

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.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY STATE - ZIP CODE

2. FEC IDENTIFICATION NUMBER

3. 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)

12-Day Pre-Election Report for the Election on in the State of

30-Day Post-Election Report for the General Election on

4. IS THIS REPORT AN AMENDMENT?

yes no

5. COVERING PERIOD

/ / THROUGH / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only							
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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="1361834.20"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="3.51"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="1361837.71"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	<input type="text" value="67933.45"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="1293904.26"/>
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="87740.00"/>
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.).....	<input type="text" value="3564555.23"/>

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	<input type="text" value="3217134.39"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="3549399.17"/>

DETAILED SUMMARY PAGE
of Receipts

NAME OF COMMITTEE (in Full)

JILL STEIN FOR PRESIDENT

Report Covering the Period: From:

MM / DD / YYYY
06 / 01 / 2017

To:

MM / DD / YYYY
06 / 30 / 2017

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	456035.39
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	0.00	1119095.08
(ii) unitemized	0.00	2100504.31
(iii) Total contributions	0.00	3219599.39
(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))	0.00	3219599.39
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	3.51	16652.53
(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))	3.51	16652.53
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	3.51	3732287.31

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

JILL STEIN FOR PRESIDENT

Report Covering the Period: From:

06 / 01 / 2017

To:

06 / 30 / 2017

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

23. OPERATING EXPENDITURES.....	67933.45	3566051.70
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	22300.00
25. FUNDRAISING DISBURSEMENTS	0.00	15156.06
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	0.00	250.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	67933.45	3606222.76

**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 (Rev. 05/2016)
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)

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

2. FEC IDENTIFICATION NUMBER

C C00581199

JILL STEIN FOR PRESIDENT

ADDRESS (number and street)

PO Box 260197

Madison

CITY

WI

STATE

53726

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

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
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

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

SCHEDULE 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

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

NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Adobe		Date of Disbursement MM / DD / YYYY 06 / 03 / 2017	
Mailing Address 345 Park Ave		FEC Identification Number C	
City San Jose	State CA	Zip Code 95110	Transaction ID : SB23.426403 Amount of Each Disbursement this Period 379.67
Purpose of Disbursement Photo Editing Software		Category/ Type	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		
State: District:			

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 02 / 2017	
Mailing Address PO Box 8999		FEC Identification Number C	
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : SB23.426399 Amount of Each Disbursement this Period 35.00
Purpose of Disbursement Donation Processing Fees		Category/ Type	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other		
State: District:			

Full Name (Last, First, Middle Initial) c. Belle, Anita, , ,		Date of Disbursement MM / DD / YYYY 06 / 03 / 2017	
Mailing Address 415 Burns Dr #S-201		FEC Identification Number C	
City Detroit	State MI	Zip Code 48214	Transaction ID : SB23.426440 Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Recount Organizing Services		Category/ Type	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		
State: District:			

Subtotal Of Receipts This Page (optional)..... 914.67

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) A. Belle, Anita, , ,			Date of Disbursement MM / DD / YYYY 06 / 10 / 2017		
Mailing Address 415 Burns Dr #S-201			FEC Identification Number C		
City Detroit	State MI	Zip Code 48214	Transaction ID : SB23.426441 Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) B. Belle, Anita, , ,			Date of Disbursement MM / DD / YYYY 06 / 17 / 2017		
Mailing Address 415 Burns Dr #S-201			FEC Identification Number C		
City Detroit	State MI	Zip Code 48214	Transaction ID : SB23.426442 Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) c. Belle, Anita, , ,			Date of Disbursement MM / DD / YYYY 06 / 24 / 2017		
Mailing Address 415 Burns Dr #S-201			FEC Identification Number C		
City Detroit	State MI	Zip Code 48214	Transaction ID : SB23.426443 Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Subtotal Of Receipts This Page (optional)..... 1500.00

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. Blackmon, Robert, , ,			Date of Disbursement MM / DD / YYYY 06 / 18 / 2017		
Mailing Address 1161 N Ogden Dr #109			FEC Identification Number C		
City West Hollywood	State CA	Zip Code 90046	Transaction ID : SB23.426476 Amount of Each Disbursement this Period 1800.00		
Purpose of Disbursement Web Management Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) B. BP - Madison			Date of Disbursement MM / DD / YYYY 06 / 06 / 2017		
Mailing Address 735 E. Washington Ave.			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.426410 Amount of Each Disbursement this Period 47.57		
Purpose of Disbursement Gasoline Costs		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Citrix Online			Date of Disbursement MM / DD / YYYY 06 / 15 / 2017		
Mailing Address 4988 Great America Pkwy			FEC Identification Number C		
City Santa Clara	State CA	Zip Code 95054	Transaction ID : SB23.426416 Amount of Each Disbursement this Period 93.90		
Purpose of Disbursement Video Conference Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 1941.47

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. Citrix Online			Date of Disbursement MM / DD / YYYY 06 / 23 / 2017		
Mailing Address 4988 Great America Pkwy			FEC Identification Number C		
City Santa Clara	State CA	Zip Code 95054	Transaction ID : SB23.426420		
Purpose of Disbursement Video Conference Services		Category/ Type	Amount of Each Disbursement this Period 93.90		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) B. Cobb, David, , ,			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017		
Mailing Address 1402 M St			FEC Identification Number C		
City Eureka	State CA	Zip Code 95501	Transaction ID : SB23.426447		
Purpose of Disbursement Campaign Manager		Category/ Type	Amount of Each Disbursement this Period 1880.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Cobb, David, , ,			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017		
Mailing Address 1402 M St			FEC Identification Number C		
City Eureka	State CA	Zip Code 95501	Transaction ID : SB23.426449		
Purpose of Disbursement Campaign Manager		Category/ Type	Amount of Each Disbursement this Period 1880.00		
Candidate Name		Memo Item <input type="checkbox"/>			
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)..... → 3853.90

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. Cobb, David, , ,			Date of Disbursement MM / DD / YYYY 06 / 16 / 2017		
Mailing Address 1402 M St			FEC Identification Number C		
City Eureka	State CA	Zip Code 95501	Transaction ID : SB23.426448		
Purpose of Disbursement Campaign Manager		Category/ Type	Amount of Each Disbursement this Period 1880.00		
Candidate Name			Memo Item <input type="checkbox"/>		
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 checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) B. Cobb, David, , ,			Date of Disbursement MM / DD / YYYY 06 / 16 / 2017		
Mailing Address 1402 M St			FEC Identification Number C		
City Eureka	State CA	Zip Code 95501	Transaction ID : SB23.426450		
Purpose of Disbursement Campaign Manager		Category/ Type	Amount of Each Disbursement this Period 1880.00		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Ferguson, Kendall, , ,			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017		
Mailing Address 1622 Fordem Ave #401			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426461		
Purpose of Disbursement Finance Associate		Category/ Type	Amount of Each Disbursement this Period 1920.00		
Candidate Name			Memo Item <input type="checkbox"/>		
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)..... 5680.00

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. Ferguson, Kendall, , ,			Date of Disbursement MM / DD / YYYY 06 / 15 / 2017		
Mailing Address 1622 Fordem Ave #401			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426462 Amount of Each Disbursement this Period 1413.63		
Purpose of Disbursement Finance Associate		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. Ferguson, Kendall, , ,			Date of Disbursement MM / DD / YYYY 06 / 16 / 2017		
Mailing Address 1622 Fordem Ave #401			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426463 Amount of Each Disbursement this Period 1920.00		
Purpose of Disbursement Finance Associate		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) c. Figueroa, Meleiza, , ,			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017		
Mailing Address 1526 Beau Rivage			FEC Identification Number C		
City San Pablo	State CA	Zip Code 94806	Transaction ID : SB23.426469 Amount of Each Disbursement this Period 576.00		
Purpose of Disbursement Press Director		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 3909.63

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. Figueroa, Meleiza, , ,			Date of Disbursement MM / DD / YYYY 06 / 16 / 2017		
Mailing Address 1526 Beau Rivage			FEC Identification Number C		
City San Pablo	State CA	Zip Code 94806	Transaction ID : SB23.426470		
Purpose of Disbursement Press Director		Category/ Type	Amount of Each Disbursement this Period 576.00		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Garrett, Lora, , ,			Date of Disbursement MM / DD / YYYY 06 / 30 / 2017		
Mailing Address 501 North St			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426464		
Purpose of Disbursement Finance Associate Services		Category/ Type	Amount of Each Disbursement this Period 2764.17		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. Google Inc.			Date of Disbursement MM / DD / YYYY 06 / 02 / 2017		
Mailing Address 1600 Amphitheatre Parkway			FEC Identification Number C		
City Mountain View	State CA	Zip Code 94043	Transaction ID : SB23.426432		
Purpose of Disbursement Domain Hosting Services		Category/ Type	Amount of Each Disbursement this Period 430.00		
Candidate Name			Memo Item <input type="checkbox"/>		
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)..... 3770.17

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. GREEN PARTY OF THE UNITED STATES			Date of Disbursement MM / DD / YYYY 06 / 27 / 2017	
Mailing Address P.O. BOX 75075			FEC Identification Number C C00370221	
City WASHINGTON	State DC	Zip Code 20013	Transaction ID : SB23.426423	
Purpose of Disbursement Event Registration Costs		Category/ Type 101	Amount of Each Disbursement this Period 4150.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) B. Kozlowski, Matthew, , ,			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017	
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C	
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426465	
Purpose of Disbursement Director of Compliance		Category/ Type	Amount of Each Disbursement this Period 1790.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) c. Kozlowski, Matthew, , ,			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017	
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C	
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426467	
Purpose of Disbursement Director of Compliance		Category/ Type	Amount of Each Disbursement this Period 1790.00	
Candidate Name		Memo Item <input type="checkbox"/>		
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) Other			
State: District:				

Subtotal Of Receipts This Page (optional)..... 7730.00

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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<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. Kozlowski, Matthew, , ,			Date of Disbursement MM / DD / YYYY 06 / 16 / 2017	
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C	
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426466 Amount of Each Disbursement this Period 1790.00	
Purpose of Disbursement Director of Compliance		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) B. Kozlowski, Matthew, , ,			Date of Disbursement MM / DD / YYYY 06 / 16 / 2017	
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C	
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426468 Amount of Each Disbursement this Period 1790.00	
Purpose of Disbursement Director of Compliance		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) c. Kurland, Jennifer, , ,			Date of Disbursement MM / DD / YYYY 06 / 03 / 2017	
Mailing Address 19207 Five Pts			FEC Identification Number C	
City Redford	State MI	Zip Code 48240	Transaction ID : SB23.426457 Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Recount Organizing Services		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Subtotal Of Receipts This Page (optional)..... 4080.00

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. Kurland, Jennifer, , ,			Date of Disbursement MM / DD / YYYY 06 / 10 / 2017	
Mailing Address 19207 Five Pts			FEC Identification Number C	
City Redford	State MI	Zip Code 48240	Transaction ID : SB23.426458	
Purpose of Disbursement Recount Organizing Services		Category/ Type	Amount of Each Disbursement this Period 500.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State:	District:			

Full Name (Last, First, Middle Initial) B. Kurland, Jennifer, , ,			Date of Disbursement MM / DD / YYYY 06 / 17 / 2017	
Mailing Address 19207 Five Pts			FEC Identification Number C	
City Redford	State MI	Zip Code 48240	Transaction ID : SB23.426459	
Purpose of Disbursement Recount Organizing Services		Category/ Type	Amount of Each Disbursement this Period 500.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State:	District:			

Full Name (Last, First, Middle Initial) c. Kurland, Jennifer, , ,			Date of Disbursement MM / DD / YYYY 06 / 24 / 2017	
Mailing Address 19207 Five Pts			FEC Identification Number C	
City Redford	State MI	Zip Code 48240	Transaction ID : SB23.426460	
Purpose of Disbursement Recount Organizing Services		Category/ Type	Amount of Each Disbursement this Period 500.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State:	District:			

Subtotal Of Receipts This Page (optional)..... → 1500.00

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. Martin, George, , ,			Date of Disbursement MM / DD / YYYY 06 / 03 / 2017		
Mailing Address 4142 N Newhall St			FEC Identification Number C		
City Shorewood	State WI	Zip Code 53211	Transaction ID : SB23.426453		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Amount of Each Disbursement this Period 500.00		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) B. Martin, George, , ,			Date of Disbursement MM / DD / YYYY 06 / 10 / 2017		
Mailing Address 4142 N Newhall St			FEC Identification Number C		
City Shorewood	State WI	Zip Code 53211	Transaction ID : SB23.426454		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Amount of Each Disbursement this Period 500.00		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Martin, George, , ,			Date of Disbursement MM / DD / YYYY 06 / 17 / 2017		
Mailing Address 4142 N Newhall St			FEC Identification Number C		
City Shorewood	State WI	Zip Code 53211	Transaction ID : SB23.426455		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Amount of Each Disbursement this Period 500.00		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 1500.00

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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<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. Martin, George, , ,			Date of Disbursement MM / DD / YYYY 06 / 24 / 2017		
Mailing Address 4142 N Newhall St			FEC Identification Number C		
City Shorewood	State WI	Zip Code 53211	Transaction ID : SB23.426456 Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) B. Nationbuilder			Date of Disbursement MM / DD / YYYY 06 / 15 / 2017		
Mailing Address 520 S Grand Ave 2nd Floor			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90071	Transaction ID : SB23.426415 Amount of Each Disbursement this Period 4023.00		
Purpose of Disbursement Domain Hosting Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) c. Nationbuilder			Date of Disbursement MM / DD / YYYY 06 / 17 / 2017		
Mailing Address 520 S Grand Ave 2nd Floor			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90071	Transaction ID : SB23.426419 Amount of Each Disbursement this Period 4023.00		
Purpose of Disbursement Domain Hosting Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Subtotal Of Receipts This Page (optional)..... 8546.00

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Nationbuilder			Date of Disbursement MM / DD / YYYY 06 / 27 / 2017		
Mailing Address 520 S Grand Ave 2nd Floor			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90071	Transaction ID : SB23.426424 Amount of Each Disbursement this Period 4023.00		
Purpose of Disbursement Domain Hosting Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) B. O'Neil, Michael, , ,			Date of Disbursement MM / DD / YYYY 06 / 26 / 2017		
Mailing Address 35 Cooper St #3			FEC Identification Number C		
City Brooklyn	State NY	Zip Code 11207	Transaction ID : SB23.426471 Amount of Each Disbursement this Period 4977.00		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) c. O'Neil, Michael, , ,			Date of Disbursement MM / DD / YYYY 06 / 26 / 2017		
Mailing Address 35 Cooper St #3			FEC Identification Number C		
City Brooklyn	State NY	Zip Code 11207	Transaction ID : SB23.426472 Amount of Each Disbursement this Period 3528.00		
Purpose of Disbursement Administrative Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Subtotal Of Receipts This Page (optional)..... 12528.00

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. O'Neil, Michael, , ,			Date of Disbursement MM / DD / YYYY 06 / 26 / 2017	
Mailing Address 35 Cooper St #3			FEC Identification Number C	
City Brooklyn	State NY	Zip Code 11207	Transaction ID : SB23.426473	
Purpose of Disbursement Reimbursement: Office Supplies			Amount of Each Disbursement this Period 71.85	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State:	District:			

Full Name (Last, First, Middle Initial) B. O'Neil, Michael, , ,			Date of Disbursement MM / DD / YYYY 06 / 26 / 2017	
Mailing Address 35 Cooper St #3			FEC Identification Number C	
City Brooklyn	State NY	Zip Code 11207	Transaction ID : SB23.426474	
Purpose of Disbursement Reimbursement: Postage			Amount of Each Disbursement this Period 195.02	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State:	District:			

Full Name (Last, First, Middle Initial) c. O'Neil, Michael, , ,			Date of Disbursement MM / DD / YYYY 06 / 26 / 2017	
Mailing Address 35 Cooper St #3			FEC Identification Number C	
City Brooklyn	State NY	Zip Code 11207	Transaction ID : SB23.426475	
Purpose of Disbursement Reimbursement: Travel Costs			Amount of Each Disbursement this Period 233.78	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State:	District:			

Subtotal Of Receipts This Page (optional)..... 500.65

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Office Depot - Madison			Date of Disbursement MM / DD / YYYY 06 / 09 / 2017		
Mailing Address 4016 E Washington Ave			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426435		
Purpose of Disbursement Office Supplies		Category/ Type	Amount of Each Disbursement this Period 94.92		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. Office Depot - Madison			Date of Disbursement MM / DD / YYYY 06 / 19 / 2017		
Mailing Address 4016 E Washington Ave			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426438		
Purpose of Disbursement Office Supplies		Category/ Type	Amount of Each Disbursement this Period 195.15		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) c. Payroll Center			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426401		
Purpose of Disbursement Payroll Processing Fees		Category/ Type	Amount of Each Disbursement this Period 164.25		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 454.32

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) A. Payroll Center			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426402 Amount of Each Disbursement this Period 436.38		
Purpose of Disbursement Payroll Taxes		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2016			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Other		
State:	District:				

Full Name (Last, First, Middle Initial) B. Payroll Center			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426429 Amount of Each Disbursement this Period 164.25		
Purpose of Disbursement Payroll Processing Fees		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2016			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Other		
State:	District:				

Full Name (Last, First, Middle Initial) c. Payroll Center			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426430 Amount of Each Disbursement this Period 436.38		
Purpose of Disbursement Payroll Taxes		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2016			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Other		
State:	District:				

Subtotal Of Receipts This Page (optional)..... 1037.01

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Payroll Center			Date of Disbursement MM / DD / YYYY 06 / 16 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426417		
Purpose of Disbursement Payroll Processing Fees		Category/ Type	Amount of Each Disbursement this Period 166.75		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) B. Payroll Center			Date of Disbursement MM / DD / YYYY 06 / 16 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426418		
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 487.73		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Payroll Center			Date of Disbursement MM / DD / YYYY 06 / 16 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426436		
Purpose of Disbursement Payroll Processing Fees		Category/ Type	Amount of Each Disbursement this Period 166.75		
Candidate Name		Memo Item <input type="checkbox"/>			
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)..... 821.23

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Payroll Center			Date of Disbursement MM / DD / YYYY 06 / 16 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426437 Amount of Each Disbursement this Period 487.73		
Purpose of Disbursement Payroll Taxes		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) B. Romanelli, Carl, , ,			Date of Disbursement MM / DD / YYYY 06 / 17 / 2017		
Mailing Address 350 South Franklin St			FEC Identification Number C		
City Wilkes-Barre	State PA	Zip Code 18702	Transaction ID : SB23.426444 Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Recount Organzing Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) c. Schwab, David, , ,			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017		
Mailing Address 225 E Lakelawn Pl			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.426451 Amount of Each Disbursement this Period 960.00		
Purpose of Disbursement Director of Communications		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Subtotal Of Receipts This Page (optional)..... 2447.73

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. Schwab, David, , ,			Date of Disbursement MM / DD / YYYY 06 / 16 / 2017		
Mailing Address 225 E Lakelawn Pl			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.426452 Amount of Each Disbursement this Period 1920.00		
Purpose of Disbursement Director of Communications		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) B. Shopify.com			Date of Disbursement MM / DD / YYYY 06 / 02 / 2017		
Mailing Address 150 Elgin St 8th Floor			FEC Identification Number C		
City Ottawa	State ZZ	Zip Code K2P 1L4	Transaction ID : SB23.426398 Amount of Each Disbursement this Period 79.00		
Purpose of Disbursement Donation Processing Fees		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Social Justice Center			Date of Disbursement MM / DD / YYYY 06 / 05 / 2017		
Mailing Address 1202 Williamson St			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.426433 Amount of Each Disbursement this Period 1975.00		
Purpose of Disbursement Office Rent		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Subtotal Of Receipts This Page (optional)..... 3974.00

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. Summit Credit Union			Date of Disbursement MM / DD / YYYY 06 / 05 / 2017		
Mailing Address PO Box 8046			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426406 Amount of Each Disbursement this Period 18.00		
Purpose of Disbursement Wire Transfer Fees		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) B. Summit Credit Union			Date of Disbursement MM / DD / YYYY 06 / 26 / 2017		
Mailing Address PO Box 8046			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426439 Amount of Each Disbursement this Period 325.00		
Purpose of Disbursement Bank Research Fee - Check Copies		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) c. Summit Credit Union			Date of Disbursement MM / DD / YYYY 06 / 29 / 2017		
Mailing Address PO Box 8046			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426427 Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Bank Fees		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Subtotal Of Receipts This Page (optional)..... 368.00

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. Summit Credit Union			Date of Disbursement MM / DD / YYYY 06 / 30 / 2017		
Mailing Address PO Box 8046			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426428 Amount of Each Disbursement this Period 5.00		
Purpose of Disbursement Bank Fees		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) B. Unitemized Vendors - Under Limit			Date of Disbursement MM / DD / YYYY 06 / 05 / 2017		
Mailing Address 1202 Williamson St			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.426405 Amount of Each Disbursement this Period 48.82		
Purpose of Disbursement Gasoline Costs		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Unitemized Vendors - Under Limit			Date of Disbursement MM / DD / YYYY 06 / 06 / 2017		
Mailing Address 1202 Williamson St			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.426407 Amount of Each Disbursement this Period 44.90		
Purpose of Disbursement Gasoline Costs		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 98.72

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. Unitemized Vendors - Under Limit			Date of Disbursement MM / DD / YYYY 06 / 06 / 2017		
Mailing Address 1202 Williamson St			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.426408 Amount of Each Disbursement this Period 17.40		
Purpose of Disbursement Toll Road Costs		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2016			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) B. Unitemized Vendors - Under Limit			Date of Disbursement MM / DD / YYYY 06 / 06 / 2017		
Mailing Address 1202 Williamson St			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.426409 Amount of Each Disbursement this Period 59.58		
Purpose of Disbursement Travel Food Costs		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2016			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Unitemized Vendors - Under Limit			Date of Disbursement MM / DD / YYYY 06 / 07 / 2017		
Mailing Address 1202 Williamson St			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.426411 Amount of Each Disbursement this Period 22.24		
Purpose of Disbursement Travel Food Costs		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: 2016			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 99.22

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)

A. Unitemized Vendors - Under Limit

Mailing Address 1202 Williamson St

City Madison State WI Zip Code 53703

Purpose of Disbursement
Gasoline Costs

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 08 / 2017

FEC Identification Number

C

Transaction ID : SB23.426413

Amount of Each Disbursement this Period

19.89

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS - Madison

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) Other

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 08 / 2017

FEC Identification Number

C

Transaction ID : SB23.426434

Amount of Each Disbursement this Period

26.60

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS - Madison

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) Other

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 23 / 2017

FEC Identification Number

C

Transaction ID : SB23.426421

Amount of Each Disbursement this Period

71.25

Memo Item

Subtotal Of Receipts This Page (optional)..... 117.74

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. USPS - Madison			Date of Disbursement MM / DD / YYYY 06 / 28 / 2017		
Mailing Address 441 N Lake St			FEC Identification Number C		
City Madison	State WI	Zip Code 53715	Transaction ID : SB23.426425 Amount of Each Disbursement this Period 19.95		
Purpose of Disbursement Postage		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State:	District:				

Full Name (Last, First, Middle Initial) B. USPS - Madison			Date of Disbursement MM / DD / YYYY 06 / 28 / 2017		
Mailing Address 441 N Lake St			FEC Identification Number C		
City Madison	State WI	Zip Code 53715	Transaction ID : SB23.426426 Amount of Each Disbursement this Period 47.50		
Purpose of Disbursement Postage		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Zane Benefits			Date of Disbursement MM / DD / YYYY 06 / 03 / 2017		
Mailing Address 383 West Vine St Suite 300			FEC Identification Number C		
City Murray	State UT	Zip Code 84123	Transaction ID : SB23.426400 Amount of Each Disbursement this Period 60.00		
Purpose of Disbursement Healthcare Processing Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 127.45

Total This Period (last page this line number only)..... 67499.91

SCHEDULE C-P LOANS

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

PAGE OF

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.8887

JILL STEIN FOR PRESIDENT

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

STEIN, JILL, , ,

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

22 KENDALL ROAD

City

LEXINGTON

State

MA

Zip Code

02421

Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

MM / DD / YYYY
05 / 06 / 2015

Date Due

MM / DD / YYYY
On Demand

Interest Rate (if none, enter 0)

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-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

SCHEDULE C-P LOANS

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

PAGE OF

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.8889

JILL STEIN FOR PRESIDENT

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

STEIN, JILL, , ,

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

22 KENDALL ROAD

City

LEXINGTON

State

MA

Zip Code

02421

Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

MM / DD / YYYY
06 / 06 / 2015

Date Due

MM / DD / YYYY
On Demand

Interest Rate (if none, enter 0)

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-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

SCHEDULE C-P LOANS

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

PAGE OF

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.8890

JILL STEIN FOR PRESIDENT

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

STEIN, JILL, , ,

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

22 KENDALL ROAD

City

LEXINGTON

State

MA

Zip Code

02421

Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

MM / DD / YYYY
06 / 06 / 2015

Date Due

MM / DD / YYYY
On Demand

Interest Rate (if none, enter 0)

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-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

SCHEDULE C-P LOANS

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

PAGE OF

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.8891

JILL STEIN FOR PRESIDENT

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

STEIN, JILL, , ,

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

22 KENDALL ROAD

City

LEXINGTON

State

MA

Zip Code

02421

Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

MM / DD / YYYY
06 / 23 / 2015

Date Due

MM / DD / YYYY
On Demand

Interest Rate (if none, enter 0)

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).....

40000.00

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Dorno Solutions LLC

Nature of Debt (Purpose):
 Ballot Access Petitioning

Mailing Address PO Box 9003

City
 Rochester

State
 MN

Zip Code
 55903

Outstanding Balance Beginning This Period

15940.00

Transaction ID : SD12.115238

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15940.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Four Americas Consulting

Nature of Debt (Purpose):
 Media and Events Consulting

Mailing Address 5400 Fieldston Rd
 Unit 14E

City
 Bronx

State
 NY

Zip Code
 10471

Outstanding Balance Beginning This Period

15000.00

Transaction ID : SD12.115237

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Hustle Inc

Nature of Debt (Purpose):
 Phonebanking Software

Mailing Address 251 Kearny St
 Suite 300

City
 San Francisco

State
 CA

Zip Code
 94108

Outstanding Balance Beginning This Period

16800.00

Transaction ID : SD12.115236

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16800.00

1) SUBTOTALS This Period This Page (optional)	▶	47740.00
2) TOTALS This Period (last page this line number only)	▶	47740.00
3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)	▶	40000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	87740.00