

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. 12FE4M5

Jill Stein for President

ADDRESS (number and street)

269 12th Street

Check if different than previously reported. (ACC)

Check if different than previously reported. (ACC)

Brooklyn NY 11215

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00581199

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

4. IS THIS REPORT AN AMENDMENT?

yes no

5. COVERING PERIOD

04 / 01 / 2024 THROUGH 06 / 30 / 2024

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 Lane, James, , ,

Signature of Treasurer Lane, James, , , Date 07 / 11 / 2024

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="77923.86"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="13016.00"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="90939.86"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	<input type="text" value="49348.56"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="41591.30"/>
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="161873.76"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="193548.77"/>

DETAILED SUMMARY PAGE of Receipts

FEC Form 3P (Rev. 05/2016)

NAME OF COMMITTEE (in Full)

Jill Stein for President

Report Covering the Period: From:

04 / 01 / 2024

To:

06 / 30 / 2024

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	11526.00	- 4980238.96
(ii) unitemized	1190.00	5139012.72
(iii) Total contributions	12716.00	158773.76
(b) Political Party Committees	0.00	3200.00
(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))	12716.00	162073.76
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.)	300.00	67210.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	13016.00	232293.76

DETAILED SUMMARY PAGE
of Disbursements and Contributed Items

FEC Form 3P (Rev. 05/2016)

NAME OF COMMITTEE (in Full)
Jill Stein for President

Report Covering the Period: From:

/ /

To:

/ /

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
23. OPERATING EXPENDITURES.....	49348.56	193548.77
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)	49348.56	193748.77

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

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	<input type="text"/>	<input type="text"/>
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FEC Form 3P (Rev. 05/2016)
Federal Election Commission
1050 First Street, N.E.
Washington, D.C.

**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)
Paglino, Jill, , ,

Mailing Address 48 Canary Court

City Guilford	State CT	Zip Code 06437
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FEC ID number of contributing federal political committee.

Name of Employer Peace Works Counseling	Occupation Therapist
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A-606135

Date of Receipt

M M / D D / Y Y Y Y
04 / 01 / 2024

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

Memo Item

B. Full Name (Last, First, Middle Initial)
Geduldig-Yatrofsky, Mark, , ,

Mailing Address 2713 Sterling Point Dr, 23703

City Portsmouth	State VA	Zip Code 23703
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FEC ID number of contributing federal political committee.

Name of Employer Unemployed	Occupation Unemployed
--------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A-606134

Date of Receipt

M M / D D / Y Y Y Y
04 / 03 / 2024

Amount of Each Receipt this Period

<input type="text" value="116.00"/>

Memo Item

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

Mailing Address 29 South Fair St

City Guilford	State CT	Zip Code 06437
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FEC ID number of contributing federal political committee.

Name of Employer DNA Campaigns LLC	Occupation Consultant
---------------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A-606132

Date of Receipt

M M / D D / Y Y Y Y
04 / 03 / 2024

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

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)
Sheehan, Eileen, , ,

Mailing Address 668 River Road

City
Westport

State
MA

Zip Code
02790

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABLE Associates

Occupation
Manager

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : A-606133

Date of Receipt

MM / DD / YYYY
04 / 03 / 2024

Amount of Each Receipt this Period

250.00

Memo Item

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

Mailing Address 14 Park Ave

City
Somerville

State
MA

Zip Code
02144

FEC ID number of contributing
federal political committee.

C

Name of Employer
0

Occupation
0

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Transaction ID : A-591036

Date of Receipt

MM / DD / YYYY
04 / 03 / 2024

I designate this donation for Jill Stein for President (2016), "debt"

Amount of Each Receipt this Period

650.00

Memo Item

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

Mailing Address 299 13th Street

City
Brooklyn

State
NY

Zip Code
11215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Lawyer

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : A-606126

Date of Receipt

MM / DD / YYYY
04 / 04 / 2024

Amount of Each Receipt this Period

250.00

Memo Item

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

1150.00

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)
Kelly, John, , ,

Mailing Address 2 Ruben Duren Way

City Bedford	State MA	Zip Code 01730
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Unemployed	Occupation Unemployed
--------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A-606128

Date of Receipt

M M / D D / Y Y Y Y
04 / 04 / 2024

Amount of Each Receipt this Period

<input type="text" value="1350.00"/>

Memo Item

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

Mailing Address 85 Canterbury Lane

City Longmeadow	State MA	Zip Code 01106
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FEC ID number of contributing federal political committee.

Name of Employer UTCA, Inc	Occupation CEO
-------------------------------	-------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A-606127

Date of Receipt

M M / D D / Y Y Y Y
04 / 04 / 2024

Amount of Each Receipt this Period

<input type="text" value="700.00"/>

Memo Item

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

Mailing Address 352 Manitou Road

City Hilton	State NY	Zip Code 14468
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FEC ID number of contributing federal political committee.

Name of Employer City of Rochester	Occupation Engineer
---------------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A-606129

Date of Receipt

M M / D D / Y Y Y Y
04 / 04 / 2024

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

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)
Yager, Tamar, , ,

Mailing Address 818 E Stonewall Drive

City Front Royal	State VA	Zip Code 22630
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FEC ID number of contributing federal political committee.

Name of Employer Call To Action	Occupation Associate Director
------------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A-606131

Date of Receipt

M M / D D / Y Y Y Y
04 / 04 / 2024

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Memo Item

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

Mailing Address 818 E Stonewall Dr

City Front Royal	State VA	Zip Code 22630
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FEC ID number of contributing federal political committee.

Name of Employer Usgs	Occupation Economist
--------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A-606130

Date of Receipt

M M / D D / Y Y Y Y
04 / 04 / 2024

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Memo Item

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

Mailing Address 122 Bay Ave.

City Forked River	State NJ	Zip Code 08731
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FEC ID number of contributing federal political committee.

Name of Employer Merrill Lynch	Occupation Database Administrator
-----------------------------------	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A-606125

Date of Receipt

M M / D D / Y Y Y Y
04 / 05 / 2024

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

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)

Paglino, Dean, , ,

Mailing Address 48 Canary ct

City
Guilford

State
CT

Zip Code
06437

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 ▼

2700.00

Transaction ID : A-606124

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			05			2024			

Amount of Each Receipt this Period

2700.00

Memo Item

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

Blumenstiel, John, , ,

Mailing Address 115 Maskwonicut Street

City
Sharon

State
MA

Zip Code
02067

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 ▼

1354.00

Transaction ID : A-606120

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			08			2024			

Amount of Each Receipt this Period

50.00

Memo Item

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

Mednick, Elizabeth, , ,

Mailing Address 1900 Rittenhouse Square

City
Philadelphia

State
PA

Zip Code
19103

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 ▼

862.00

Transaction ID : A-606123

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			08			2024			

Amount of Each Receipt this Period

100.00

Memo Item

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

2850.00

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)

Moser, Richard, , ,

Mailing Address 473 Wilbur Avenue

City
Kingston

State
NY

Zip Code
12401

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 ▼

275.00

Transaction ID : A-606115

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			08			2024			

Amount of Each Receipt this Period

100.00

Memo Item

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

White, David, , ,

Mailing Address 55 Bow Street

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 ▼

810.00

Transaction ID : A-606099

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			09			2024			

Amount of Each Receipt this Period

100.00

Memo Item

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

Whitson, William, , ,

Mailing Address 1650 Spruce Street

City
Berkeley

State
CA

Zip Code
94709

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 ▼

1859.00

Transaction ID : A-606101

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			09			2024			

Amount of Each Receipt this Period

150.00

Memo Item

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

350.00

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)

Rodarte, Ron, , ,

Mailing Address 3209 Calle Quieto

City

San Clemente

State

CA

Zip Code

92672

FEC ID number of contributing federal political committee.

C

Name of Employer

Aas-Llc

Occupation

L.A. County Mgr.

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1020.43

Transaction ID : A-606092

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	4

Amount of Each Receipt this Period

20.00

Memo Item

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

Rodarte, Ron, , ,

Mailing Address 3209 Calle Quieto

City

San Clemente

State

CA

Zip Code

92672

FEC ID number of contributing federal political committee.

C

Name of Employer

Aas-Llc

Occupation

L.A. County Mgr.

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1040.43

Transaction ID : A-606089

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	4

Amount of Each Receipt this Period

20.00

Memo Item

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

Rodarte, Ron, , ,

Mailing Address 3209 Calle Quieto

City

San Clemente

State

CA

Zip Code

92672

FEC ID number of contributing federal political committee.

C

Name of Employer

Aas-Llc

Occupation

L.A. County Mgr.

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1060.43

Transaction ID : A-606087

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	4

Amount of Each Receipt this Period

20.00

Memo Item

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

60.00

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

11526.00

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)
Welzer, Steven, W, ,

Mailing Address PO Box 2029

City
Princeton

State
NJ

Zip Code
08543

FEC ID number of contributing
federal political committee.

C H4NJ03247

Name of Employer
NJ Judiciary

Occupation
Retired

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3100.00

Transaction ID : A-611139

Date of Receipt

M M / D D / Y Y Y Y
04 / 09 / 2024

designated for Other Receipts

Amount of Each Receipt this Period

100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Welzer, Steven, W, ,

Mailing Address PO Box 2029

City
Princeton

State
NJ

Zip Code
08543

FEC ID number of contributing
federal political committee.

C H4NJ03247

Name of Employer
NJ Judiciary

Occupation
Retired

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

Transaction ID : A-611138

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2024

designated for Other Receipts

Amount of Each Receipt this Period

100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Welzer, Steven, W, ,

Mailing Address PO Box 2029

City
Princeton

State
NJ

Zip Code
08543

FEC ID number of contributing
federal political committee.

C H4NJ03247

Name of Employer
NJ Judiciary

Occupation
Retired

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Transaction ID : A-611137

Date of Receipt

M M / D D / Y Y Y Y
06 / 09 / 2024

designated for Other Receipts

Amount of Each Receipt this Period

100.00

Memo Item

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

300.00

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

300.00

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. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601078

Amount of Each Disbursement this Period

78.60

Memo Item

Full Name (Last, First, Middle Initial)

B. Integrated Solutions: Political (ISP)

Mailing Address 4142 Adams Ave
Suite 103-550

City
San Diego

State
CA

Zip Code
92116

Purpose of Disbursement
Withdrawal INTEGRATED SOLUT TYPE: COLLECTION CO: INTEGRATED
SOLUT

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	4

FEC Identification Number

C

Transaction ID : B-586033

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601079

Amount of Each Disbursement this Period

26.19

Memo Item

Subtotal Of Receipts This Page (optional)..... 604.79

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 04 / 04 / 2024		
Mailing Address 2211 North First Street			FEC Identification Number C		
City San Jose	State CA	Zip Code 95131	Transaction ID : B-586031		
Purpose of Disbursement Withdrawal PAYPAL TYPE: INST XFER CO: PAYPAL NAME: JILL STEIN		Category/ Type 101	Amount of Each Disbursement this Period 358.80		
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 04 / 04 / 2024		
Mailing Address 510 Townsend Street			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94103	Transaction ID : B-601080		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Amount of Each Disbursement this Period 112.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) C. Stripe			Date of Disbursement MM / DD / YYYY 04 / 05 / 2024		
Mailing Address 510 Townsend Street			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94103	Transaction ID : B-601044		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Amount of Each Disbursement this Period 86.15		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 556.95

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. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601045

Amount of Each Disbursement this Period

4.41

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601046

Amount of Each Disbursement this Period

0.59

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601047

Amount of Each Disbursement this Period

1.75

Memo Item

Subtotal Of Receipts This Page (optional)..... 6.75

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. Stripe

Mailing Address 510 Townsend Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601048

Amount of Each Disbursement this Period

1.21

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 510 Townsend Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601049

Amount of Each Disbursement this Period

1.03

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 510 Townsend Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601050

Amount of Each Disbursement this Period

3.20

Memo Item

Subtotal Of Receipts This Page (optional)..... 5.44

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. Stripe			Date of Disbursement MM / DD / YYYY 04 / 08 / 2024		
Mailing Address 510 Townsend Street			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94103	Transaction ID : B-601051		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Amount of Each Disbursement this Period 1.03		
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 04 / 08 / 2024		
Mailing Address 510 Townsend Street			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94103	Transaction ID : B-601052		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Amount of Each Disbursement this Period 3.20		
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. Stripe			Date of Disbursement MM / DD / YYYY 04 / 08 / 2024		
Mailing Address 510 Townsend Street			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94103	Transaction ID : B-601053		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Amount of Each Disbursement this Period 1.21		
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)..... 5.44

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. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2024

FEC Identification Number

C

Transaction ID : B-601054

Amount of Each Disbursement this Period

1.03

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2024

FEC Identification Number

C

Transaction ID : B-601055

Amount of Each Disbursement this Period

1.21

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2024

FEC Identification Number

C

Transaction ID : B-601056

Amount of Each Disbursement this Period

0.59

Memo Item

Subtotal Of Receipts This Page (optional)..... 2.83

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. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601057

Amount of Each Disbursement this Period

1.03

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601058

Amount of Each Disbursement this Period

1.75

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601059

Amount of Each Disbursement this Period

0.39

Memo Item

Subtotal Of Receipts This Page (optional)..... 3.17

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Jill Stein for President

Full Name (Last, First, Middle Initial)

A. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601060

Amount of Each Disbursement this Period

0.81

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601061

Amount of Each Disbursement this Period

0.80

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601062

Amount of Each Disbursement this Period

1.32

Memo Item

Subtotal Of Receipts This Page (optional)..... 2.93

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. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601063

Amount of Each Disbursement this Period

3.38

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601064

Amount of Each Disbursement this Period

1.75

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601065

Amount of Each Disbursement this Period

1.87

Memo Item

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

7.00

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. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601066

Amount of Each Disbursement this Period

4.65

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601067

Amount of Each Disbursement this Period

3.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601068

Amount of Each Disbursement this Period

1.03

Memo Item

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

8.88

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. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601069

Amount of Each Disbursement this Period

3.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601070

Amount of Each Disbursement this Period

3.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601071

Amount of Each Disbursement this Period

1.03

Memo Item

Subtotal Of Receipts This Page (optional)..... 7.43

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. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601072

Amount of Each Disbursement this Period

1.03

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601073

Amount of Each Disbursement this Period

0.59

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601074

Amount of Each Disbursement this Period

0.88

Memo Item

Subtotal Of Receipts This Page (optional)..... 2.50

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. Stripe

Mailing Address 510 Townsend Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601075

Amount of Each Disbursement this Period

0.84

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 510 Townsend Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601076

Amount of Each Disbursement this Period

0.88

Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Department of Treasury

Mailing Address Arad Rab2
PO Box 1328

City Parkersburg State WV Zip Code 26106-1328

Purpose of Disbursement
Towards \$181.7K - 1st of 2 chks

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	4

FEC Identification Number

C

Transaction ID : B-586023

Amount of Each Disbursement this Period

30000.00

Memo Item

Subtotal Of Receipts This Page (optional)..... 30001.72

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Jill Stein for President

Full Name (Last, First, Middle Initial) A. U.S. Department of Treasury		Date of Disbursement MM / DD / YYYY 04 / 17 / 2024
Mailing Address Arad Rab3 PO Box 1329		FEC Identification Number C [] Transaction ID : B-586024
City Parkersburg	State WV	Zip Code 26106-1329
Purpose of Disbursement Towards \$181.7K - 2nd of 2 chks		Amount of Each Disbursement this Period 16000.00
Candidate Name		Category/Type 101
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 05 / 02 / 2024
Mailing Address 4142 Adams Ave Suite 103-550		FEC Identification Number C [] Transaction ID : B-586030
City San Diego	State CA	Zip Code 92116
Purpose of Disbursement Withdrawal INTEGRATED SOLUT TYPE: COLLECTION CO: INTEGRATED SOLUT		Amount of Each Disbursement this Period 500.00
Candidate Name		Category/Type 101
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. Stripe		Date of Disbursement MM / DD / YYYY 05 / 16 / 2024
Mailing Address 510 Townsend Street		FEC Identification Number C [] Transaction ID : B-601081
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 0.88
Candidate Name		Category/Type 001
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)..... 16500.88

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. Stripe			Date of Disbursement MM / DD / YYYY 05 / 16 / 2024		
Mailing Address 510 Townsend Street			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94103	Transaction ID : B-601082		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Amount of Each Disbursement this Period 0.84		
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. Fec Penalty			Date of Disbursement MM / DD / YYYY 06 / 04 / 2024		
Mailing Address 1050 First Street, NE			FEC Identification Number C		
City Washington	State DC	Zip Code 20463	Transaction ID : B-586025		
Purpose of Disbursement Withdrawal FEC PENALTY TYPE: PAYMENT CO: FEC PENALTY		Category/ Type 101	Amount of Each Disbursement this Period 1000.00		
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) C. Integrated Solutions: Political (ISP)			Date of Disbursement MM / DD / YYYY 06 / 04 / 2024		
Mailing Address 4142 Adams Ave Suite 103-550			FEC Identification Number C		
City San Diego	State CA	Zip Code 92116	Transaction ID : B-586027		
Purpose of Disbursement Withdrawal INTEGRATED SOLUT TYPE: COLLECTION CO: INTEGRATED		Category/ Type 101	Amount of Each Disbursement this Period 500.00		
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)..... **1500.84**

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. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601083

Amount of Each Disbursement this Period

0.88

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601084

Amount of Each Disbursement this Period

0.84

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe

Mailing Address 510 Townsend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	4

FEC Identification Number

C

Transaction ID : B-601077

Amount of Each Disbursement this Period

1.03

Memo Item

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

2.75

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

49220.30

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)

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Stein, Jill, , ,

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:
Tfg

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)

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Stein, Jill, , ,

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:
Tfg

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)

Memo Item

Election: 2016

Stein, Jill, , ,

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:
Tfg

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)

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Stein, Jill, , ,

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:
Tfg

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)

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Stein, Jill, , ,

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:
Tfg

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)

Memo Item

Election: 2016

Stein, Jill, , ,

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: Tfg

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.