

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

04 / 01 / 2022 THROUGH 06 / 30 / 2022

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 10 / 02 / 2022

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="46620.95"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="12616.00"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="59236.95"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	<input type="text" value="6563.99"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="52672.96"/>
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="43010.00"/>
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.).....	<input type="text" value="0.00"/>

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="72296.99"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="76923.50"/>

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3P (Rev. 05/2016)

PAGE 3 / 23

NAME OF COMMITTEE (in Full)

Jill Stein for President

Report Covering the Period: From:

M M / D D / Y Y Y Y
04 / 01 / 2022

To:

M M / D D / Y Y Y Y
06 / 30 / 2022

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	8850.00	66130.99
(ii) unitemized	3566.00	3566.00
(iii) Total contributions	12416.00	69696.99
(b) Political Party Committees	0.00	2700.00
(c) Other Political Committees	0.00	100.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	12416.00	72496.99
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	3010.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	3010.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	0.00
(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	0.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)	200.00	51205.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	12616.00	126711.99

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:

04 / 01 / 2022

To:

06 / 30 / 2022

II. DISBURSEMENTS

**COLUMN A
Total This Period**

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

23. OPERATING EXPENDITURES.....	6563.99	76923.50
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
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	200.00
(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	200.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	6563.99	77123.50

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		
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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)

269 12th Street

Brooklyn

CITY

NY

STATE

11215

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 A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Jill Stein for President

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

DeMare, Joseph, , ,

Mailing Address 517 S Main St

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing federal political committee.

C

Name of Employer

Ashur

Occupation

Machinist

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1020.00

Transaction ID : A-337504

Date of Receipt

MM / DD / YYYY
04 / 08 / 2022

Amount of Each Receipt this Period

1000.00

Memo Item

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

Baker, Stephen, , ,

Mailing Address 238 Quay Assisi

City

New Smyrna

State

FL

Zip Code

32169

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

None

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1817.00

Transaction ID : A-337507

Date of Receipt

MM / DD / YYYY
04 / 15 / 2022

Amount of Each Receipt this Period

250.00

Memo Item

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

Bannerman, James, , ,

Mailing Address 1708 Addison Street

City

Philadelphia

State

PA

Zip Code

19146

FEC ID number of contributing federal political committee.

C

Name of Employer

Unemployed

Occupation

Unemployed

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1889.00

Transaction ID : A-337510

Date of Receipt

MM / DD / YYYY
04 / 28 / 2022

Amount of Each Receipt this Period

250.00

Memo Item

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

1500.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Jill Stein for President

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

Koranyi, Adam, , ,

Mailing Address 26 Royden Rd

City
Tenafly

State
NJ

Zip Code
07670

FEC ID number of contributing federal political committee.

C

Name of Employer
Unemployed

Occupation
Unemployed

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1950.00

Transaction ID : A-337533

Date of Receipt

M M / D D / Y Y Y Y
04 / 28 / 2022

Amount of Each Receipt this Period

250.00

Memo Item

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

Murphy, John, , ,

Mailing Address 18 Somerset Drive, Somerset Dr.

City
East Fallowfield

State
PA

Zip Code
19320-4211

FEC ID number of contributing federal political committee.

C

Name of Employer
Unemployed

Occupation
Unemployed

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : A-337555

Date of Receipt

M M / D D / Y Y Y Y
05 / 06 / 2022

Amount of Each Receipt this Period

250.00

Memo Item

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

Beilstein, Michael, , ,

Mailing Address 1214 Northwest 12th Street

City
Corvallis

State
OR

Zip Code
97330

FEC ID number of contributing federal political committee.

C

Name of Employer
Unemployed

Occupation
Unemployed

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1175.00

Transaction ID : A-337560

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2022

Amount of Each Receipt this Period

200.00

Memo Item

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

700.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Jill Stein for President

A. Full Name (Last, First, Middle Initial) Benjamin, Medea, , ,			Transaction ID : A-337595 Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2022		
Mailing Address 7601 Northeast Miami Court, none					
City Miami	State FL	Zip Code 33138			
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>			
Name of Employer Unemployed		Occupation Unemployed		Amount of Each Receipt this Period <input type="text" value="500.00"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		<input type="checkbox"/> Memo Item	

B. Full Name (Last, First, Middle Initial) Harwood, Jack, , ,			Transaction ID : A-337591 Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2022		
Mailing Address 1514 S 2nd Street, #2					
City Louisville	State KY	Zip Code 40208			
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>			
Name of Employer Unemployed		Occupation Unemployed		Amount of Each Receipt this Period <input type="text" value="100.00"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="329.00"/>		<input type="checkbox"/> Memo Item	

C. Full Name (Last, First, Middle Initial) Niskanen, Christine, , ,			Transaction ID : A-337570 Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2022		
Mailing Address 39 Matthews St					
City Binghamton	State NY	Zip Code 13905-4038			
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>			
Name of Employer Unemployed		Occupation Unemployed		Amount of Each Receipt this Period <input type="text" value="50.00"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="787.00"/>		<input type="checkbox"/> Memo Item	

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

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Jill Stein for President

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

White, David, , ,

Mailing Address 55 Bow St

City
Arlington

State
MA

Zip Code
02474

FEC ID number of contributing federal political committee.

C

Name of Employer
Unemployed

Occupation
Unemployed

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

510.00

Transaction ID : A-337569

Date of Receipt

MM / DD / YYYY
05 / 19 / 2022

Amount of Each Receipt this Period

100.00

Memo Item

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

McSweeney, Patricia, , ,

Mailing Address 43 Summer St

City
Taunton

State
MA

Zip Code
02780

FEC ID number of contributing federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

5750.00

Transaction ID : A-347635

Date of Receipt

MM / DD / YYYY
05 / 23 / 2022

Amount of Each Receipt this Period

5000.00

Memo Item

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

Reid, Barry, , ,

Mailing Address 27604 Marine View Dr S

City
Des Moines

State
WA

Zip Code
98198

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation
Financial Advisor

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

978.00

Transaction ID : A-337610

Date of Receipt

MM / DD / YYYY
05 / 23 / 2022

Amount of Each Receipt this Period

50.00

Memo Item

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

5150.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Jill Stein for President

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

Rohrlich, David, , ,

Mailing Address 18 Arborway

City
Boston

State
MA

Zip Code
02130

FEC ID number of contributing federal political committee.

C

Name of Employer
Boston University

Occupation
Professor

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Transaction ID : A-337620

Date of Receipt

M M / D D / Y Y Y Y
05 / 29 / 2022

Amount of Each Receipt this Period

50.00

Memo Item

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

Murphy, Suzanne, , ,

Mailing Address 85 Canterbury LA

City
Longmeadow

State
MA

Zip Code
01106

FEC ID number of contributing federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Transaction ID : A-337622

Date of Receipt

M M / D D / Y Y Y Y
06 / 06 / 2022

Amount of Each Receipt this Period

800.00

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

850.00

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

8850.00

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Jill Stein for President

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

Tuscher, Ralph, , ,

Mailing Address 11550 S Jackson Rd

City

Cement City

State

MI

Zip Code

49233

FEC ID number of contributing federal political committee.

C

Name of Employer
Unemployed

Occupation
Unemployed

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

540.00

Transaction ID : A-387848

Date of Receipt

M M / D D / Y Y Y Y
04 / 28 / 2022

designated Other Receipts

Amount of Each Receipt this Period

100.00

Memo Item

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

Tuscher, Ralph, , ,

Mailing Address 11550 S Jackson Rd

City

Cement City

State

MI

Zip Code

49233

FEC ID number of contributing federal political committee.

C

Name of Employer
Unemployed

Occupation
Unemployed

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

640.00

Transaction ID : A-387847

Date of Receipt

M M / D D / Y Y Y Y
05 / 19 / 2022

designated Other Receipts

Amount of Each Receipt this Period

100.00

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

200.00

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

200.00

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Jill Stein for President

Full Name (Last, First, Middle Initial) A. Donorbox		Date of Disbursement MM / DD / YYYY 04 / 04 / 2022
Mailing Address 2615 Columbia Pike #427		FEC Identification Number C
City Arlington	State VA	Zip Code 22204
Purpose of Disbursement Transaction Fees - Donorbox		Transaction ID : B-352639
Candidate Name		Amount of Each Disbursement this Period 20.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) B. Integrated Solutions: Political (ISP)		Date of Disbursement MM / DD / YYYY 04 / 04 / 2022
Mailing Address 4142 Adams Ave Suite 103-550		FEC Identification Number C
City San Diego	State CA	Zip Code 92116
Purpose of Disbursement Compliance Software Service		Transaction ID : B-352642
Candidate Name		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) c. Law Office of Harry Kresky		Date of Disbursement MM / DD / YYYY 04 / 19 / 2022
Mailing Address 128 Binner Road		FEC Identification Number C
City Shushan,	State NY	Zip Code 12873
Purpose of Disbursement Legal		Transaction ID : B-352644
Candidate Name		Amount of Each Disbursement this Period 350.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1370.24

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

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. Law Office of Harry Kresky		Date of Disbursement MM / DD / YYYY 04 / 21 / 2022
Mailing Address 128 Binner Road		FEC Identification Number C
City Shushan,	State NY	Zip Code 12873
Purpose of Disbursement Legal	Category/ Type 101	
Candidate Name		Transaction ID : B-352645 Amount of Each Disbursement this Period 1180.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Donorbox		Date of Disbursement MM / DD / YYYY 05 / 04 / 2022
Mailing Address 2615 Columbia Pike #427		FEC Identification Number C
City Arlington	State VA	Zip Code 22204
Purpose of Disbursement Transaction Fees - Donorbox	Category/ Type 101	
Candidate Name		Transaction ID : B-352640 Amount of Each Disbursement this Period 2.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Law Office of Harry Kresky		Date of Disbursement MM / DD / YYYY 05 / 12 / 2022
Mailing Address 128 Binner Road		FEC Identification Number C
City Shushan,	State NY	Zip Code 12873
Purpose of Disbursement Legal	Category/ Type 101	
Candidate Name		Transaction ID : B-352646 Amount of Each Disbursement this Period 1071.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Subtotal Of Receipts This Page (optional)..... 2253.85

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. Paypal			Date of Disbursement MM / DD / YYYY 05 / 15 / 2022		
Mailing Address 2211 North First Street			FEC Identification Number C		
City San Jose	State CA	Zip Code 95131	Transaction ID : B-352651		
Purpose of Disbursement Transaction Fees - Paypal		Category/ Type 107	Amount of Each Disbursement this Period 28.97		
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. Stripe			Date of Disbursement MM / DD / YYYY 05 / 15 / 2022		
Mailing Address 510 Townsend Street			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94103	Transaction ID : B-352650		
Purpose of Disbursement Platform fees deducted from donations for Q3		Category/ Type 107	Amount of Each Disbursement this Period 195.88		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Schwab, David, , ,			Date of Disbursement MM / DD / YYYY 05 / 18 / 2022		
Mailing Address 1022 Jenifer St Apt3			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : B-352649		
Purpose of Disbursement invoice #119 2022.04.06		Category/ Type 107	Amount of Each Disbursement this Period 1815.75		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Subtotal Of Receipts This Page (optional)..... 2040.60

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) A. Donorbox			Date of Disbursement MM / DD / YYYY 06 / 06 / 2022		
Mailing Address 2615 Columbia Pike #427			FEC Identification Number C		
City Arlington	State VA	Zip Code 22204	Transaction ID : B-352641		
Purpose of Disbursement Transaction Fees - Donorbox		Category/ Type 101	Amount of Each Disbursement this Period 7.05		
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. Law Office of Harry Kresky			Date of Disbursement MM / DD / YYYY 06 / 21 / 2022		
Mailing Address 128 Binninger Road			FEC Identification Number C		
City Shushan,	State NY	Zip Code 12873	Transaction ID : B-352647		
Purpose of Disbursement Legal		Category/ Type 101	Amount of Each Disbursement this Period 889.25		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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).....	896.30
Total This Period (last page this line number only).....	6560.99

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 : C-245625

Jill Stein for President

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

Stein, Jill, , ,

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

17 Trotting Horse Drive

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
As available

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 : C-245626

Jill Stein for President

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

Stein, Jill, , ,

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

17 Trotting Horse Drive

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
As available

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 : C-245627

Jill Stein for President

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

Stein, Jill, , ,

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

17 Trotting Horse Drive

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
As available

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 : C-245628

Jill Stein for President

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

Stein, Jill, , ,

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

17 Trotting Horse Drive

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
As available

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 : C-255744

Jill Stein for President

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

Stein, Jill, , ,

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

17 Trotting Horse Drive

City

Lexington

State

MA

Zip Code

02421

Personal Funds of the Candidate

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

MM / DD / YYYY
03 / 06 / 2021

Date Due

MM / DD / YYYY
As available

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).....

3000.00

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 : C-255743

Jill Stein for President

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

Stein, Jill, , ,

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

17 Trotting Horse Drive

City

Lexington

State

MA

Zip Code

02421

Personal Funds of the Candidate

Original Amount of Loan

10.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10.00

TERMS

Date Incurred

MM / DD / YYYY
03 / 30 / 2021

Date Due

MM / DD / YYYY
As available

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).....

10.00

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

43010.00

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.