

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)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- 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 Welzer, Steven, , ,

Signature of Treasurer Welzer, Steven, , , *[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="1126053.50"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="0.00"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="1126053.50"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	<input type="text" value="45177.93"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="1080875.57"/>
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

FEC Form 3P (Rev. 05/2016)

of Receipts

NAME OF COMMITTEE (in Full)

JILL STEIN FOR PRESIDENT

Report Covering the Period: From:

MM / DD / YYYY
09 / 01 / 2017

To:

MM / DD / YYYY
09 / 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	0.00	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))	0.00	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)	0.00	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:

09 / 01 / 2017

To:

09 / 30 / 2017

II. DISBURSEMENTS

**COLUMN A
Total This Period**

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

23. OPERATING EXPENDITURES.....	45177.93	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)	45177.93	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. Artful Dodger Productions			Date of Disbursement MM / DD / YYYY 09 / 17 / 2017		
Mailing Address PO Box 1099			FEC Identification Number C []		
City Groton	State MA	Zip Code 01450	Transaction ID : SB23.427047		
Purpose of Disbursement Videography Services		Category/ Type []	Amount of Each Disbursement this Period 5325.00		
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. Authorize.net			Date of Disbursement MM / DD / YYYY 09 / 05 / 2017		
Mailing Address PO Box 8999			FEC Identification Number C []		
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : SB23.427038		
Purpose of Disbursement Donation Processing Fees		Category/ Type []	Amount of Each Disbursement this Period 35.00		
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. B & H Photo			Date of Disbursement MM / DD / YYYY 09 / 17 / 2017		
Mailing Address 420 9th Ave			FEC Identification Number C []		
City New York	State NY	Zip Code 10001	Transaction ID : SB23.427048		
Purpose of Disbursement Camera Equipment		Category/ Type []	Amount of Each Disbursement this Period 3024.28		
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)..... 8384.28

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. Best Buy			Date of Disbursement MM / DD / YYYY 09 / 07 / 2017		
Mailing Address 7357 W Towne Way			FEC Identification Number C		
City Madison	State WI	Zip Code 53719	Transaction ID : SB23.427043		
Purpose of Disbursement Office Supplies		Category/ Type	Amount of Each Disbursement this Period 137.14		
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		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. Blackmon, Robert, , ,			Date of Disbursement MM / DD / YYYY 09 / 18 / 2017		
Mailing Address 1161 N Ogden Dr #109			FEC Identification Number C		
City West Hollywood	State CA	Zip Code 90046	Transaction ID : SB23.427016		
Purpose of Disbursement Web Management Services		Category/ Type	Amount of Each Disbursement this Period 2400.00		
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		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) c. Citrix Online			Date of Disbursement MM / DD / YYYY 09 / 15 / 2017		
Mailing Address 4988 Great America Pkwy			FEC Identification Number C		
City Santa Clara	State CA	Zip Code 95054	Transaction ID : SB23.427046		
Purpose of Disbursement Video Conference Services		Category/ Type	Amount of Each Disbursement this Period 93.90		
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		<input type="checkbox"/> Memo Item		
State:	District:				

Subtotal Of Receipts This Page (optional)..... → 2631.04

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 09 / 07 / 2017		
Mailing Address 1402 M St			FEC Identification Number C		
City Eureka	State CA	Zip Code 95501	Transaction ID : SB23.427029 Amount of Each Disbursement this Period 3760.00		
Purpose of Disbursement Campaign Manager		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. Cobb, David, , ,			Date of Disbursement MM / DD / YYYY 09 / 22 / 2017		
Mailing Address 1402 M St			FEC Identification Number C		
City Eureka	State CA	Zip Code 95501	Transaction ID : SB23.427030 Amount of Each Disbursement this Period 3760.00		
Purpose of Disbursement Campaign Manager		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. Cognito Forms			Date of Disbursement MM / DD / YYYY 09 / 02 / 2017		
Mailing Address 1301 Gervais St			FEC Identification Number C		
City Columbia	State SC	Zip Code 29201	Transaction ID : SB23.427035 Amount of Each Disbursement this Period 24.00		
Purpose of Disbursement Online Form 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)..... **7544.00**

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. Dropbox			Date of Disbursement MM / DD / YYYY 09 / 18 / 2017		
Mailing Address 185 Berry St #400			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94107	Transaction ID : SB23.427049 Amount of Each Disbursement this Period 90.00		
Purpose of Disbursement Digital Storage 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. Ferguson, Kendall, , ,			Date of Disbursement MM / DD / YYYY 09 / 07 / 2017		
Mailing Address 1622 Fordem Ave #401			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.427023 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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) c. Ferguson, Kendall, , ,			Date of Disbursement MM / DD / YYYY 09 / 22 / 2017		
Mailing Address 1622 Fordem Ave #401			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.427024 Amount of Each Disbursement this Period 1413.63		
Purpose of Disbursement Finance Associate 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Subtotal Of Receipts This Page (optional)..... 3423.63

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)

PAGE 12 / 26

<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 09 / 22 / 2017		
Mailing Address 1622 Fordem Ave #401			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.427025 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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Figueroa, Meleiza, , ,			Date of Disbursement MM / DD / YYYY 09 / 07 / 2017		
Mailing Address 1526 Beau Rivage			FEC Identification Number C		
City San Pablo	State CA	Zip Code 94806	Transaction ID : SB23.427017 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: _____				

Full Name (Last, First, Middle Initial) c. Figueroa, Meleiza, , ,			Date of Disbursement MM / DD / YYYY 09 / 22 / 2017		
Mailing Address 1526 Beau Rivage			FEC Identification Number C		
City San Pablo	State CA	Zip Code 94806	Transaction ID : SB23.427018 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)..... 3072.00

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. Google Inc.			Date of Disbursement MM / DD / YYYY 09 / 02 / 2017		
Mailing Address 1600 Amphitheatre Parkway			FEC Identification Number C		
City Mountain View	State CA	Zip Code 94043	Transaction ID : SB23.427036		
Purpose of Disbursement Domain Storage 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:				

Full Name (Last, First, Middle Initial) B. Kozlowski, Matthew, , ,			Date of Disbursement MM / DD / YYYY 09 / 07 / 2017		
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.427019		
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 09 / 07 / 2017		
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.427020		
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) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 4010.00

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. Kozlowski, Matthew, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2017		
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.427021 Amount of Each Disbursement this Period 1929.60		
Purpose of Disbursement Healthcare Reimbursement		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 M M / D D / Y Y Y Y 09 / 22 / 2017		
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.427022 Amount of Each Disbursement this Period 3580.00		
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) c. Office Depot - Madison			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2017		
Mailing Address 4016 E Washington Ave			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.427044 Amount of Each Disbursement this Period 418.31		
Purpose of Disbursement Office Supplies		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)..... 5927.91

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. Office Depot - Madison			Date of Disbursement MM / DD / YYYY 09 / 29 / 2017		
Mailing Address 4016 E Washington Ave					
City Madison		State WI	Zip Code 53704		
Purpose of Disbursement Office Supplies				Category/ Type	
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:		FEC Identification Number C			
				Transaction ID : SB23.427056	
				Amount of Each Disbursement this Period 105.47	
<input type="checkbox"/> Memo Item					

Full Name (Last, First, Middle Initial) B. Payroll Center			Date of Disbursement MM / DD / YYYY 09 / 07 / 2017		
Mailing Address PO Box 8023					
City Madison		State WI	Zip Code 53708		
Purpose of Disbursement Payroll Processing Fees				Category/ Type	
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:		FEC Identification Number C			
				Transaction ID : SB23.427040	
				Amount of Each Disbursement this Period 328.50	
<input type="checkbox"/> Memo Item					

Full Name (Last, First, Middle Initial) c. Payroll Center			Date of Disbursement MM / DD / YYYY 09 / 07 / 2017		
Mailing Address PO Box 8023					
City Madison		State WI	Zip Code 53708		
Purpose of Disbursement Payroll Taxes				Category/ Type	
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:		FEC Identification Number C			
				Transaction ID : SB23.427041	
				Amount of Each Disbursement this Period 899.33	
<input type="checkbox"/> Memo Item					

Subtotal Of Receipts This Page (optional)..... 1333.30

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 09 / 22 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.427053 Amount of Each Disbursement this Period 83.50		
Purpose of Disbursement Payroll 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 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 09 / 22 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.427054 Amount of Each Disbursement this Period 899.33		
Purpose of Disbursement Payroll Taxes		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. Romanelli, Carl, , ,			Date of Disbursement MM / DD / YYYY 09 / 14 / 2017		
Mailing Address 350 South Franklin St			FEC Identification Number C		
City Wilkes-Barre	State PA	Zip Code 18702	Transaction ID : SB23.427031 Amount of Each Disbursement this Period 1000.00		
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)..... 1982.83

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Romanelli, Carl, , ,			Date of Disbursement MM / DD / YYYY 09 / 30 / 2017		
Mailing Address 350 South Franklin St			FEC Identification Number C		
City Wilkes-Barre	State PA	Zip Code 18702	Transaction ID : SB23.427032		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Amount of Each Disbursement this Period 1000.00		
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. Romanelli, Carl, , ,			Date of Disbursement MM / DD / YYYY 09 / 30 / 2017		
Mailing Address 350 South Franklin St			FEC Identification Number C		
City Wilkes-Barre	State PA	Zip Code 18702	Transaction ID : SB23.427033		
Purpose of Disbursement Reimbursement: Ground Travel Costs		Category/ Type	Amount of Each Disbursement this Period 272.50		
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. Schwab, David, , ,			Date of Disbursement MM / DD / YYYY 09 / 07 / 2017		
Mailing Address 225 E Lakelawn Pl			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.427026		
Purpose of Disbursement Director of Communications		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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 3192.50

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Schwab, David, , ,			Date of Disbursement MM / DD / YYYY 09 / 07 / 2017	
Mailing Address 225 E Lakelawn Pl			FEC Identification Number C	
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.427027 Amount of Each Disbursement this Period 964.80	
Purpose of Disbursement Healthcare Reimbursements		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 checked="" type="checkbox"/> Other (specify) ▼ Other			
State:	District:			

Full Name (Last, First, Middle Initial) B. Schwab, David, , ,			Date of Disbursement MM / DD / YYYY 09 / 22 / 2017	
Mailing Address 225 E Lakelawn Pl			FEC Identification Number C	
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.427028 Amount of Each Disbursement this Period 1920.00	
Purpose of Disbursement Director of Communications		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 checked="" type="checkbox"/> Other (specify) ▼ Other			
State:	District:			

Full Name (Last, First, Middle Initial) c. Shopify.com			Date of Disbursement MM / DD / YYYY 09 / 21 / 2017	
Mailing Address 150 Elgin St 8th Floor			FEC Identification Number C	
City Ottawa	State ZZ	Zip Code K2P 1L4	Transaction ID : SB23.427051 Amount of Each Disbursement this Period 10.50	
Purpose of Disbursement Donation Processing Services		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 checked="" type="checkbox"/> Other (specify) ▼ Other			
State:	District:			

Subtotal Of Receipts This Page (optional)..... → 2895.30

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 09 / 06 / 2017		
Mailing Address PO Box 8046			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.427039 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:				

Full Name (Last, First, Middle Initial) B. Summit Credit Union			Date of Disbursement MM / DD / YYYY 09 / 14 / 2017		
Mailing Address PO Box 8046			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.427045 Amount of Each Disbursement this Period 9.00		
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) c. USPS - Madison			Date of Disbursement MM / DD / YYYY 09 / 01 / 2017		
Mailing Address 441 N Lake St			FEC Identification Number C		
City Madison	State WI	Zip Code 53715	Transaction ID : SB23.427034 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:				

Subtotal Of Receipts This Page (optional)..... 53.95

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 09 / 21 / 2017		
Mailing Address 441 N Lake St			FEC Identification Number C		
City Madison	State WI	Zip Code 53715	Transaction ID : SB23.427052 Amount of Each Disbursement this Period 26.60		
Purpose of Disbursement Postage		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 checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) B. USPS - Madison			Date of Disbursement MM / DD / YYYY 09 / 29 / 2017		
Mailing Address 441 N Lake St			FEC Identification Number C		
City Madison	State WI	Zip Code 53715	Transaction ID : SB23.427057 Amount of Each Disbursement this Period 6.65		
Purpose of Disbursement Postage		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 checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Vimeo.com			Date of Disbursement MM / DD / YYYY 09 / 20 / 2017		
Mailing Address 555 West 18th St			FEC Identification Number C		
City New York	State NY	Zip Code 10011	Transaction ID : SB23.427050 Amount of Each Disbursement this Period 599.00		
Purpose of Disbursement Video Storage Services		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 checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 632.25

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Zane Benefits			Date of Disbursement MM / DD / YYYY 09 / 03 / 2017		
Mailing Address 383 West Vine St Suite 300			FEC Identification Number C		
City Murray	State UT	Zip Code 84123	Transaction ID : SB23.427037		
Purpose of Disbursement Healthcare Administrative Costs		Category/ Type	Amount of Each Disbursement this Period 60.00		
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.			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

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

Total This Period (last page this line number only)..... 45142.99

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate (if none, enter 0)

Secured:

MM / DD / YYYY
06 / 06 / 2015

MM / DD / YYYY

MM / DD / YYYY

On Demand

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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