

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

05 / 01 / 2017 THROUGH 05 / 31 / 2017

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

Type or Print Name of Treasurer

Signature of Treasurer [Electronically Filed] Date 06 / 20 / 2017

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

Office Use Only							
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Write or Type Committee Name

JILL STEIN FOR PRESIDENT

Report Covering the Period: From: / / To: / /

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="1409318.39"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="247.50"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="1409565.89"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	<input type="text" value="47731.69"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="1361834.20"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="87740.00"/>
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.).....	<input type="text" value="3564555.23"/>

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

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

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Receipts

NAME OF COMMITTEE (in Full)

JILL STEIN FOR PRESIDENT

Report Covering the Period: From:

05 / 01 / 2017

To:

05 / 31 / 2017

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	456035.39
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	50.00	1119095.08
(ii) unitemized	197.50	2100504.31
(iii) Total contributions	247.50	3219599.39
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	247.50	3219599.39
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	40000.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	40000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	16652.53
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	16652.53
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	247.50	3732287.31

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

JILL STEIN FOR PRESIDENT

Report Covering the Period: From:

05 / 01 / 2017

To:

05 / 31 / 2017

II. DISBURSEMENTS

**COLUMN A
Total This Period**

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

23. OPERATING EXPENDITURES.....	47706.71	3566051.70
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	22300.00
25. FUNDRAISING DISBURSEMENTS	24.98	15156.06
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	2465.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	2465.00
29. OTHER DISBURSEMENTS	0.00	250.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	47731.69	3606222.76

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

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC Form 3P (Rev. 05/2016)
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

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

2. FEC IDENTIFICATION NUMBER

C C00581199

JILL STEIN FOR PRESIDENT

ADDRESS (number and street)

PO Box 260197

Madison

CITY

WI

STATE

53726

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

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

**SCHEDULE 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)

Schuetz, Joyce, , ,

Mailing Address 528 Oak Ridge Trails Court

City BALLWIN	State MO	Zip Code 63021
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FEC ID number of contributing federal political committee.

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.426218

Date of Receipt

M M / D D / Y Y Y Y
05 / 02 / 2017

Amount of Each Receipt this Period

<input type="text" value="10.00"/>

Memo Item

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

Schuetz, Joyce, , ,

Mailing Address 528 Oak Ridge Trails Court

City BALLWIN	State MO	Zip Code 63021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.426209

Date of Receipt

M M / D D / Y Y Y Y
05 / 05 / 2017

Amount of Each Receipt this Period

<input type="text" value="10.00"/>

Memo Item

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

Schuetz, Joyce, , ,

Mailing Address 528 Oak Ridge Trails Court

City BALLWIN	State MO	Zip Code 63021
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FEC ID number of contributing federal political committee.

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.426200

Date of Receipt

M M / D D / Y Y Y Y
05 / 12 / 2017

Amount of Each Receipt this Period

<input type="text" value="10.00"/>

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)

Schuetz, Joyce, , ,

Mailing Address 528 Oak Ridge Trails Court

City BALLWIN	State MO	Zip Code 63021
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FEC ID number of contributing federal political committee.

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.426190

Date of Receipt

M M / D D / Y Y Y Y
05 / 19 / 2017

Amount of Each Receipt this Period

<input type="text" value="10.00"/>

Memo Item

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

Schuetz, Joyce, , ,

Mailing Address 528 Oak Ridge Trails Court

City BALLWIN	State MO	Zip Code 63021
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FEC ID number of contributing federal political committee.

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.426180

Date of Receipt

M M / D D / Y Y Y Y
05 / 26 / 2017

Amount of Each Receipt this Period

<input type="text" value="10.00"/>

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

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

<input type="text"/>

Memo Item

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

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. Authorize.net			Date of Disbursement MM / DD / YYYY 05 / 02 / 2017		
Mailing Address PO Box 8999			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : SB23.426123		
Purpose of Disbursement Donation Processing Services		Category/ Type	Amount of Each Disbursement this Period 35.00		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. Belle, Anita, , ,			Date of Disbursement MM / DD / YYYY 05 / 20 / 2017		
Mailing Address 415 Burns Dr #S-201			FEC Identification Number C		
City Detroit	State MI	Zip Code 48214	Transaction ID : SB23.426146		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Amount of Each Disbursement this Period 500.00		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) c. Belle, Anita, , ,			Date of Disbursement MM / DD / YYYY 05 / 27 / 2017		
Mailing Address 415 Burns Dr #S-201			FEC Identification Number C		
City Detroit	State MI	Zip Code 48214	Transaction ID : SB23.426147		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Amount of Each Disbursement this Period 500.00		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		<input type="checkbox"/> Memo Item		
State:	District:				

Subtotal Of Receipts This Page (optional)..... 1035.00

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Blackmon, Robert, , ,			Date of Disbursement MM / DD / YYYY 05 / 01 / 2017		
Mailing Address 1161 N Ogden Dr #109			FEC Identification Number C		
City West Hollywood	State CA	Zip Code 90046	Transaction ID : SB23.426171 Amount of Each Disbursement this Period 1200.00		
Purpose of Disbursement Recount Web Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) B. Blackmon, Robert, , ,			Date of Disbursement MM / DD / YYYY 05 / 28 / 2017		
Mailing Address 1161 N Ogden Dr #109			FEC Identification Number C		
City West Hollywood	State CA	Zip Code 90046	Transaction ID : SB23.426172 Amount of Each Disbursement this Period 1200.00		
Purpose of Disbursement Website Management Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) C. Blackmon, Robert, , ,			Date of Disbursement MM / DD / YYYY 05 / 28 / 2017		
Mailing Address 1161 N Ogden Dr #109			FEC Identification Number C		
City West Hollywood	State CA	Zip Code 90046	Transaction ID : SB23.426173 Amount of Each Disbursement this Period 1200.00		
Purpose of Disbursement Website Management Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Subtotal Of Receipts This Page (optional)..... 3600.00

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. Citrix Online			Date of Disbursement MM / DD / YYYY 05 / 15 / 2017		
Mailing Address 4988 Great America Pkwy			FEC Identification Number C		
City Santa Clara	State CA	Zip Code 95054	Transaction ID : SB23.426135 Amount of Each Disbursement this Period 93.90		
Purpose of Disbursement Web Conference Technology		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) B. Cobb, David, , ,			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017		
Mailing Address 1402 M St			FEC Identification Number C		
City Eureka	State CA	Zip Code 95501	Transaction ID : SB23.426150 Amount of Each Disbursement this Period 1880.00		
Purpose of Disbursement Campaign Manager		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) c. Cobb, David, , ,			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017		
Mailing Address 1402 M St			FEC Identification Number C		
City Eureka	State CA	Zip Code 95501	Transaction ID : SB23.426151 Amount of Each Disbursement this Period 1880.00		
Purpose of Disbursement Campaign Manager		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Subtotal Of Receipts This Page (optional)..... 3853.90

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Cobb, David, , ,			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address 1402 M St			FEC Identification Number C		
City Eureka	State CA	Zip Code 95501	Transaction ID : SB23.426152 Amount of Each Disbursement this Period 1880.00		
Purpose of Disbursement Campaign Manager		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) B. Cobb, David, , ,			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address 1402 M St			FEC Identification Number C		
City Eureka	State CA	Zip Code 95501	Transaction ID : SB23.426153 Amount of Each Disbursement this Period 1880.00		
Purpose of Disbursement Campaign Manager		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) c. Ferguson, Kendall, , ,			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017		
Mailing Address 1622 Fordem Ave #401			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426162 Amount of Each Disbursement this Period 1920.00		
Purpose of Disbursement Finance Associate		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Subtotal Of Receipts This Page (optional)..... 5680.00

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Ferguson, Kendall, , ,			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address 1622 Fordem Ave #401			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426163 Amount of Each Disbursement this Period 1920.00		
Purpose of Disbursement Finance Associate		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. Figueroa, Meleiza, , ,			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017		
Mailing Address 1526 Beau Rivage			FEC Identification Number C		
City San Pablo	State CA	Zip Code 94806	Transaction ID : SB23.426169 Amount of Each Disbursement this Period 576.00		
Purpose of Disbursement Press Director		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Figueroa, Meleiza, , ,			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address 1526 Beau Rivage			FEC Identification Number C		
City San Pablo	State CA	Zip Code 94806	Transaction ID : SB23.426170 Amount of Each Disbursement this Period 576.00		
Purpose of Disbursement Press Director		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 3072.00

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Garrett, Lora, , ,			Date of Disbursement MM / DD / YYYY 05 / 31 / 2017		
Mailing Address 501 North St			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426164 Amount of Each Disbursement this Period 2328.33		
Purpose of Disbursement Finance Associate Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. Google Inc.			Date of Disbursement MM / DD / YYYY 05 / 02 / 2017		
Mailing Address 1600 Amphitheatre Parkway			FEC Identification Number C		
City Mountain View	State CA	Zip Code 94043	Transaction ID : SB23.426124 Amount of Each Disbursement this Period 430.00		
Purpose of Disbursement Domain Management Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) C. Kozlowski, Matthew, , ,			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017		
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426165 Amount of Each Disbursement this Period 1790.00		
Purpose of Disbursement Director of Compliance		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 4548.33

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Kozlowski, Matthew, , ,			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017		
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426166 Amount of Each Disbursement this Period 1790.00		
Purpose of Disbursement Director of Compliance		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) B. Kozlowski, Matthew, , ,			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426167 Amount of Each Disbursement this Period 1790.00		
Purpose of Disbursement Director of Compliance		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) C. Kozlowski, Matthew, , ,			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address 1750 Fordem Ave #706			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426168 Amount of Each Disbursement this Period 1790.00		
Purpose of Disbursement Director of Compliance		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... → 5370.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Martin, George, , ,			Date of Disbursement MM / DD / YYYY 05 / 20 / 2017		
Mailing Address 4142 N Newhall St			FEC Identification Number C		
City Shorewood	State WI	Zip Code 53211	Transaction ID : SB23.426156 Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Martin, George, , ,			Date of Disbursement MM / DD / YYYY 05 / 27 / 2017		
Mailing Address 4142 N Newhall St			FEC Identification Number C		
City Shorewood	State WI	Zip Code 53211	Transaction ID : SB23.426157 Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. McKim, Karen, , ,			Date of Disbursement MM / DD / YYYY 05 / 03 / 2017		
Mailing Address 1519 Regency Ridge			FEC Identification Number C		
City Waunakee	State WI	Zip Code 53597	Transaction ID : SB23.426161 Amount of Each Disbursement this Period 1900.00		
Purpose of Disbursement Recount Organizing Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: _____	District: _____				

Subtotal Of Receipts This Page (optional)..... 2900.00

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. Nationbuilder			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address 520 S Grand Ave 2nd Floor			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90071	Transaction ID : SB23.426142 Amount of Each Disbursement this Period 3743.00		
Purpose of Disbursement Domain Management Services		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) B. Ndege, Anthony, , ,			Date of Disbursement MM / DD / YYYY 05 / 03 / 2017		
Mailing Address 1713 Chapel St			FEC Identification Number C		
City Winston Salem	State NC	Zip Code 27127	Transaction ID : SB23.426148 Amount of Each Disbursement this Period 1312.50		
Purpose of Disbursement Field Organizer		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) c. Ndege, Anthony, , ,			Date of Disbursement MM / DD / YYYY 05 / 03 / 2017		
Mailing Address 1713 Chapel St			FEC Identification Number C		
City Winston Salem	State NC	Zip Code 27127	Transaction ID : SB23.426149 Amount of Each Disbursement this Period 787.50		
Purpose of Disbursement Healthcare Reimbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Other				
State: District:					

Subtotal Of Receipts This Page (optional)..... 5843.00

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. Office Depot - Madison			Date of Disbursement MM / DD / YYYY 05 / 30 / 2017		
Mailing Address 4016 E Washington Ave			FEC Identification Number C		
City Madison	State WI	Zip Code 53704	Transaction ID : SB23.426145 Amount of Each Disbursement this Period 443.30		
Purpose of Disbursement Office Supplies		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. Payroll Center			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426127 Amount of Each Disbursement this Period 83.50		
Purpose of Disbursement Payroll Processing Fees		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Payroll Center			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426128 Amount of Each Disbursement this Period 459.91		
Purpose of Disbursement Payroll Taxes		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 986.71

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Payroll Center			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426129 Amount of Each Disbursement this Period 469.79		
Purpose of Disbursement Payroll Taxes		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) B. Payroll Center			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426138 Amount of Each Disbursement this Period 73.50		
Purpose of Disbursement Payroll Processing Fees		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Payroll Center			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426139 Amount of Each Disbursement this Period 460.20		
Purpose of Disbursement Payroll Taxes		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional).....	1003.49
Total This Period (last page this line number only).....	

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Payroll Center			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address PO Box 8023			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426140 Amount of Each Disbursement this Period 469.49		
Purpose of Disbursement Payroll Taxes		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State:	District:				

Full Name (Last, First, Middle Initial) B. Schwab, David, , ,			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017		
Mailing Address 225 E Lakelawn Pl			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.426154 Amount of Each Disbursement this Period 960.00		
Purpose of Disbursement Communications Director		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Schwab, David, , ,			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address 225 E Lakelawn Pl			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : SB23.426155 Amount of Each Disbursement this Period 960.00		
Purpose of Disbursement Communications Director		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State:	District:				

Subtotal Of Receipts This Page (optional).....	2389.49
Total This Period (last page this line number only).....	

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Summit Credit Union			Date of Disbursement MM / DD / YYYY 05 / 03 / 2017		
Mailing Address PO Box 8046			FEC Identification Number C		
City Madison	State WI	Zip Code 53708	Transaction ID : SB23.426126 Amount of Each Disbursement this Period 18.00		
Purpose of Disbursement Wire Transfer Fees		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. The Wright Museum			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address 315 E Warren Ave			FEC Identification Number C		
City Detroit	State MI	Zip Code 48201	Transaction ID : SB23.426137 Amount of Each Disbursement this Period 6000.00		
Purpose of Disbursement Event Space Rental		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Full Name (Last, First, Middle Initial) c. Thomas, Jillian, , ,			Date of Disbursement MM / DD / YYYY 05 / 04 / 2017		
Mailing Address 3109 Brighton 7th St 5G			FEC Identification Number C		
City Brooklyn	State NY	Zip Code 11235	Transaction ID : SB23.426158 Amount of Each Disbursement this Period 504.00		
Purpose of Disbursement Communications Associate		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 6522.00

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. Thomas, Jillian, , ,			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address 3109 Brighton 7th St 5G			FEC Identification Number C		
City Brooklyn	State NY	Zip Code 11235	Transaction ID : SB23.426159 Amount of Each Disbursement this Period 504.00		
Purpose of Disbursement Social Media Director		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) B. USPS - Madison			Date of Disbursement MM / DD / YYYY 05 / 10 / 2017		
Mailing Address 441 N Lake St			FEC Identification Number C		
City Madison	State WI	Zip Code 53715	Transaction ID : SB23.426133 Amount of Each Disbursement this Period 26.60		
Purpose of Disbursement Postage		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) c. USPS - Madison			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017		
Mailing Address 441 N Lake St			FEC Identification Number C		
City Madison	State WI	Zip Code 53715	Transaction ID : SB23.426141 Amount of Each Disbursement this Period 66.03		
Purpose of Disbursement Postage		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Subtotal Of Receipts This Page (optional)..... 596.63

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. Zane Benefits			Date of Disbursement MM / DD / YYYY 05 / 03 / 2017		
Mailing Address 383 West Vine St Suite 300			FEC Identification Number C		
City Murray	State UT	Zip Code 84123	Transaction ID : SB23.426125 Amount of Each Disbursement this Period 60.00		
Purpose of Disbursement Healthcare Administrative Costs		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

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

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

Total This Period (last page this line number only)..... 47460.55

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" 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. Anedot			Date of Disbursement MM / DD / YYYY 05 / 15 / 2017		
Mailing Address PO Box 84314			FEC Identification Number C		
City Baton Rouge	State LA	Zip Code 70884	Transaction ID : SB25.426226		
Purpose of Disbursement Donation Processing Fees		Category/ Type 101	Amount of Each Disbursement this Period 21.95		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. Democracy Engine			Date of Disbursement MM / DD / YYYY 05 / 11 / 2017		
Mailing Address 2125 14th St NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20009	Transaction ID : SB25.426227		
Purpose of Disbursement Donation Processing Fees		Category/ Type 101	Amount of Each Disbursement this Period 0.38		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount				
State:	District:				

Full Name (Last, First, Middle Initial) c. Democracy Engine			Date of Disbursement MM / DD / YYYY 05 / 17 / 2017		
Mailing Address 2125 14th St NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20009	Transaction ID : SB25.426228		
Purpose of Disbursement Donation Processing Fees		Category/ Type 101	Amount of Each Disbursement this Period 1.70		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 24.03

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" 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. Democracy Engine

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Donation Processing Fees

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Recount

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	7

FEC Identification Number

C

Transaction ID : SB25.426229

Amount of Each Disbursement this Period

0.95

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Subtotal Of Receipts This Page (optional)..... 0.95

Total This Period (last page this line number only)..... 24.98

SCHEDULE C-P LOANS

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

PAGE OF

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.8887

JILL STEIN FOR PRESIDENT

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

Memo Item

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
22 KENDALL ROAD

City
LEXINGTON

State
MA

Zip Code
02421

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate (if none, enter 0)

Secured:

MM / DD / YYYY
05 / 06 / 2015

MM / DD / YYYY

MM / DD / YYYY

On Demand

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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



10000.00

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



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

SCHEDULE C-P LOANS

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

PAGE OF

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.8889

JILL STEIN FOR PRESIDENT

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

STEIN, JILL, , ,

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

22 KENDALL ROAD

City

LEXINGTON

State

MA

Zip Code

02421

Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

MM / DD / YYYY
06 / 06 / 2015

Date Due

MM / DD / YYYY
On Demand

Interest Rate (if none, enter 0)

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

10000.00

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

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

SCHEDULE C-P LOANS

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

PAGE OF

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.8890

JILL STEIN FOR PRESIDENT

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

Memo Item

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
22 KENDALL ROAD

City
LEXINGTON

State
MA

Zip Code
02421

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred
MM / DD / YYYY
06 / 06 / 2015

Date Due
MM / DD / YYYY
On Demand

Interest Rate (if none, enter 0)
0.00 % (apr)

Secured:
 Yes No

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

1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	

Subtotal Of Receipts This Page (optional).....▶ 10000.00

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

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

SCHEDULE C-P LOANS

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

PAGE OF

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.8891

JILL STEIN FOR PRESIDENT

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

Memo Item

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
22 KENDALL ROAD

City
LEXINGTON

State
MA

Zip Code
02421

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate (if none, enter 0)

Secured:

MM / DD / YYYY
06 / 23 / 2015

MM / DD / YYYY

MM / DD / YYYY

On Demand

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

10000.00

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

40000.00

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
JILL STEIN FOR PRESIDENT

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

Nature of Debt (Purpose):
 Ballot Access Petitioning

Mailing Address PO Box 9003

City
 Rochester

State
 MN

Zip Code
 55903

Outstanding Balance Beginning This Period

15940.00

Transaction ID : SD12.115238

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15940.00

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

Nature of Debt (Purpose):
 Media and Events Consulting

Mailing Address 5400 Fieldston Rd
 Unit 14E

City
 Bronx

State
 NY

Zip Code
 10471

Outstanding Balance Beginning This Period

15000.00

Transaction ID : SD12.115237

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

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

Nature of Debt (Purpose):
 Phonebanking Software

Mailing Address 251 Kearny St
 Suite 300

City
 San Francisco

State
 CA

Zip Code
 94108

Outstanding Balance Beginning This Period

16800.00

Transaction ID : SD12.115236

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16800.00

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