Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17508**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)  
**Earl Killian**

Mailing Address 27801 Edgerton Rd

City State Zip Code  
Los Altos Hills CA 94022

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
750.00

**Transaction ID : SA17A.17631**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2016

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Richard Korby**

Mailing Address 411 Thoreau Rd

City State Zip Code  
Branford CT 06405-5843

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

Name of Employer Occupation  
USPS postal carrier

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
204.00

**Transaction ID : SA17A.19497**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 21 / 2016

Amount of Each Receipt this Period  
9.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Katherine Kwiatkowski**

Mailing Address 124 E Market St  
Apt 519

City State Zip Code  
West Chester PA 19383

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

Name of Employer Occupation  
Crozer Psychiatrist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
350.00

**Transaction ID : SA17A.18336**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 24 / 2016

Amount of Each Receipt this Period  
250.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ 509.00

**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**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Santosh Lamichhane</b>		<b>Transaction ID : SA17A.17585</b>	
Mailing Address 314 N Segoe Rd Unit 103		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2016	
City Madison	State WI	Zip Code 53705	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer DNV GL	Occupation Energy Analyst		
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"/>	
		Amount of Each Receipt this Period <input type="text" value="250.00"/>	
		<input type="checkbox"/> Memo Item	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Joanne Landy</b>		<b>Transaction ID : SA17A.18984</b>	
Mailing Address 2785 Broadway Apt. 2L		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2016	
City New York	State NY	Zip Code 10025	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer self employed	Occupation consultant		
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="350.00"/>	
		Amount of Each Receipt this Period <input type="text" value="150.00"/>	
		<input type="checkbox"/> Memo Item	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Nathan Lane</b>		<b>Transaction ID : SA17A.19468</b>	
Mailing Address 331 Crestline Ave #2		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2016	
City Cincinnati	State OH	Zip Code 45205	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer Lane Electric	Occupation Electrician		
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="242.00"/>	
		Amount of Each Receipt this Period <input type="text" value="60.00"/>	
		<input type="checkbox"/> Memo Item	

**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:

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(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)**

**Mina Le**

Mailing Address 801 S Olive Ave #1518

City State Zip Code  
West Palm Beach FL 33401

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
U.S. Department of Veterans Affairs U.S. Department of Veterans Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19643**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Dale Lehman**

Mailing Address 2206 W Arthur

City State Zip Code  
Chicago IL 60645

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired citizen

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18332**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Dale Lehman**

Mailing Address 2206 W Arthur

City State Zip Code  
Chicago IL 60645

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired citizen

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19389**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Willi Lehner</b>		<b>Transaction ID : SA17A.17854</b>	
Mailing Address 3480 Co Road F		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2016	
City Blue Mounds	State WI	Zip Code 53517	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer self	Occupation Cheese Maker		
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="300.00"/>	
		Amount of Each Receipt this Period <input type="text" value="100.00"/>	
		<input type="checkbox"/> Memo Item	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>robin Lloyd</b>		<b>Transaction ID : SA17A.19653</b>	
Mailing Address 300 Maple St		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2016	
City Burlington	State VT	Zip Code 05401	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer retired	Occupation retired		
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="550.00"/>	
		Amount of Each Receipt this Period <input type="text" value="100.00"/>	
		<input type="checkbox"/> Memo Item	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ashutosh Lohe</b>		<b>Transaction ID : SA17A.17758</b>	
Mailing Address PO Box 667		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2016	
City Barbourville	State KY	Zip Code 40906	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer self-employed	Occupation health care professional		
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"/>	
		Amount of Each Receipt this Period <input type="text" value="250.00"/>	
		<input type="checkbox"/> Memo Item	

**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)**

**Philip Lom**

Mailing Address PO Box 8089

City State Zip Code  
New Fairfield CT 06812

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19615**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	6

Amount of Each Receipt this Period

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

Memo Item

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

**Daniel Macumber**

Mailing Address 135 Bacon St

City State Zip Code  
Natick MA 01760

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PricewaterhouseCoopers Auditor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18894**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
------------------------------------

Memo Item

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

**Mark Manley**

Mailing Address 2346 S 119 E Ave

City State Zip Code  
Tulsa OK 74129

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19580**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	6

Amount of Each Receipt this Period

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

**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:

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(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)**

**James Masters**

Mailing Address 544 E 11th St  
Apt 3B

City State Zip Code  
New York NY 10009

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Credit Suisse Software Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19349**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Larry Maxwell**

Mailing Address PO Box 1026

City State Zip Code  
Montross VA 22520

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17928**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Joel Mayer**

Mailing Address 414 Kings Ct  
Apt B

City State Zip Code  
San Antonio TX 78212

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Educator Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17239**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)  
**Fred McCann**

Mailing Address 244 Danforth St  
Apartment 1

City Portland State ME Zip Code 04102

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Achieve 3000, inc. Developer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19315**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2016

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jim McMahon**

Mailing Address 25 Graham Ave

City Godeffroy State NY Zip Code 12729-0533

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.19572**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2016

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Patricia McSweeney**

Mailing Address 43 Summer St

City Taunton State MA Zip Code 02780

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19496**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 21 / 2016

Amount of Each Receipt this Period

Memo Item

**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)**

**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.

Name of Employer Occupation  
self-employed self-employed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19592**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

Amount of Each Receipt this Period

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

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

**John F. Murray**

Mailing Address 514 E 5th St  
Apt 2

City State Zip Code  
New York NY 10009

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18267**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

Memo Item

**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.

Name of Employer Occupation  
city of rochester civil engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17922**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="66.00"/>
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Memo Item

**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:

PAGE 52 / 127

(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)**

**Elizabeth Neuse**

Mailing Address 8 Paramount Ave

City Hamden State CT Zip Code 06517

FEC ID number of contributing federal political committee.

Name of Employer none Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18740**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Wes Nickerson**

Mailing Address 15 Murray Hill Rd

City Cambridge State MA Zip Code 02140

FEC ID number of contributing federal political committee.

Name of Employer self-employed Occupation home help

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18772**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Stanwood Nutter**

Mailing Address 264 Heatherton Way

City Winston-Salem State NC Zip Code 27104

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18145**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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:

PAGE 54 / 127

(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)**

**Wayne Pearce**

Mailing Address 433 Leearden Rd

City State Zip Code  
Hershey PA 17033

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pennsylvania State University Milton S Anesthesiologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19053**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Jeffery Peress**

Mailing Address 16 Douglas Dr

City State Zip Code  
Glen Cove NY 11542-2607

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Touro Law College Custodian

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17984**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Franklin Perkins**

Mailing Address 360 Furman St  
#323

City State Zip Code  
Brooklyn NY 11201

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self artist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18985**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)  
**William Plummer**

Mailing Address 1176 W 7th St  
#3

City State Zip Code  
San Pedro CA 90731

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

Name of Employer Occupation  
NA NA

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
277.00

**Transaction ID : SA17A.18689**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 26 / 2016

Amount of Each Receipt this Period  
202.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dale Pondysh**

Mailing Address 416 Port Kent Rd

City State Zip Code  
Nicholville NY 12965

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

Name of Employer Occupation  
Retired Environmentalist & Peace Activist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
540.00

**Transaction ID : SA17A.19036**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2016

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Pamela Post**

Mailing Address 1951 6th Ave W

City State Zip Code  
Vale OR 97918

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

Name of Employer Occupation  
Sarah Bates Sarah Bates

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
240.00

**Transaction ID : SA17A.19571**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2016

Amount of Each Receipt this Period  
20.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ 272.00

**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
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NAME OF COMMITTEE (In Full)  
**JILL STEIN FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Gloria and Jim Purcell**

Mailing Address 1081 Granada St

City Belmont State CA Zip Code 94002

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.17185**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Gloria and Jim Purcell**

Mailing Address 1081 Granada St

City Belmont State CA Zip Code 94002

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.19582**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** 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.18548**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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)**

**Jane Rands**

Mailing Address 716 W Wilshire Ave

City State Zip Code  
Fullerton CA 92832

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Northrop Grumman Software Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17837**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Daniel Raupp**

Mailing Address 363 Iris Ln

City State Zip Code  
Saline MI 48176

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Experis Senior Statistical Programmer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17677**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Barry Reid**

Mailing Address 27604 Marine View Dr S

City State Zip Code  
Des Moines WA 98198

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18345**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)  
**John Rensenbrink**

Mailing Address 198 Cathance Rd

City State Zip Code  
Topsham ME 04086

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
retired Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19522**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="200.00"/>
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Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Anita Rios**

Mailing Address 2626 Robinwood

City State Zip Code  
Toledo OH 43610

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ohio National Organization for Women President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19395**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	6

Amount of Each Receipt this Period

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

**C.** Full Name (Last, First, Middle Initial)  
**Gilbert Robledo**

Mailing Address 227 Cooper Rd

City State Zip Code  
Santa Barbara CA 93109-1809

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired Educator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19548**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	6

Amount of Each Receipt this Period

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

**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)**

**Mary Rooker**

Mailing Address 804 Larch Ave

City State Zip Code  
Takoma Park MD 20912-5828

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self-employed shamanic practitioner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19105**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	6

Amount of Each Receipt this Period

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

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

**john ros**

Mailing Address 302 E 90th St  
#2D

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Artist artist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18043**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="75.00"/>
------------------------------------

Memo Item

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

**Elizabeth B Ryan**

Mailing Address 1499 Sutter St

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Formal Financial Services Employee

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17539**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	6

Amount of Each Receipt this Period

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

**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:

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(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)

**Elizabeth B Ryan**

Mailing Address 1499 Sutter St

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Formal Financial Services Employee

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

**Transaction ID : SA17A.17587**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

**Elizabeth B Ryan**

Mailing Address 1499 Sutter St

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Formal Financial Services Employee

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

**Transaction ID : SA17A.19625**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

**Christopher Sarauer**

Mailing Address 690C Franklin St  
#C

City State Zip Code  
Oshkosh WI 54901

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
None Student

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

**Transaction ID : SA17A.17822**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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:

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(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)**

**Barbara Schumacher**

Mailing Address 5844 Cedar St B

City Ferndale State WA Zip Code 98248

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
340.00

**Transaction ID : SA17A.19620**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 24 / 2016

Amount of Each Receipt this Period

40.00

Memo Item

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

**Malia Seals**

Mailing Address 369 Doe Cir

City Bailey State CO Zip Code 80421

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.00

**Transaction ID : SA17A.18830**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 28 / 2016

Amount of Each Receipt this Period

15.00

Memo Item

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

**Susan Shockey**

Mailing Address 7 Cyrus Pl

City San Francisco State CA Zip Code 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 ▼  
535.00

**Transaction ID : SA17A.18596**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 25 / 2016

Amount of Each Receipt this Period

50.00

Memo Item

**Subtotal Of Receipts This Page (optional)**.....▶ 105.00

**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 64 / 127

(check only one)  
 16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

**JILL STEIN FOR PRESIDENT**

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

**Piotr Sroka**

Mailing Address 36 Imperial Dr

City State Zip Code  
Miller Place NY 11764

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self PT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18626**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**William Stansbery**

Mailing Address 101 N Ruby St

City State Zip Code  
Ellensburg WA 98926

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17724**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**William Stansbery**

Mailing Address 101 N Ruby St

City State Zip Code  
Ellensburg WA 98926

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19022**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)**

**Peter D Travers**

Mailing Address 47 Hulfish St #330

City State Zip Code  
Princeton NJ 08542

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.19655**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	6

Amount of Each Receipt this Period

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

Memo Item

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

**Michael Trudeau**

Mailing Address 112 Reton Ct

City State Zip Code  
Cary NC 27513

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Girl Friday Productions AND self-emplo Book editor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19616**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="5.00"/>
-----------------------------------

Memo Item

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

**Michael Trudeau**

Mailing Address 112 Reton Ct

City State Zip Code  
Cary NC 27513

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Girl Friday Productions AND self-emplo Book editor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18934**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	6

Amount of Each Receipt this Period

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

Memo Item

**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)  
**Wayne Turner**

Mailing Address 244A Cedar Lake Rd

City State Zip Code  
Chapel Hill NC 27516

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mil3, Inc. Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17615**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2016

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 11550 S Jackson Rd

City State Zip Code  
Cement City MI 49233

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.17835**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2016

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ralph Tuscher**

Mailing Address 11550 S Jackson Rd

City State Zip Code  
Cement City MI 49233

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.19173**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2016

Amount of Each Receipt this Period

Memo Item

**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)

**Peter Ungar**

Mailing Address 71 Standish Dr

City	State	Zip Code
Scarsdale	NY	10583-6728

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.19511**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	6

Amount of Each Receipt this Period

Memo Item

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

**Hendrik Van den Berg**

Mailing Address 50 Amity Pl

City	State	Zip Code
Amherst	MA	01002

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Mount Holyoke College	Professor of Economics

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18489**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	6

Amount of Each Receipt this Period

Memo Item

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

**Marvin Vargas**

Mailing Address 1225 N Edgemont St  
Apt 14

City	State	Zip Code
Los Angeles	CA	90029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
City of LA	Museum guide

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17456**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	6

Amount of Each Receipt this Period

Memo Item

**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)  
**Marvin Vargas**

Mailing Address 1225 N Edgemont St  
Apt 14

City State Zip Code  
Los Angeles CA 90029

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
City of LA Museum guide

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18276**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			22			2016			

Amount of Each Receipt this Period

<input type="text" value="75.00"/>
------------------------------------

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Rick Varner**

Mailing Address 701 S Trenton Ave

City State Zip Code  
Pittsburgh PA 15221

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mercy Hospital Mercy Hospital

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19636**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			27			2016			

Amount of Each Receipt this Period

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

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Georgy Vladimirov**

Mailing Address 765 San Antonio Rd  
#14

City State Zip Code  
Palo Alto CA 94303

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
LiveOps computer programmer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19260**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			31			2016			

Amount of Each Receipt this Period

<input type="text" value="75.00"/>
------------------------------------

Memo Item

**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)  
**Michael Voydanoff**

Mailing Address 20190 Thompson Rd

City State Zip Code  
Los Gatos CA 95033

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Google Software Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18750**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 27 / 2016

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**David Wahler**

Mailing Address 5514 E Hill Rd

City State Zip Code  
Wolcott VT 05680

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.17908**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2016

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**David Wahler**

Mailing Address 5514 E Hill Rd

City State Zip Code  
Wolcott VT 05680

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.18819**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 28 / 2016

Amount of Each Receipt this Period

Memo Item

**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)**

**Scott Walker**

Mailing Address 3410 Cliff St

City State Zip Code  
Port Townsend WA 98368

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

Name of Employer Occupation  
Self Electrician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
242.00

**Transaction ID : SA17A.18309**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 23 / 2016

Amount of Each Receipt this Period

35.00

Memo Item

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

**Kourtny Wedeking**

Mailing Address 23 Inner Dr  
Apt 27

City State Zip Code  
Saint Paul MN 55116

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

Name of Employer Occupation  
Bluestone Physician Services Physician Assistant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

**Transaction ID : SA17A.18696**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 26 / 2016

Amount of Each Receipt this Period

25.00

Memo Item

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

**Michael White**

Mailing Address W1390 County Rd AE

City State Zip Code  
Mindoro WI 54644

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

Name of Employer Occupation  
Mayo Clinic Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

**Transaction ID : SA17A.19421**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 10 / 2016

Amount of Each Receipt this Period

200.00

Memo Item

**Subtotal Of Receipts This Page (optional)**.....▶ 260.00

**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)**

**Michael White**

Mailing Address W1390 County Rd AE

City Mindoro State WI Zip Code 54644

FEC ID number of contributing federal political committee.

Name of Employer Mayo Clinic Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19445**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Tim Willard**

Mailing Address 10210 Kensington Pkwy

City Kensington State MD Zip Code 20895

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation full time grandfather

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19111**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

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

**Brett Williams**

Mailing Address 518 Home Ave

City Oak Park State IL Zip Code 60304

FEC ID number of contributing federal political committee.

Name of Employer Rush University Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.19374**

Date of Receipt

/  /

Amount of Each Receipt this Period

Memo Item

**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)  
**Nancy Lee Wood**

Mailing Address 74 Purchase St

City State Zip Code  
Taunton MA 02780

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

Name of Employer Occupation  
BrsstolCommunity College Professor/Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17A.18669**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 26 / 2016

Amount of Each Receipt this Period

250.00

Memo Item

**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

Memo Item

**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

Memo Item

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

**Total This Period** (last page this line number only).....▶ 26075.00

**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) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : SB23.17011</b>
City Fort Worth	State TX	
Purpose of Disbursement Airline Tickets	Candidate Name	Amount of Each Disbursement this Period 299.10
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) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2016
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : SB23.17012</b>
City Fort Worth	State TX	
Purpose of Disbursement Airline Tickets	Candidate Name	Amount of Each Disbursement this Period 189.60
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>c. Amtrak</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 4300 Garden City Dr		<b>Transaction ID : SB23.17008</b>
City Washington	State DC	
Purpose of Disbursement Train Tickets	Candidate Name	Amount of Each Disbursement this Period 149.00
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)..... 637.70

**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) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2016
Mailing Address 4300 Garden City Dr		<b>Transaction ID : SB23.17009</b>
City Washington	State DC	
Purpose of Disbursement Train Tickets	Candidate Name	Amount of Each Disbursement this Period 97.00
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>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2016
Mailing Address 4300 Garden City Dr		<b>Transaction ID : SB23.17010</b>
City Washington	State DC	
Purpose of Disbursement Train Tickets	Candidate Name	Amount of Each Disbursement this Period 122.00
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>c. John Andrews</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2016
Mailing Address 22 Kendall Rd		<b>Transaction ID : SB23.17104</b>
City Lexington	State MA	
Purpose of Disbursement Reimbursement: Flyer Printing	Candidate Name	Amount of Each Disbursement this Period 79.48
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)..... 298.48

**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) <b>A. Basecamp</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 30 N Racine Suite 200		<b>Transaction ID : SB23.16996</b>
City Chicago	State IL Zip Code 60607	
Purpose of Disbursement Project Management Services	Category/Type	Amount of Each Disbursement this Period 29.00
Candidate Name		<input type="checkbox"/> Memo Item
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>B. Basecamp</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 30 N Racine Suite 200		<b>Transaction ID : SB23.16997</b>
City Chicago	State IL Zip Code 60607	
Purpose of Disbursement Project Management Services	Category/Type	Amount of Each Disbursement this Period 30.00
Candidate Name		<input type="checkbox"/> Memo Item
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>c. Boruck Printing &amp; SilkScreen</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 11552 15th Ave NE		<b>Transaction ID : SB23.16970</b>
City Seattle	State WA Zip Code 98125	
Purpose of Disbursement Yard Sign Printing	Category/Type	Amount of Each Disbursement this Period 1068.60
Candidate Name		<input type="checkbox"/> Memo Item
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:		

<b>Subtotal Of Receipts This Page</b> (optional).....	1127.60
<b>Total This Period</b> (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) <b>A. Adrian Boutureira</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 12119 Sunderland Dr		<b>Transaction ID : SB23.17078</b>
City Austin	State TX	
Purpose of Disbursement Field Director	Candidate Name	Amount of Each Disbursement this Period 1800.00
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>B. Adrian Boutureira</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 12119 Sunderland Dr		<b>Transaction ID : SB23.17079</b>
City Austin	State TX	
Purpose of Disbursement Healthcare Costs	Candidate Name	Amount of Each Disbursement this Period 330.81
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>c. Adrian Boutureira</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 12119 Sunderland Dr		<b>Transaction ID : SB23.17080</b>
City Austin	State TX	
Purpose of Disbursement Field Director	Candidate Name	Amount of Each Disbursement this Period 1800.00
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)..... 3930.81

**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) <b>A. Budget Signs and Specialties</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 2225 Industrial Dr		<b>Transaction ID : SB23.16990</b>
City Madison	State WI	
Zip Code 53713	Purpose of Disbursement Merchandise Production Costs	Amount of Each Disbursement this Period 6071.53
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>B. Cision US Inc</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address PO Box 98869		<b>Transaction ID : SB23.17077</b>
City Chicago	State IL	
Zip Code 60693	Purpose of Disbursement Media Database Services	Amount of Each Disbursement this Period 6090.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>c. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17040</b>
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Donation Processing Fees	Amount of Each Disbursement this Period 1.31
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)..... 12162.84

**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)

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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) <b>A. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17041</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1.02"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>B. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17042</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="0.44"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>c. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17043</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2.62"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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:		

<b>Subtotal Of Receipts This Page</b> (optional).....	<input type="text" value="4.08"/>
<b>Total This Period</b> (last page this line number only).....	<input type="text"/>

**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) <b>A. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17061</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 51.21
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17044</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 5.08
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17045</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 2.54
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type	

**Subtotal Of Receipts This Page** (optional)..... 58.83

**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) <b>A. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17046</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 2.04
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>B. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17047</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 7.55
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>c. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17048</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 5.42
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)..... 15.01

**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

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(check only one)

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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) <b>A. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17049</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 4.23
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17063</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17064</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type	

**Subtotal Of Receipts This Page** (optional)..... 204.23

**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

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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) <b>A. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17065</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 100.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>B. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 10 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17050</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 3.34
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>c. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17051</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 1.45
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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).....  104.79

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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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) <b>A. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17052</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 1.02
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) ▼	<input type="checkbox"/> Memo Item
State:                  District:		

Full Name (Last, First, Middle Initial) <b>B. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17053</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 0.44
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) ▼	<input type="checkbox"/> Memo Item
State:                  District:		

Full Name (Last, First, Middle Initial) <b>c. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17054</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 2.12
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) ▼	<input type="checkbox"/> Memo Item
State:                  District:		

**Subtotal Of Receipts This Page** (optional)..... → 3.58

**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) <b>A. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17055</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1.17"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>B. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17056</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="0.29"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>c. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17057</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1.61"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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).....

**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) <b>A. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17058</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 0.30
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>B. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17059</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 1.45
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:		

Full Name (Last, First, Middle Initial) <b>c. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17060</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	Candidate Name	Amount of Each Disbursement this Period 1.89
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)..... 3.64

**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)

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

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NAME OF COMMITTEE (In Full)  
**JILL STEIN FOR PRESIDENT**

**A. Cybersource**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement Donation Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 23 / 2016

**Transaction ID : SB23.17067**

Amount of Each Disbursement this Period: 0.87

Memo Item

**B. Cybersource**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement Donation Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 23 / 2016

**Transaction ID : SB23.17068**

Amount of Each Disbursement this Period: 1.75

Memo Item

**c. Cybersource**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement Donation Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 23 / 2016

**Transaction ID : SB23.17069**

Amount of Each Disbursement this Period: 3.49

Memo Item

**Subtotal Of Receipts This Page** (optional)..... 6.11

**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)

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. Cybersource**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Donation Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2016

Transaction ID : SB23.17070

Amount of Each Disbursement this Period

6.54

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cybersource**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Donation Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2016

Transaction ID : SB23.17066

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**c. Cybersource**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Donation Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2016

Transaction ID : SB23.17071

Amount of Each Disbursement this Period

1.60

Memo Item

Subtotal Of Receipts This Page (optional)..... 108.14

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) <b>A. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17072</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1.31"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>B. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17073</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3.64"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>c. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17074</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1.17"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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).....

**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) <b>A. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17075</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2.32"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>B. Cybersource</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address PO Box 8999		<b>Transaction ID : SB23.17076</b>
City San Francisco	State CA	
Purpose of Disbursement Donation Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="4.94"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>c. Shawn Dady</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 1361 Holly Tree Gap Rd		<b>Transaction ID : SB23.17134</b>
City Brentwood	State TN	
Purpose of Disbursement Fundraising Support Services	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="420.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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:		

<b>Subtotal Of Receipts This Page</b> (optional).....	<input type="text" value="427.26"/>
<b>Total This Period</b> (last page this line number only).....	<input type="text"/>

**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) <b>A. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 2125 14th St NW		<b>Transaction ID : SB23.16984</b>
City Washington	State DC	
Purpose of Disbursement Donation Processing Fees	<input type="checkbox"/>	Amount of Each Disbursement this Period 363.28
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>B. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 2125 14th St NW		<b>Transaction ID : SB23.16985</b>
City Washington	State DC	
Purpose of Disbursement Donation Processing Fees	<input type="checkbox"/>	Amount of Each Disbursement this Period 7.62
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>c. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 2125 14th St NW		<b>Transaction ID : SB23.16986</b>
City Washington	State DC	
Purpose of Disbursement Donation Processing Fees	<input type="checkbox"/>	Amount of Each Disbursement this Period 228.22
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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).....

**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) <b>A. Dropbox</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 185 Berry St #400		Transaction ID : <b>SB23.16981</b>
City San Francisco	State CA	
Purpose of Disbursement Online File Storage Services		Amount of Each Disbursement this Period 99.00
Candidate Name		<input type="checkbox"/> Memo Item
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>B. FedEx Office</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 654 W Washington Ave		Transaction ID : <b>SB23.17019</b>
City Madison	State WI	
Purpose of Disbursement Shipping Costs		Amount of Each Disbursement this Period 56.94
Candidate Name		<input type="checkbox"/> Memo Item
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>c. Kendall Ferguson</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 1622 Fordem Ave #401		Transaction ID : <b>SB23.17105</b>
City Madison	State WI	
Purpose of Disbursement Campaign Administration Services		Amount of Each Disbursement this Period 1428.45
Candidate Name		<input type="checkbox"/> Memo Item
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)..... 1584.39

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) <b>A. Kendall Ferguson</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2016
Mailing Address 1622 Fordem Ave #401		<b>Transaction ID : SB23.17106</b>
City Madison	State WI	
Purpose of Disbursement Campaign Administrative Services	Candidate Name	Amount of Each Disbursement this Period 1717.35
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>B. Google Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 1600 Amphitheatre Parkway		<b>Transaction ID : SB23.16974</b>
City Mountain View	State CA	
Purpose of Disbursement Web Domain Services	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:		

Full Name (Last, First, Middle Initial) <b>c. Cheri Honkala</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 2114 N Hancock #2F		<b>Transaction ID : SB23.17088</b>
City Philadelphia	State PA	
Purpose of Disbursement Frontline Communities Organizing Services	Candidate Name	Amount of Each Disbursement this Period 680.00
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:		

<b>Subtotal Of Receipts This Page</b> (optional).....	2496.35
<b>Total This Period</b> (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) <b>A. Cheri Honkala</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 2114 N Hancock #2F		Transaction ID : <b>SB23.17089</b>
City Philadelphia State PA Zip Code 19122	Amount of Each Disbursement this Period 680.00	
Purpose of Disbursement Frontline Communities Organizing Services	Candidate Name	<input type="checkbox"/> Memo Item
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>B. Cheri Honkala</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2016
Mailing Address 2114 N Hancock #2F		Transaction ID : <b>SB23.17090</b>
City Philadelphia State PA Zip Code 19122	Amount of Each Disbursement this Period 680.00	
Purpose of Disbursement Convention Organizing Services	Candidate Name	<input type="checkbox"/> Memo Item
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>c. Idealist.org</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016
Mailing Address 302 Fifth Ave 11th Floor		Transaction ID : <b>SB23.16998</b>
City New York State NY Zip Code 10001	Amount of Each Disbursement this Period 720.00	
Purpose of Disbursement Job Listing Services	Candidate Name	<input type="checkbox"/> Memo Item
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)..... 2080.00

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)

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 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. iSideWith.com LLC**

Mailing Address 1211 Sunset Plaza Dr  
Suite 411

City Los Angeles State CA Zip Code 90069

Purpose of Disbursement  
Email List Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

Transaction ID : SB23.16973

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JetBlue**

Mailing Address 27-01 Queens Plaza North

City Long Island City State NY Zip Code 11101

Purpose of Disbursement  
Airline Tickets

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2016

Transaction ID : SB23.16992

Amount of Each Disbursement this Period

154.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. JetBlue**

Mailing Address 27-01 Queens Plaza North

City Long Island City State NY Zip Code 11101

Purpose of Disbursement  
Airline Tickets

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2016

Transaction ID : SB23.16993

Amount of Each Disbursement this Period

318.10

Memo Item

Subtotal Of Receipts This Page (optional)..... 1972.20

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) <b>A. Scott Kohlhaas</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 4716 Mills Dr		<b>Transaction ID : SB23.17132</b>
City Anchorage	State AK Zip Code 99508	
Purpose of Disbursement AK Ballot Access Services	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="10000.00"/>
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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>B. Matthew Kozlowski</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 1622 Fordem Ave #401		<b>Transaction ID : SB23.17112</b>
City Madison	State WI Zip Code 53704	
Purpose of Disbursement Director of Compliance	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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>c. Matthew Kozlowski</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 1622 Fordem Ave #401		<b>Transaction ID : SB23.17113</b>
City Madison	State WI Zip Code 53704	
Purpose of Disbursement Director of Compliance	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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).....

**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

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(check only one)

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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) <b>A. Matthew Kozlowski</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 1622 Fordem Ave #401		<b>Transaction ID : SB23.17114</b>
City Madison	State WI	
Purpose of Disbursement Director of Compliance Bonus	Candidate Name	Amount of Each Disbursement this Period 1000.00
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>B. Rick Lass</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address PO Box 111		<b>Transaction ID : SB23.17129</b>
City Mimbres	State NM	
Purpose of Disbursement Director of Ballot Access	Candidate Name	Amount of Each Disbursement this Period 1718.00
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>C. Rick Lass</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address PO Box 111		<b>Transaction ID : SB23.17130</b>
City Mimbres	State NM	
Purpose of Disbursement Director of Ballot Access	Candidate Name	Amount of Each Disbursement this Period 1718.00
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	

**Subtotal Of Receipts This Page** (optional)..... 4436.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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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) <b>A. Thomas MacMillan</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016
Mailing Address 117 North St		<b>Transaction ID : SB23.17141</b>
City Portland	State ME	
Zip Code 04101	Purpose of Disbursement Travel Costs for Events	Amount of Each Disbursement this Period 48.75
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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>B. Thomas MacMillan</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016
Mailing Address 117 North St		<b>Transaction ID : SB23.17142</b>
City Portland	State ME	
Zip Code 04101	Purpose of Disbursement Mileage (194 Miles)	Amount of Each Disbursement this Period 104.76
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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>c. Thomas Matt</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016
Mailing Address 1820 W 17th St #1		<b>Transaction ID : SB23.17144</b>
City Chicago	State IL	
Zip Code 60608	Purpose of Disbursement Ballot Access Petitioning Services	Amount of Each Disbursement this Period 496.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)..... 649.51

Total This Period (last page this line number only)..... 649.51

# 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) <b>A. Thomas Matt</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2016
Mailing Address 1820 W 17th St #1		<b>Transaction ID : SB23.17145</b>
City Chicago	State IL Zip Code 60608	
Purpose of Disbursement Ballot Access Petitioning Services	Category/Type	Amount of Each Disbursement this Period 630.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gloria Mattera</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 437 2nd St		<b>Transaction ID : SB23.17099</b>
City Brooklyn	State NY Zip Code 11215	
Purpose of Disbursement Reimbursement: Event Food	Category/Type	Amount of Each Disbursement this Period 20.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>c. Gloria Mattera</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 437 2nd St		<b>Transaction ID : SB23.17100</b>
City Brooklyn	State NY Zip Code 11215	
Purpose of Disbursement Reimbursement: Taxi Services	Category/Type	Amount of Each Disbursement this Period 40.80
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

Subtotal Of Receipts This Page (optional)..... **690.80**

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

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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) <b>A. Names in the News</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 180 Grand Ave Suite 1365		<b>Transaction ID : SB23.16980</b>
City Oakland	State CA	
Purpose of Disbursement Online Email Distribution Lists	Candidate Name	Amount of Each Disbursement this Period 3272.50
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Nationbuilder</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 520 S Grand Ave 2nd Floor		<b>Transaction ID : SB23.17018</b>
City Los Angeles	State CA	
Purpose of Disbursement Website Hosting Services	Candidate Name	Amount of Each Disbursement this Period 574.00
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>c. Anthony Ndege</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 1713 Chapel St		<b>Transaction ID : SB23.17081</b>
City Winston Salem	State NC	
Purpose of Disbursement Ballot Access Coordination Services	Candidate Name	Amount of Each Disbursement this Period 5454.00
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	

<b>Subtotal Of Receipts This Page</b> (optional).....	9300.50
<b>Total This Period</b> (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) <b>A. Office Depot - Madison</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 4016 E Washington Ave		<b>Transaction ID : SB23.17000</b>
City Madison	State WI	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 432.06
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot - Madison</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016
Mailing Address 4016 E Washington Ave		<b>Transaction ID : SB23.17001</b>
City Madison	State WI	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 169.35
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot - Madison</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 4016 E Washington Ave		<b>Transaction ID : SB23.17002</b>
City Madison	State WI	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 125.27
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 726.68

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**JILL STEIN FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Office Depot - Madison</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 4016 E Washington Ave		<b>Transaction ID : SB23.17003</b>
City Madison	State WI	
Zip Code 53704	Purpose of Disbursement Shipping Materials	Amount of Each Disbursement this Period 86.55
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>B. Office Depot - Madison</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 4016 E Washington Ave		<b>Transaction ID : SB23.17004</b>
City Madison	State WI	
Zip Code 53704	Purpose of Disbursement Shipping Materials	Amount of Each Disbursement this Period 214.35
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>c. Office Depot - Madison</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 4016 E Washington Ave		<b>Transaction ID : SB23.17005</b>
City Madison	State WI	
Zip Code 53704	Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 18.97
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)..... → 319.87

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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) <b>A. Payroll Center</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address PO Box 8023		<b>Transaction ID : SB23.17029</b>
City Madison	State WI	
Purpose of Disbursement Bi-Weekly Payroll	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 776.05
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>B. Payroll Center</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address PO Box 8023		<b>Transaction ID : SB23.17030</b>
City Madison	State WI	
Purpose of Disbursement Bi-Weekly Payroll	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 78.50
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>c. Payroll Center</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address PO Box 8023		<b>Transaction ID : SB23.17031</b>
City Madison	State WI	
Purpose of Disbursement Payroll Processing Costs	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 67.50
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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).....  922.05

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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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) <b>A. Payroll Center</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address PO Box 8023		<b>Transaction ID : SB23.17032</b>
City Madison	State WI	
Purpose of Disbursement Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period 841.32
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>B. Payroll Center</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2016
Mailing Address PO Box 8023		<b>Transaction ID : SB23.17033</b>
City Madison	State WI	
Purpose of Disbursement Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period 78.66
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) <b>c. Payroll Center</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address PO Box 8023		<b>Transaction ID : SB23.17034</b>
City Madison	State WI	
Purpose of Disbursement Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period 50.00
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:		

<b>Subtotal Of Receipts This Page</b> (optional).....	969.98
<b>Total This Period</b> (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)

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

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NAME OF COMMITTEE (In Full)  
**JILL STEIN FOR PRESIDENT**

**A. Perditiou**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address 692 10th Ave

City New York State NY Zip Code 10019

Purpose of Disbursement Refreshments for Event

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM / DD / YYYY 05 / 23 / 2016

**Transaction ID : SB23.17022**

Amount of Each Disbursement this Period: 496.00

Memo Item

**B. Lea Pierce**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address 1007b W College Ave #190

City Santa Rosa State CA Zip Code 95401

Purpose of Disbursement Fundraising Coordination Services

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM / DD / YYYY 05 / 03 / 2016

**Transaction ID : SB23.17107**

Amount of Each Disbursement this Period: 1579.50

Memo Item

**c. Lea Pierce**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address 1007b W College Ave #190

City Santa Rosa State CA Zip Code 95401

Purpose of Disbursement Director of Fundraising

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM / DD / YYYY 05 / 05 / 2016

**Transaction ID : SB23.17108**

Amount of Each Disbursement this Period: 900.00

Memo Item

**Subtotal Of Receipts This Page** (optional)..... 2975.50

**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) <b>A. Lea Pierce</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 1007b W College Ave #190		<b>Transaction ID : SB23.17109</b>
City Santa Rosa	State CA	
Purpose of Disbursement Director of Fundraising	Candidate Name	Amount of Each Disbursement this Period 128.57
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Lea Pierce</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 1007b W College Ave #190		<b>Transaction ID : SB23.17110</b>
City Santa Rosa	State CA	
Purpose of Disbursement Director of Fundraising	Candidate Name	Amount of Each Disbursement this Period 900.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Lea Pierce</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 1007b W College Ave #190		<b>Transaction ID : SB23.17111</b>
City Santa Rosa	State CA	
Purpose of Disbursement Fundraising Services	Candidate Name	Amount of Each Disbursement this Period 2351.25
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) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type	

**Subtotal Of Receipts This Page** (optional)..... 3379.82

**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

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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) <b>A. Starlene Rankin</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 5031 SE 85th Ave		<b>Transaction ID : SB23.17138</b>
City Portland	State OR	
Zip Code 97266	Purpose of Disbursement Fundraising Support Services	Amount of Each Disbursement this Period 360.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>B. Carl Romanelli</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2016
Mailing Address 350 South Franklin St		<b>Transaction ID : SB23.17087</b>
City Wilkes-Barre	State PA	
Zip Code 18702	Purpose of Disbursement Ballot Access Coordination Services	Amount of Each Disbursement this Period 600.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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>c. David Schwab</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 225 E Lakelawn Pl		<b>Transaction ID : SB23.17092</b>
City Madison	State WI	
Zip Code 53703	Purpose of Disbursement Director of Communications	Amount of Each Disbursement this Period 1800.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)..... → 2760.00

**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)

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) <b>A. David Schwab</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 225 E Lakelawn Pl		<b>Transaction ID : SB23.17093</b>
City Madison	State WI	
Purpose of Disbursement Director of Communications	Candidate Name	Amount of Each Disbursement this Period 200.00
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>B. David Schwab</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 225 E Lakelawn Pl		<b>Transaction ID : SB23.17094</b>
City Madison	State WI	
Purpose of Disbursement Healthcare Costs	Candidate Name	Amount of Each Disbursement this Period 300.00
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>c. David Schwab</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 225 E Lakelawn Pl		<b>Transaction ID : SB23.17095</b>
City Madison	State WI	
Purpose of Disbursement Director of Communications	Candidate Name	Amount of Each Disbursement this Period 1700.00
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:		

<b>Subtotal Of Receipts This Page</b> (optional).....	2200.00
<b>Total This Period</b> (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) <b>A. Shopify.com</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 150 Elgin St 8th Floor		<b>Transaction ID : SB23.16958</b>
City Ottawa	State ZZ	
Purpose of Disbursement Processing Charges	Category/ Type	Amount of Each Disbursement this Period 4.82
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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>B. Shopify.com</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 150 Elgin St 8th Floor		<b>Transaction ID : SB23.16959</b>
City Ottawa	State ZZ	
Purpose of Disbursement Donation Processing Fees	Category/ Type	Amount of Each Disbursement this Period 79.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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>c. Shopify.com</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 150 Elgin St 8th Floor		<b>Transaction ID : SB23.16960</b>
City Ottawa	State ZZ	
Purpose of Disbursement Merchandise Production Costs	Category/ Type	Amount of Each Disbursement this Period 10.40
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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)..... 94.22

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) <b>A. Shopify.com</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 150 Elgin St 8th Floor		<b>Transaction ID : SB23.16961</b>
City Ottawa	State ZZ	
Purpose of Disbursement Shipping Costs	Category/ Type	Amount of Each Disbursement this Period 2.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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>B. Shopify.com</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 150 Elgin St 8th Floor		<b>Transaction ID : SB23.16962</b>
City Ottawa	State ZZ	
Purpose of Disbursement Donation Processing Fees	Category/ Type	Amount of Each Disbursement this Period 102.55
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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>c. Shopify.com</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2016
Mailing Address 150 Elgin St 8th Floor		<b>Transaction ID : SB23.16963</b>
City Ottawa	State ZZ	
Purpose of Disbursement Donation Processing Fees	Category/ Type	Amount of Each Disbursement this Period 61.78
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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)..... 166.93

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

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

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NAME OF COMMITTEE (In Full)  
**JILL STEIN FOR PRESIDENT**

**A. Social Justice Center**

Full Name (Last, First, Middle Initial)  
Mailing Address 1202 Williamson St

City Madison State WI Zip Code 53703

Purpose of Disbursement Office Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 01 / 2016

Transaction ID : SB23.16971

Amount of Each Disbursement this Period: 355.00

Memo Item

**B. Summit Credit Union**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8046

City Madison State WI Zip Code 53708

Purpose of Disbursement Wire Transfer Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 05 / 2016

Transaction ID : SB23.17035

Amount of Each Disbursement this Period: 18.00

Memo Item

**c. Summit Credit Union**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8046

City Madison State WI Zip Code 53708

Purpose of Disbursement Wire Transfer Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 20 / 2016

Transaction ID : SB23.17036

Amount of Each Disbursement this Period: 18.00

Memo Item

Subtotal Of Receipts This Page (optional)..... 391.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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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) <b>A. Summit Credit Union</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2016
Mailing Address PO Box 8046		<b>Transaction ID : SB23.17037</b>
City Madison	State WI	
Purpose of Disbursement Wire Transfer Fees	Candidate Name	Amount of Each Disbursement this Period 10.00
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>B. Summit Credit Union</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address PO Box 8046		<b>Transaction ID : SB23.17038</b>
City Madison	State WI	
Purpose of Disbursement Bank Fees	Candidate Name	Amount of Each Disbursement this Period 18.00
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>c. Summit Credit Union</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address PO Box 8046		<b>Transaction ID : SB23.17039</b>
City Madison	State WI	
Purpose of Disbursement Bank Fees	Candidate Name	Amount of Each Disbursement this Period 18.00
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)..... 46.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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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) <b>A. Target - Madison</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 750 Hilldale Way		<b>Transaction ID : SB23.17023</b>
City Madison	State WI	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 308.83
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) <b>B. Tents for Rent</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 110 Wood Corner Rd		<b>Transaction ID : SB23.16967</b>
City Lititz	State PA	
Purpose of Disbursement Tent Rental for PA Event	Candidate Name	Amount of Each Disbursement this Period 2283.12
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>c. Tents for Rent</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 110 Wood Corner Rd		<b>Transaction ID : SB23.16968</b>
City Lititz	State PA	
Purpose of Disbursement Event Costs: Tent Rental	Candidate Name	Amount of Each Disbursement this Period 3345.84
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)..... **5937.79**

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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) <b>A. Michael Trudeau</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2016
Mailing Address 112 Reton Ct		<b>Transaction ID : SB23.17119</b>
City Cary	State NC	
Purpose of Disbursement Data Management Services	Candidate Name	Amount of Each Disbursement this Period 486.00
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>B. Galen Tyler</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 4626 Sheffield Ave		<b>Transaction ID : SB23.17096</b>
City Philadelphia	State PA	
Purpose of Disbursement Frontline Community Organizing Services	Candidate Name	Amount of Each Disbursement this Period 680.00
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>c. Galen Tyler</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 4626 Sheffield Ave		<b>Transaction ID : SB23.17097</b>
City Philadelphia	State PA	
Purpose of Disbursement Frontline Community Organizing Services	Candidate Name	Amount of Each Disbursement this Period 680.00
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)..... → 1846.00

**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) <b>A. Galen Tyler</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2016
Mailing Address 4626 Sheffield Ave		<b>Transaction ID : SB23.17098</b>
City Philadelphia	State PA Zip Code 19136	
Purpose of Disbursement Convention Organizing Services	Candidate Name	Amount of Each Disbursement this Period 680.00
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:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 233 S Wacker Dr		<b>Transaction ID : SB23.16991</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Airline Tickets	Candidate Name	Amount of Each Disbursement this Period 267.60
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:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. USPS - Madison</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 441 N Lake St		<b>Transaction ID : SB23.17013</b>
City Madison	State WI Zip Code 53715	
Purpose of Disbursement Postage	Candidate Name	Amount of Each Disbursement this Period 69.95
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:		<input type="checkbox"/> Memo Item

Subtotal Of Receipts This Page (optional)..... 1017.55

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) <b>A. USPS - Madison</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address 441 N Lake St		<b>Transaction ID : SB23.17014</b>
City Madison	State WI	
Purpose of Disbursement Postage	Candidate Name	Amount of Each Disbursement this Period 168.15
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS - Madison</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016
Mailing Address 441 N Lake St		<b>Transaction ID : SB23.17015</b>
City Madison	State WI	
Purpose of Disbursement Postage	Candidate Name	Amount of Each Disbursement this Period 45.90
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. USPS - Madison</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2016
Mailing Address 441 N Lake St		<b>Transaction ID : SB23.17016</b>
City Madison	State WI	
Purpose of Disbursement Postage	Candidate Name	Amount of Each Disbursement this Period 51.35
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 265.40

**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)

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

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NAME OF COMMITTEE (In Full)  
**JILL STEIN FOR PRESIDENT**

**A. USPS - Madison**

Full Name (Last, First, Middle Initial)  
Mailing Address 441 N Lake St

City Madison State WI Zip Code 53715

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 30 / 2016

**Transaction ID : SB23.17017**

Amount of Each Disbursement this Period: 50.59

Memo Item

**B. Vinesse LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 822 Hampshire Rd Suite E

City Westlake Village State CA Zip Code 91361

Purpose of Disbursement Event Refreshments

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 17 / 2016

**Transaction ID : SB23.17027**

Amount of Each Disbursement this Period: 396.00

Memo Item

**c. Nancy Wade**

Full Name (Last, First, Middle Initial)  
Mailing Address 2216 W. Giddings

City Chicago State IL Zip Code 60625

Purpose of Disbursement Ballot Access Coordination

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 02 / 2016

**Transaction ID : SB23.17120**

Amount of Each Disbursement this Period: 800.00

Memo Item

**Subtotal Of Receipts This Page** (optional)..... 1246.59

**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) <b>A. Nancy Wade</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 2216 W. Giddings		<b>Transaction ID : SB23.17121</b>
City Chicago	State IL Zip Code 60625	
Purpose of Disbursement Ballot Access Coordination	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:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Nancy Wade</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016
Mailing Address 2216 W. Giddings		<b>Transaction ID : SB23.17122</b>
City Chicago	State IL Zip Code 60625	
Purpose of Disbursement Reimbursement: Office Supplies	Candidate Name	Amount of Each Disbursement this Period 63.67
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:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. Nancy Wade</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016
Mailing Address 2216 W. Giddings		<b>Transaction ID : SB23.17123</b>
City Chicago	State IL Zip Code 60625	
Purpose of Disbursement Reimbursement: Parking	Candidate Name	Amount of Each Disbursement this Period 4.00
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:		<input type="checkbox"/> Memo Item

**Subtotal Of Receipts This Page** (optional)..... 867.67

**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) <b>A. Nancy Wade</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 2216 W. Giddings		<b>Transaction ID : SB23.17124</b>
City Chicago	State IL Zip Code 60625	
Purpose of Disbursement Ballot Access Coordination 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	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. White Paper Solutions</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 1930 Village Center Cir #3-3627		<b>Transaction ID : SB23.16983</b>
City Las Vegas	State NV Zip Code 89134	
Purpose of Disbursement Ballot Access Petitioning Services	Category/Type	Amount of Each Disbursement this Period 16825.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>c. Simon Wolf</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address PO Box 20026		<b>Transaction ID : SB23.17136</b>
City Philadelphia	State PA Zip Code 19145	
Purpose of Disbursement June Office Rent	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	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

Subtotal Of Receipts This Page (optional)..... 18425.00

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. Zane Benefits**

Mailing Address 383 West Vine St  
Suite 300

City Murray State UT Zip Code 84123

Purpose of Disbursement  
Healthcare Administrative Costs

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2016			

Transaction ID : SB23.16999

Amount of Each Disbursement this Period

60.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Memo Item

Subtotal Of Receipts This Page (optional)..... 60.00

Total This Period (last page this line number only)..... 107172.03

# 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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**JILL STEIN FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Tenant Resource Center</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 1202 Williamson St Suite 102		<b>Transaction ID : SB29.17146</b>
City Madison	State WI Zip Code 53703	
Purpose of Disbursement Disgorge Unacceptable Contributions	Category/Type 101	Amount of Each Disbursement this Period 250.00
Candidate Name		<input type="checkbox"/> Memo Item
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>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State Zip Code	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State Zip Code	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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:		

<b>Subtotal Of Receipts This Page</b> (optional).....	250.00
<b>Total This Period</b> (last page this line number only).....	250.00

# 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/12.8887**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
JILL STEIN

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: M 05 / D 06 / Y 2015  
 Date Due: M M / D D / Y On Demand  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  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) **PERSONAL FUNDS**  Memo Item  
JILL STEIN

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: <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/12.8890**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
JILL STEIN

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)  
**JILL STEIN FOR PRESIDENT**

Transaction ID : **SC/12.8891**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
JILL STEIN

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 M M / D D / On Demand 0.00 % (apr)  Yes  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.