07/13/2021 10 : 58

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### REPORT OF RECEIPTS **AND DISBURSEMENTS**

For A	An Authorized	Committee	Offi	ce Use Only
NAME OF TYPE OR F     COMMITTEE (in full)	PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Greenstein for Congress				1
ADDRESS (number and street)	Rd			
<u> </u>				
Check if different than previously reported. (ACC)	0		NJ 085	36
2. FEC IDENTIFICATION NUMBER ▼	CITY	•	STATE ▲	ZIP CODE ▲
C C00558171	3. IS THI REPO	~	AMENDED (A)	STATE ▼ DISTRICT  NJ  12  12
4. TYPE OF REPORT (Choose One)	(b) 12-Day	PRE-Election Report for the		
(a) Quarterly Reports:	(=) 12 Bay			П
April 15 Quarterly Report (Q1)		Primary (12P)	General (12G)	Runoff (12R)
=		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)		M M / D D	/ Y Y Y Y	in the
October 15 Quarterly Report (C	(3) Election			State of
January 31 Year-End Report (Y	E) (c) 30-Day	POST-Election Report for the	ne:	
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Chariel (200)
		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on on	/ Y Y Y Y	in the State of
5. Covering Period 04 01	/ Y Y Y Y 2021	through 0	M / D D / Y	Y Y Y 2021
I certify that I have examined this Report as May, Je Type or Print Name of Treasurer		my knowledge and belief it is	true, correct and co.	mplete.
May, Jennifer, , ,		[Electronically Filed]	Date 07	13 / Y Y Y Y Y 2021
NOTE: Submission of false, erroneous, or inco	emplete information	may subject the person signin	g this Report to the pe	enalties of 52 U.S.C. §30109
Office				
Use Only				FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Greenstein for Congress

F	Report	t Covering the Period: From:		o: M06 / D30 / Y 2021 Y
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	0.00
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	0.00
8.		sh on Hand at Close of porting Period (from Line 27)	0.00	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on a sedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed <b>BY</b> Committee (Itemize all on ledule C and/or Schedule D)	16270.56	

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name **Greenstein for Congress** 04 01 2021 06 30 2021 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than		
	Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate	0.00	0.00
	(e) TOTAL CONTRIBUTIONS (other than loans)	y	y
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	0.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	<b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00

**DETAILED SUMMARY PAGE** 

of Disbursements

PAGE 4/7

FEC Form 3 (Revised 05/2016)

**COLUMN A COLUMN B** II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 0.00 0.00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) ..... TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ...... 22. TOTAL DISBURSEMENTS 0.00 0.00 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 0.00 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 0.00 25. SUBTOTAL (add Line 23 and Line 24)..... 0.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 0.00 (subtract Line 26 from Line 25).....

## SCHEDULE C (FEC Form 3) LOANS

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

PAGE 5 OF
FOR LINE NUMBER:
(check only one)

×	13a
	13b

Transaction ID: SC/10.4712 NAME OF COMMITTEE (In Full) Greenstein for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Greenstein, Linda, , , General Mailing Address Other (specify) PO Box 492 City State ZIP Code X Personal Funds of the Candidate NJ 08536 Plainsboro Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5200.00 0.00 5200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>13<sup>D</sup> M 03M ž014 Y12/31/2014 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5200.00 TOTALS This Period (last page in this line 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 (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

PAGE 6

13a

OF

		100
NAME OF COMMITTEE (In Full) Greenstein for Congress		Transaction ID : SC/10.4836
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Memo Item Election: 2014
Greenstein, Linda, , ,	.,	werno item
		General
Mailing Address PO Box 492		Other (specify)   ———————————————————————————————————
City	State	ZIP Code
Plainsboro	NJ	08536 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
10000.00	,	0.00
TERMS Date Incurred		Date Due Interest Rate Secured:
<sup>M</sup> 05 <sup>M</sup> / <sup>D</sup> 28 <sup>D</sup> / <sup>Y</sup> Ž014 <sup>Y</sup>	M M / D D	(if hone, enter 0)  / \(^{\text{Y}}12/\text{3}1/2\text{0}14\text{Y}\)  / \(^{\text{Y}}12/\text{3}1/2\text{Y}\) / \(^{\text{Y}}12/\text{Y}\) / \(^{\text{Y}}12/2\text{Y}\) / \(^{\text{Y}}12/2\text{Y}\) / \(^{\text{Y}}12/2\text{Y}\) / \(^{\text{Y}}12/2\text{Y}\) / \(^{\text{Y}}12/2\text{Y}
List All Endorsers or Guarantors (if any)	to Loan Source	70 (apr) 100 110
Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	I	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		10000.00
TOTALS This Period (last page in this line or	ıly)	·······
Carry outstanding balance only to LINE 3, So	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

### SCHEDULE C (FEC Form 3) **LOANS**

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

PAGE OF FOR LINE NUMBER: (check only one)

**X** 13a 13b

		100
NAME OF COMMITTEE (In Full) Greenstein for Congress		Transaction ID : SC/10.5228
LOAN SOURCE Full Name (Last, First, N Greenstein, Linda, , ,	1iddle Initial)	☐ Memo Item Election: 2014  ▼ Primary
Mailing Address PO Box 492		General Other (specify) ▼
City Plainsboro	State NJ	ZIP Code 08536  Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date  Balance Outstanding at Close of This Period
1070.56	, ,	0.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M08M / D08D / Y Z014 Y	M M / D D	/ Y12/31/2015
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
	Zii Oode	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Cit.	710.0-4-	Amount Guaranteed
City	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optiona	)	1070.56
TOTALS This Period (last page in this line or	alv)	7 7
TOTALS THIS Period (last page in this line of	шу <i>)</i>	16270.56
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.