

# 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

12 /  01 /  2017 THROUGH  12 /  31 /  2017

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  06 /  04 /  2018

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

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="966960.66"/>
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="966960.66"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4) .....	<input type="text" value="39919.16"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="927041.50"/>
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:

M M / D D / Y Y Y Y  
12 / 01 / 2017

To:

M M / D D / Y Y Y Y  
12 / 31 / 2017

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
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:

12 / 01 / 2017

To:

12 / 31 / 2017

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

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

23. OPERATING EXPENDITURES.....	39919.16	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) .....	39919.16	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
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Blackmon, Robert, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2017		
Mailing Address 1161 N Ogden Dr #109			FEC Identification Number <b>C</b>		
City West Hollywood	State CA	Zip Code 90046	Transaction ID : <b>SB23.427156</b>		
Purpose of Disbursement Web Organizing 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) <b>B. Blackmon, Robert, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2017		
Mailing Address 1161 N Ogden Dr #109			FEC Identification Number <b>C</b>		
City West Hollywood	State CA	Zip Code 90046	Transaction ID : <b>SB23.427157</b>		
Purpose of Disbursement Web Organizing 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) <b>c. Citrix Online</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2017		
Mailing Address 4988 Great America Pkwy			FEC Identification Number <b>C</b>		
City Santa Clara	State CA	Zip Code 95054	Transaction ID : <b>SB23.427146</b>		
Purpose of Disbursement Video Conferencing 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

**Subtotal Of Receipts This Page** (optional)..... 4893.90

**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) <b>A. Cobb, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2017		
Mailing Address 1402 M St			FEC Identification Number <b>C</b>		
City Eureka	State CA	Zip Code 95501	Transaction ID : <b>SB23.427150</b>		
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) <b>B. Cobb, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2017		
Mailing Address 1402 M St			FEC Identification Number <b>C</b>		
City Eureka	State CA	Zip Code 95501	Transaction ID : <b>SB23.427159</b>		
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) <b>c. Cobb, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2017		
Mailing Address 1402 M St			FEC Identification Number <b>C</b>		
City Eureka	State CA	Zip Code 95501	Transaction ID : <b>SB23.427153</b>		
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)..... 5640.00

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Cobb, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2017	
Mailing Address 1402 M St			FEC Identification Number C	
City Eureka	State CA	Zip Code 95501	Transaction ID : <b>SB23.427166</b>	
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) <b>B. Ferguson, Kendall, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2017	
Mailing Address 1622 Fordem Ave #401			FEC Identification Number C	
City Madison	State WI	Zip Code 53704	Transaction ID : <b>SB23.427149</b>	
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:				

Full Name (Last, First, Middle Initial) <b>c. Ferguson, Kendall, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2017	
Mailing Address 1622 Fordem Ave #401			FEC Identification Number C	
City Madison	State WI	Zip Code 53704	Transaction ID : <b>SB23.427152</b>	
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)..... 5720.00

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hootsuite</b>			Date of Disbursement MM / DD / YYYY 12 / 07 / 2017		
Mailing Address 535 Mission St			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94104	Transaction ID : <b>SB23.427155</b> Amount of Each Disbursement this Period 14.99		
Purpose of Disbursement Social Media Technology		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>B. Kozlowski, Matthew, , ,</b>			Date of Disbursement MM / DD / YYYY 12 / 12 / 2017		
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : <b>SB23.427147</b> 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Kozlowski, Matthew, , ,</b>			Date of Disbursement MM / DD / YYYY 12 / 12 / 2017		
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : <b>SB23.427148</b> Amount of Each Disbursement this Period 760.00		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:				

**Subtotal Of Receipts This Page** (optional)..... 4354.99

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Kozlowski, Matthew, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2017	
Mailing Address 1750 Fordem Ave #706			FEC Identification Number <b>C</b>	
City Madison	State WI	Zip Code 53704	Transaction ID : <b>SB23.427151</b> Amount of Each Disbursement this Period 3580.00	
Purpose of Disbursement Director of Compliance		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Payroll Center</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2017	
Mailing Address PO Box 8023			FEC Identification Number <b>C</b>	
City Madison	State WI	Zip Code 53708	Transaction ID : <b>SB23.427141</b> Amount of Each Disbursement this Period 855.27	
Purpose of Disbursement Payroll Taxes		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>c. Payroll Center</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2017	
Mailing Address PO Box 8023			FEC Identification Number <b>C</b>	
City Madison	State WI	Zip Code 53708	Transaction ID : <b>SB23.427142</b> Amount of Each Disbursement this Period 68.50	
Purpose of Disbursement Payroll Processing Fees		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item		

**Subtotal Of Receipts This Page** (optional)..... 4503.77

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Payroll Center</b>			Date of Disbursement MM / DD / YYYY 12 / 13 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : <b>SB23.427143</b> Amount of Each Disbursement this Period 87.18		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Payroll Center</b>			Date of Disbursement MM / DD / YYYY 12 / 28 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : <b>SB23.427144</b> Amount of Each Disbursement this Period 855.27		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Payroll Center</b>			Date of Disbursement MM / DD / YYYY 12 / 28 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : <b>SB23.427145</b> Amount of Each Disbursement this Period 68.50		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

**Subtotal Of Receipts This Page** (optional)..... 1010.95

**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) <b>A. Rasmussen Reports</b>		Date of Disbursement MM / DD / YYYY 12 / 26 / 2017
Mailing Address 625 Cookman Ave Suite 1		FEC Identification Number C
City Asbury Park	State NJ	Zip Code 07712
Purpose of Disbursement Media Reporting Software		Transaction ID : <b>SB23.427154</b>
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 19.95
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>B. Romanelli, Carl, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2017
Mailing Address 350 South Franklin St		FEC Identification Number C
City Wilkes-Barre	State PA	Zip Code 18702
Purpose of Disbursement Recount Organizing Services		Transaction ID : <b>SB23.427160</b>
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input 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>c. Romanelli, Carl, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2017
Mailing Address 350 South Franklin St		FEC Identification Number C
City Wilkes-Barre	State PA	Zip Code 18702
Purpose of Disbursement Recount Organizing Services		Transaction ID : <b>SB23.427167</b>
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input 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)..... → 2019.95

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) <b>A. Romanelli, Carl, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2017	
Mailing Address 350 South Franklin St			FEC Identification Number <b>C</b>	
City Wilkes-Barre	State PA	Zip Code 18702	Transaction ID : <b>SB23.427168</b>	
Purpose of Disbursement Reimbursement: Mileage		Category/ Type	Amount of Each Disbursement this Period 358.00	
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>B. Schwab, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2017	
Mailing Address 225 E Lakelawn Pl			FEC Identification Number <b>C</b>	
City Madison	State WI	Zip Code 53703	Transaction ID : <b>SB23.427158</b>	
Purpose of Disbursement Communications Director		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:				

Full Name (Last, First, Middle Initial) <b>c. Schwab, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2017	
Mailing Address 225 E Lakelawn Pl			FEC Identification Number <b>C</b>	
City Madison	State WI	Zip Code 53703	Transaction ID : <b>SB23.427164</b>	
Purpose of Disbursement Communications Director		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)..... 4198.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Schwab, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2017		
Mailing Address 225 E Lakelawn Pl			FEC Identification Number <b>C</b>		
City Madison	State WI	Zip Code 53703	Transaction ID : <b>SB23.427165</b> Amount of Each Disbursement this Period 321.60		
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>B. Serpe, Lynne, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2017		
Mailing Address 2440 Aubry St			FEC Identification Number <b>C</b>		
City New Orleans	State LA	Zip Code 70119	Transaction ID : <b>SB23.427161</b> Amount of Each Disbursement this Period 2570.00		
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>c. Serpe, Lynne, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2017		
Mailing Address 2440 Aubry St			FEC Identification Number <b>C</b>		
City New Orleans	State LA	Zip Code 70119	Transaction ID : <b>SB23.427162</b> Amount of Each Disbursement this Period 2450.00		
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)..... 5341.60

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



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Serpe, Lynne, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2017		
Mailing Address 2440 Aubry St			FEC Identification Number <b>C</b>		
City New Orleans	State LA	Zip Code 70119	Transaction ID : <b>SB23.427163</b>		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Amount of Each Disbursement this Period 1470.00		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Shopify.com</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2017		
Mailing Address 150 Elgin St 8th Floor			FEC Identification Number <b>C</b>		
City Ottawa	State ZZ	Zip Code K2P 1L4	Transaction ID : <b>SB23.427140</b>		
Purpose of Disbursement Shipping Costs		Category/ Type	Amount of Each Disbursement this Period 14.00		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Social Justice Center</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2017		
Mailing Address 1202 Williamson St			FEC Identification Number <b>C</b>		
City Madison	State WI	Zip Code 53703	Transaction ID : <b>SB23.427139</b>		
Purpose of Disbursement Office Rent		Category/ Type	Amount of Each Disbursement this Period 605.00		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... **2089.00**

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. USPS - Madison</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2017		
Mailing Address 441 N Lake St			FEC Identification Number C		
City Madison	State WI	Zip Code 53715	Transaction ID : <b>SB23.427138</b>		
Purpose of Disbursement Postage Costs		Category/ Type	Amount of Each Disbursement this Period 147.00		
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>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
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) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
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)..... 147.00

**Total This Period** (last page this line number only)..... 39919.16

# 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

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/12.8890

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