

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
WOLF PAC

ADDRESS (number and street) **6230 WILSHIRE BLVD SUITE 140**
Check if different than previously reported. (ACC) **LOS ANGELES CA 90048**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00485102 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2017 through / / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Koller, David, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Koller, David, , ,* [Electronically Filed] Date / / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOLF PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="123637.99"/>	<input type="text" value="123637.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="123637.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="293106.41"/>	<input type="text" value="293106.41"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="416744.40"/>	<input type="text" value="416744.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="268856.96"/>	<input type="text" value="268856.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="147887.44"/>	<input type="text" value="147887.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOLF PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y Y 06 / 30 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42949.00	42949.00
(ii) Unitemized	248301.45	248301.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	291250.45	291250.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	291250.45	291250.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1855.96	1855.96
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	293106.41	293106.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	293106.41	293106.41

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	263329.96	263329.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	263329.96	263329.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	27.00	27.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	27.00	27.00
29. Other Disbursements (Including Non-Federal Donations).....	5500.00	5500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	268856.96	268856.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	268856.96	268856.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	291250.45	291250.45
34. Total Contribution Refunds (from Line 28(d))	27.00	27.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	291223.45	291223.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	263329.96	263329.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1855.96	1855.96
38. Net Operating Expenditures (subtract Line 37 from Line 36)	261474.00	261474.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
WOLF PAC

A. Alexander, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6374 Greenway Rd
 City Fort Worth State TX Zip Code 76116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2017
Transaction ID : SA11AI.27174
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Alexander, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6374 Greenway Rd
 City Fort Worth State TX Zip Code 76116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : SA11AI.27175
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Allen, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1808 12th Ave
 City Milton State WA Zip Code 98354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sellen Construction Occupation (for Individual) Carpenter
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2017
Transaction ID : SA11AI.27188
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Allen, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1808 12th Ave
 City Milton State WA Zip Code 98354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sellen Construction Occupation (for Individual) Carpenter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 21 / 2017
Transaction ID : SA11AI.27189
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Arnold, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 W 9th St
 City Quanah State TX Zip Code 79252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Georgia Pacific Occupation (for Individual) Warehouseman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2017
Transaction ID : SA11AI.27239
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Arnold, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 W 9th St
 City Quanah State TX Zip Code 79252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Georgia Pacific Occupation (for Individual) Warehouseman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 06 / 2017
Transaction ID : SA11AI.27240
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Arnold, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 S Ocean Blvd 4E
 City Pompano Beach State FL Zip Code 33062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Payroll Company
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2017
Transaction ID : SA11AI.27245
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Arnold, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 S Ocean Blvd 4E
 City Pompano Beach State FL Zip Code 33062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Payroll Company
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : SA11AI.27246
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Aycock, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 S Spring St Apt #1605
 City Los Angeles State CA Zip Code 90014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) City of Chino Hills Occupation (for Individual) IT Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2017
Transaction ID : SA11AI.27267
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 281
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Aycock, Richard, , ,		Date of Receipt MM / DD / YYYY 06 / 15 / 2017 Transaction ID : SA11AI.27268
Mailing Address 600 S Spring St Apt #1605		Amount of Each Receipt this Period 50.00
City Los Angeles	State CA	Zip Code 90014
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) City of Chino Hills	Occupation (for Individual) IT Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Backes, Mitchell, , ,		Date of Receipt MM / DD / YYYY 05 / 09 / 2017 Transaction ID : SA11AI.27284
Mailing Address PO Box 22086		Amount of Each Receipt this Period 50.00
City Juneau	State AK	Zip Code 99802
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) State of Alaska	Occupation (for Individual) Computer Tech	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Backes, Mitchell, , ,		Date of Receipt MM / DD / YYYY 06 / 09 / 2017 Transaction ID : SA11AI.27285
Mailing Address PO Box 22086		Amount of Each Receipt this Period 50.00
City Juneau	State AK	Zip Code 99802
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) State of Alaska	Occupation (for Individual) Computer Tech	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Baldwin, Matthew, , ,		Date of Receipt MM / DD / YYYY 05 / 29 / 2017 Transaction ID : SA11AI.27309
Mailing Address 840 W Corunna Ave Apt 8a		Amount of Each Receipt this Period 50.00
City Corunna	State MI	Zip Code 48817
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) General Motors	Occupation (for Individual) Assembly Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Baldwin, Matthew, , ,		Date of Receipt MM / DD / YYYY 06 / 29 / 2017 Transaction ID : SA11AI.27310
Mailing Address 840 W Corunna Ave Apt 8a		Amount of Each Receipt this Period 50.00
City Corunna	State MI	Zip Code 48817
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) General Motors	Occupation (for Individual) Assembly Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Barth, Erica, , ,		Date of Receipt MM / DD / YYYY 05 / 21 / 2017 Transaction ID : SA11AI.27335
Mailing Address 41 W 64 St Apt 5C		Amount of Each Receipt this Period 50.00
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Harlem Yoga Studio	Occupation (for Individual) Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Barth, Erica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 W 64 St Apt 5C
 City New York State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harlem Yoga Studio Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 21 / 2017
Transaction ID : SA11AI.27336
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Becker, Bobbi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19392 Highridge Way
 City Trabuco Canyon State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employee Occupation (for Individual) Minister
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2017
Transaction ID : SA11AI.27366
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Biggs, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8058 Scotts Store Rd
 City Greenwood State DE Zip Code 19950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miller Metal Incorporated Occupation (for Individual) Fabricator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2017
Transaction ID : SA11AI.27401
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Biggs, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8058 Scotts Store Rd
 City Greenwood State DE Zip Code 19950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miller Metal Incorporated Occupation (for Individual) Fabricator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 09 / 2017
Transaction ID : SA11AI.27402
 Amount of Each Receipt this Period 50.00
 Memo Item

B. BIGLER, ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5483 Carlson Dr APT 20
 City Sacramento State CA Zip Code 95819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State of California Occupation (for Individual) System Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 01 / 2017
Transaction ID : SA11AI.27404
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Bingaman, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 B Monroe St
 City Philadelphia State PA Zip Code 19147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Marketing Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 07 / 2017
Transaction ID : SA11AI.27407
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Bingaman, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 B Monroe St
 City Philadelphia State PA Zip Code 19147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Marketing Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2017
Transaction ID : SA11AI.27408
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Bingaman, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 B Monroe St
 City Philadelphia State PA Zip Code 19147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Marketing Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2017
Transaction ID : SA11AI.27409
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Bingaman, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 B Monroe St
 City Philadelphia State PA Zip Code 19147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Marketing Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2017
Transaction ID : SA11AI.27410
 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).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Bomke, Kurt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 74 Sierra Springs Dr

City Crowley Lake	State CA	Zip Code 93546
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2017

Transaction ID : SA11AI.27450

Amount of Each Receipt this Period
50.00

Memo Item

B. Bomke, Kurt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 74 Sierra Springs Dr

City Crowley Lake	State CA	Zip Code 93546
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2017

Transaction ID : SA11AI.27451

Amount of Each Receipt this Period
50.00

Memo Item

C. Bonnet, Morgan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1022 Prospect St #704

City Honolulu	State HI	Zip Code 96822
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RCUH	Occupation (for Individual) Engineer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2017

Transaction ID : SA11AI.27456

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Bruder, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 W Jackson St
 City York State PA Zip Code 17401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dataforma, Inc. Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : SA11AI.27550
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Bruder, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 W Jackson St
 City York State PA Zip Code 17401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dataforma, Inc. Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.27551
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Busald, Janine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Gunnerson Ln The Wolf Den
 City Rio Dell State CA Zip Code 95562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) none
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017
Transaction ID : SA11AI.27602
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Busald, Janine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Gunnerson Ln The Wolf Den
 City Rio Dell State CA Zip Code 9562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) none
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.27603
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Caesar-Walker, Jasmine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2750 Paint Dr
 City Auburn State CA Zip Code 95603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAIC Occupation (for Individual) Committee Chair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2017
Transaction ID : SA11AI.27618
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Caesar-Walker, Jasmine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2750 Paint Dr
 City Auburn State CA Zip Code 95603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAIC Occupation (for Individual) Committee Chair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2017
Transaction ID : SA11AI.27619
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Canman, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Pinehurst Ave
 City New York State NY Zip Code 10033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **05 / 11 / 2017**
Transaction ID : SA11AI.27645
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Canman, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Pinehurst Ave
 City New York State NY Zip Code 10033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 06 / 2017**
Transaction ID : SA11AI.27646
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Canman, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Pinehurst Ave
 City New York State NY Zip Code 10033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **06 / 11 / 2017**
Transaction ID : SA11AI.27647
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. cartier, brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 corona Dr
 City lexington State KY Zip Code 40514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) lexmark intl Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2017
Transaction ID : SA11AI.27683
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. cartier, brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 corona Dr
 City lexington State KY Zip Code 40514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) lexmark intl Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2017
Transaction ID : SA11AI.27684
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Caruso, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13545 Corliss Ave N
 City Seattle State WA Zip Code 98133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Facebook Occupation (for Individual) Designer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2017
Transaction ID : SA11AI.27689
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Caruso, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13545 Corliss Ave N
 City Seattle State WA Zip Code 98133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Facebook Occupation (for Individual) Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2017
Transaction ID : SA11AI.27690
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Chavez, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11100 Acama St Apt 16
 City Studio City State CA Zip Code 91602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frank's Fabrics, Inc. Occupation (for Individual) Businessman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2017
Transaction ID : SA11AI.27752
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Chavez, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11100 Acama St Apt 16
 City Studio City State CA Zip Code 91602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frank's Fabrics, Inc. Occupation (for Individual) Businessman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2017
Transaction ID : SA11AI.27753
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Chavez, Frank, , ,		Date of Receipt
Mailing Address 11100 Acama St Apt 16		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Studio City	State CA	Zip Code 91602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27754
Name of Employer (for Individual) Frank's Fabrics, Inc.		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Businessman		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chavez, Frank, , ,		Date of Receipt
Mailing Address 11100 Acama St Apt 16		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Studio City	State CA	Zip Code 91602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27755
Name of Employer (for Individual) Frank's Fabrics, Inc.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Businessman		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Chavez, Frank, , ,		Date of Receipt
Mailing Address 11100 Acama St Apt 16		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Studio City	State CA	Zip Code 91602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27756
Name of Employer (for Individual) Frank's Fabrics, Inc.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Businessman		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Chavez, Frank, , ,		Date of Receipt
Mailing Address 11100 Acama St Apt 16		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City Studio City	State CA	Zip Code 91602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27757
Name of Employer (for Individual) Frank's Fabrics, Inc.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Businessman		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chavez, Frank, , ,		Date of Receipt
Mailing Address 11100 Acama St Apt 16		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Studio City	State CA	Zip Code 91602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27758
Name of Employer (for Individual) Frank's Fabrics, Inc.		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Businessman		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="675.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Chavez, Frank, , ,		Date of Receipt
Mailing Address 11100 Acama St Apt 16		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Studio City	State CA	Zip Code 91602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27759
Name of Employer (for Individual) Frank's Fabrics, Inc.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Businessman		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="775.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Chavez, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11100 Acama St
 Apt 16
 City Studio City State CA Zip Code 91602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frank's Fabrics, Inc. Occupation (for Individual) Businessman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2017
Transaction ID : SA11AI.27760
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Chavez, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11100 Acama St
 Apt 16
 City Studio City State CA Zip Code 91602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frank's Fabrics, Inc. Occupation (for Individual) Businessman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2017
Transaction ID : SA11AI.27761
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Chavez, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11100 Acama St
 Apt 16
 City Studio City State CA Zip Code 91602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frank's Fabrics, Inc. Occupation (for Individual) Businessman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2017
Transaction ID : SA11AI.27762
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Chavez, Frank, , ,		Date of Receipt
Mailing Address 11100 Acama St Apt 16		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Studio City	State CA	Zip Code 91602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27763
Name of Employer (for Individual) Frank's Fabrics, Inc.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Businessman		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chavez, Frank, , ,		Date of Receipt
Mailing Address 11100 Acama St Apt 16		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Studio City	State CA	Zip Code 91602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27764
Name of Employer (for Individual) Frank's Fabrics, Inc.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Businessman		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Chavez, Frank, , ,		Date of Receipt
Mailing Address 11100 Acama St Apt 16		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Studio City	State CA	Zip Code 91602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27765
Name of Employer (for Individual) Frank's Fabrics, Inc.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Businessman		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Chavez, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11100 Acama St
 Apt 16
 City Studio City State CA Zip Code 91602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frank's Fabrics, Inc. Occupation (for Individual) Businessman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2017
Transaction ID : SA11AI.27766
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Chavez, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11100 Acama St
 Apt 16
 City Studio City State CA Zip Code 91602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frank's Fabrics, Inc. Occupation (for Individual) Businessman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2017
Transaction ID : SA11AI.27767
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Chavez, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11100 Acama St
 Apt 16
 City Studio City State CA Zip Code 91602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frank's Fabrics, Inc. Occupation (for Individual) Businessman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2017
Transaction ID : SA11AI.27768
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Chavez, Frank, , ,		Date of Receipt
Mailing Address 11100 Acama St Apt 16		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Studio City	State CA	Zip Code 91602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27769
Name of Employer (for Individual) Frank's Fabrics, Inc.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Businessman		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1625.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chavez, Frank, , ,		Date of Receipt
Mailing Address 11100 Acama St Apt 16		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Studio City	State CA	Zip Code 91602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27770
Name of Employer (for Individual) Frank's Fabrics, Inc.		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Businessman		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1650.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Church, Brenda, , ,		Date of Receipt
Mailing Address 1516 sunset Dr		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2017"/>
City Council Bluffs	State IA	Zip Code 51503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.27809
Name of Employer (for Individual) Delmar Gardens		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) LPN		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Church, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1516 sunset Dr
 City Council Bluffs State IA Zip Code 51503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delmar Gardens Occupation (for Individual) LPN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2017
Transaction ID : SA11AI.27810
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Church, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1516 sunset Dr
 City Council Bluffs State IA Zip Code 51503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delmar Gardens Occupation (for Individual) LPN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2017
Transaction ID : SA11AI.27811
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Clauson, Cooper, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 95912
 City Seattle State WA Zip Code 98145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intentional Software Corporation Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2017
Transaction ID : SA11AI.27820
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Clauson, Cooper, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 95912
 City Seattle State WA Zip Code 98145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intentional Software Corporation Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 12 / 2017
Transaction ID : SA11AI.27821
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Clauson, Cooper, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 95912
 City Seattle State WA Zip Code 98145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intentional Software Corporation Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 12 / 2017
Transaction ID : SA11AI.27822
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Clauson, Cooper, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 95912
 City Seattle State WA Zip Code 98145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intentional Software Corporation Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 12 / 2017
Transaction ID : SA11AI.27823
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Clifford, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Central Park West 14C
 City New York State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Private Investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2017
Transaction ID : SA11AI.27830
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Cole, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 Trowbridge St Apt 1
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Athenium Inc Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2017
Transaction ID : SA11AI.27851
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Cole, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 Trowbridge St Apt 1
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Athenium Inc Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2017
Transaction ID : SA11AI.27852
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Cooper, Savanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1165 San Sebastian Ct
 City Grover Beach State CA Zip Code 93433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 19 / 2017
Transaction ID : SA11AI.27867
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Cooper, Savanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1165 San Sebastian Ct
 City Grover Beach State CA Zip Code 93433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2017
Transaction ID : SA11AI.27868
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Cooper, Savanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1165 San Sebastian Ct
 City Grover Beach State CA Zip Code 93433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2017
Transaction ID : SA11AI.27869
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Cooper, Savanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1165 San Sebastian Ct
 City Grover Beach State CA Zip Code 93433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2017
Transaction ID : SA11AI.27870
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Cooper, Savanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1165 San Sebastian Ct
 City Grover Beach State CA Zip Code 93433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2017
Transaction ID : SA11AI.27871
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Corey, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 817
 City Litchfield Park State AZ Zip Code 85340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Declined Occupation (for Individual) Declined
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2017
Transaction ID : SA11AI.27875
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Cravener, Kaylee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2307 Eastbluff Dr
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tricon American Homes Occupation (for Individual) Financial Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2017
Transaction ID : SA11AI.27908
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Cravener, Kaylee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2307 Eastbluff Dr
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tricon American Homes Occupation (for Individual) Financial Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : SA11AI.27909
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Croft, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Rivermoor Dr
 City Marietta State PA Zip Code 17547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Realtor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2017
Transaction ID : SA11AI.27925
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 281
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Croft, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Rivermoor Dr
 City Marietta State PA Zip Code 17547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Realtor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 13 / 2017**
Transaction ID : SA11AI.27926
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Cupples, Courtney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Ridgewood Ave
 City North Haven State CT Zip Code 06473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alexion Pharma Occupation (for Individual) Marketing Consultant
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 11 / 2017**
Transaction ID : SA11AI.27940
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Cupples, Courtney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Ridgewood Ave
 City North Haven State CT Zip Code 06473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alexion Pharma Occupation (for Individual) Marketing Consultant
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 11 / 2017**
Transaction ID : SA11AI.27941
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dahan, Richard, , ,			Date of Receipt
Mailing Address 483 Beacon St #81			<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2017"/>
City Boston	State MA	Zip Code 02115	Transaction ID : SA11AI.27948
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Self		Occupation (for Individual) Entrepreneur	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dahan, Richard, , ,			Date of Receipt
Mailing Address 483 Beacon St #81			<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2017"/>
City Boston	State MA	Zip Code 02115	Transaction ID : SA11AI.27949
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Self		Occupation (for Individual) Entrepreneur	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Dahan, Richard, , ,			Date of Receipt
Mailing Address 483 Beacon St #81			<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2017"/>
City Boston	State MA	Zip Code 02115	Transaction ID : SA11AI.27950
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Self		Occupation (for Individual) Entrepreneur	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dahan, Richard, , ,			Date of Receipt		
Mailing Address 483 Beacon St #81			M M M / D D D / Y Y Y Y Y Y 06 / 25 / 2017		
City Boston State MA Zip Code 02115			Transaction ID : SA11AI.27951		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00		
Name of Employer (for Individual) Self		Occupation (for Individual) Entrepreneur	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DeBiase, Elizabeth, , ,			Date of Receipt		
Mailing Address 15040 Greymont Dr			M M M / D D D / Y Y Y Y Y Y 05 / 14 / 2017		
City Centreville State VA Zip Code 20120			Transaction ID : SA11AI.27981		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00		
Name of Employer (for Individual) Aldene Consulting		Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DeBiase, Elizabeth, , ,			Date of Receipt		
Mailing Address 15040 Greymont Dr			M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2017		
City Centreville State VA Zip Code 20120			Transaction ID : SA11AI.27982		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00		
Name of Employer (for Individual) Aldene Consulting		Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Demos, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Saturn Ter

City Sunnyvale	State CA	Zip Code 94086
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford university hospital	Occupation (for Individual) Resident Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2017

Transaction ID : SA11AI.28010

Amount of Each Receipt this Period
100.00

Memo Item

B. Demos, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Saturn Ter

City Sunnyvale	State CA	Zip Code 94086
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford university hospital	Occupation (for Individual) Resident Physician
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2017

Transaction ID : SA11AI.28011

Amount of Each Receipt this Period
100.00

Memo Item

C. Demos, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Saturn Ter

City Sunnyvale	State CA	Zip Code 94086
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford university hospital	Occupation (for Individual) Resident Physician
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

Transaction ID : SA11AI.28012

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dexter, Russell, , ,		Date of Receipt
Mailing Address 5 Knollwood Ln		MM / DD / YYYY 03 / 26 / 2017
City Wayland	State MA	Zip Code 01778
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.28036
Name of Employer (for Individual) Retired		Amount of Each Receipt this Period
Occupation (for Individual) Retired		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
300.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dexter, Russell, , ,		Date of Receipt
Mailing Address 5 Knollwood Ln		MM / DD / YYYY 04 / 26 / 2017
City Wayland	State MA	Zip Code 01778
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.28037
Name of Employer (for Individual) Retired		Amount of Each Receipt this Period
Occupation (for Individual) Retired		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Dexter, Russell, , ,		Date of Receipt
Mailing Address 5 Knollwood Ln		MM / DD / YYYY 05 / 26 / 2017
City Wayland	State MA	Zip Code 01778
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.28038
Name of Employer (for Individual) Retired		Amount of Each Receipt this Period
Occupation (for Individual) Retired		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
500.00		

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
WOLF PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
dhallan, kamlesh, , ,

Mailing Address 6502 westland Rd

City bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) pharmacist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2017

Transaction ID : SA11AI.28041

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
dhallan, kamlesh, , ,

Mailing Address 6502 westland Rd

City bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) pharmacist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2017

Transaction ID : SA11AI.28042

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
dhallan, kamlesh, , ,

Mailing Address 6502 westland Rd

City bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) pharmacist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : SA11AI.28043

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
dhallan, kamlesh, , ,

Mailing Address 6502 westland Rd

City bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) pharmacist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : SA11AI.28044

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dikkers, Scott, , ,

Mailing Address 4044 N Lincoln Ave #223

City Chicago	State IL	Zip Code 60618
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Writer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2017

Transaction ID : SA11AI.28051

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dikkers, Scott, , ,

Mailing Address 4044 N Lincoln Ave #223

City Chicago	State IL	Zip Code 60618
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Writer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2017

Transaction ID : SA11AI.28052

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Eeg, Kurt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2240 E Stone Pointe Cir

City Sioux Falls	State SD	Zip Code 57108
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2017

Transaction ID : SA11AI.28138

Amount of Each Receipt this Period
50.00

Memo Item

B. Eeg, Kurt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2240 E Stone Pointe Cir

City Sioux Falls	State SD	Zip Code 57108
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2017

Transaction ID : SA11AI.28139

Amount of Each Receipt this Period
50.00

Memo Item

C. Ellis, Jeremy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3104 Viana Dr

City Palmdale	State CA	Zip Code 93550
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Musician
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2017

Transaction ID : SA11AI.28156

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Ex, Caren, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3810 W Jarlath

City Lincolnwood	State IL	Zip Code 60712
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carina, Inc	Occupation (for Individual) Social Worker
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2017

Transaction ID : SA11AI.28187

Amount of Each Receipt this Period
50.00

Memo Item

B. Fahey, Garrett, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 Whitehall Ave

City San Jose	State CA	Zip Code 95128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) County of San Mateo	Occupation (for Individual) Assistant
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

Transaction ID : SA11AI.28190

Amount of Each Receipt this Period
100.00

Memo Item

C. Fahey, Garrett, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 Whitehall Ave

City San Jose	State CA	Zip Code 95128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) County of San Mateo	Occupation (for Individual) Assistant
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2017

Transaction ID : SA11AI.28191

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Fahey, Garrett, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 Whitehall Ave

City San Jose	State CA	Zip Code 95128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) County of San Mateo	Occupation (for Individual) Assistant
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Transaction ID : SA11AI.28192

Amount of Each Receipt this Period
100.00

Memo Item

B. Fahey, Garrett, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 Whitehall Ave

City San Jose	State CA	Zip Code 95128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) County of San Mateo	Occupation (for Individual) Assistant
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2017

Transaction ID : SA11AI.28193

Amount of Each Receipt this Period
100.00

Memo Item

C. Fallon, Peter, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 91 E Lincoln Ave

City Valley Stream	State NY	Zip Code 11580
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Park Assist	Occupation (for Individual) Electrical Engineer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2017

Transaction ID : SA11AI.28196

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
WOLF PAC

A. Fallon, Peter, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 91 E Lincoln Ave

City Valley Stream	State NY	Zip Code 11580
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Park Assist	Occupation (for Individual) Electrical Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2017

Transaction ID : SA11AI.28197

Amount of Each Receipt this Period
100.00

Memo Item

B. Fallon, Peter, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 91 E Lincoln Ave

City Valley Stream	State NY	Zip Code 11580
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Park Assist	Occupation (for Individual) Electrical Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2017

Transaction ID : SA11AI.28198

Amount of Each Receipt this Period
100.00

Memo Item

C. Fallon, Peter, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 91 E Lincoln Ave

City Valley Stream	State NY	Zip Code 11580
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Park Assist	Occupation (for Individual) Electrical Engineer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2017

Transaction ID : SA11AI.28199

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Flannery, Dennis, , ,		Date of Receipt
Mailing Address 244 Lisbon St Apt229		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Lisbon	State ME	Zip Code 04250
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28269
Name of Employer (for Individual) Bath Iron Works		Occupation (for Individual) Marine Designer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Flannery, Dennis, , ,		Date of Receipt
Mailing Address 244 Lisbon St Apt229		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Lisbon	State ME	Zip Code 04250
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28270
Name of Employer (for Individual) Bath Iron Works		Occupation (for Individual) Marine Designer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fleischer, Alex, , ,		Date of Receipt
Mailing Address 236 Westwind Way		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Dresher	State PA	Zip Code 19025
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28275
Name of Employer (for Individual) N/A		Occupation (for Individual) Student
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Fleischer, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 236 Westwind Way
 City Dresher State PA Zip Code 19025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2017
Transaction ID : SA11AI.28276
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Fleitas, Marcelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1-55 Borden Ave 23B
 City Long Island City State NY Zip Code 11101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ubergig, llc Occupation (for Individual) Tech Recruiting / Consulting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2017
Transaction ID : SA11AI.28278
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Fors, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1395 OAKDALE AVE
 City San Francisco State CA Zip Code 94124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dimension 11 Inc Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2017
Transaction ID : SA11AI.28295
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Fors, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1395 OAKDALE AVE
 City San Francisco State CA Zip Code 94124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dimension 11 Inc Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 09 / 2017**
Transaction ID : SA11AI.28296
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. Fuqua, Buford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Pine Rd
 City Corinth State MS Zip Code 38834-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MRHC Occupation (for Individual) PSR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 27 / 2017**
Transaction ID : SA11AI.28343
 Amount of Each Receipt this Period **50.00**
 Memo Item

C. Fuqua, Buford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Pine Rd
 City Corinth State MS Zip Code 38834-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MRHC Occupation (for Individual) PSR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 27 / 2017**
Transaction ID : SA11AI.28344
 Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Garcia, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BFS Occupation (for Individual) Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2017

Transaction ID : SA11AI.28362

Amount of Each Receipt this Period
100.00

Memo Item

B. Garcia, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BFS Occupation (for Individual) Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2017

Transaction ID : SA11AI.28363

Amount of Each Receipt this Period
100.00

Memo Item

C. Garcia, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BFS Occupation (for Individual) Security

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2017

Transaction ID : SA11AI.28364

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Garcia, Stephen, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2017
Mailing Address 50 Dey St Loft 439		Transaction ID : SA11AI.28365
City Jersey City	State NJ	Zip Code 07306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) BFS	Occupation (for Individual) Security	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Geib, James, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2017
Mailing Address 335 Shore Acres Ave		Transaction ID : SA11AI.28389
City North Kingstown	State RI	Zip Code 02852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Geib Refining Corp.	Occupation (for Individual) V.P.I.T.	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Geib, James, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2017
Mailing Address 335 Shore Acres Ave		Transaction ID : SA11AI.28390
City North Kingstown	State RI	Zip Code 02852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Geib Refining Corp.	Occupation (for Individual) V.P.I.T.	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Geib, James, , ,		Date of Receipt
Mailing Address 335 Shore Acres Ave		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City North Kingstown	State RI	Zip Code 02852
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28391
Name of Employer (for Individual) Geib Refining Corp.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) V.P.I.T.		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Geick, Megan, , ,		Date of Receipt
Mailing Address 30 St Marks Ave Gdn		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Brooklyn	State NY	Zip Code 11217
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28394
Name of Employer (for Individual) OmniVista solutions		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Consultant		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Geick, Megan, , ,		Date of Receipt
Mailing Address 30 St Marks Ave Gdn		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Brooklyn	State NY	Zip Code 11217
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28395
Name of Employer (for Individual) OmniVista solutions		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Consultant		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Geick, Megan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 St Marks Ave Gdn

City Brooklyn	State NY	Zip Code 11217
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OmniVista solutions	Occupation (for Individual) Consultant
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2017

Transaction ID : SA11AI.28396

Amount of Each Receipt this Period
100.00

Memo Item

B. Geick, Megan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 St Marks Ave Gdn

City Brooklyn	State NY	Zip Code 11217
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OmniVista solutions	Occupation (for Individual) Consultant
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2017

Transaction ID : SA11AI.28397

Amount of Each Receipt this Period
100.00

Memo Item

C. Gilcrease, Dawn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 917 Dunn St

City Houma	State LA	Zip Code 70360
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Behavior Analyst
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2017

Transaction ID : SA11AI.28419

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 281
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Gilcrease, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 917 Dunn St
 City Houma State LA Zip Code 70360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Behavior Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 09 / 2017
Transaction ID : SA11AI.28420
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Gill, Rajvindra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 W 60th St
 City New York City State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Needham Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 10 / 2017
Transaction ID : SA11AI.28424
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Gill, Rajvindra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 W 60th St
 City New York City State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Needham Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 10 / 2017
Transaction ID : SA11AI.28425
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Gill, Rajvindra, , ,

Mailing Address 225 W 60th St

City New York City	State NY	Zip Code 10023
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Needham	Occupation (for Individual) Analyst
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Transaction ID : SA11AI.28426

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Gonzalez, Ronald, , ,

Mailing Address 318 Turtle Pond Pkwy

City Hyde Park	State MA	Zip Code 02136
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USEPA	Occupation (for Individual) Attorney
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

Transaction ID : SA11AI.28447

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Gonzalez, Ronald, , ,

Mailing Address 318 Turtle Pond Pkwy

City Hyde Park	State MA	Zip Code 02136
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USEPA	Occupation (for Individual) Attorney
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2017

Transaction ID : SA11AI.28448

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
WOLF PAC

A. Hagelund, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2436
 City Kenai State AK Zip Code 99611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IBEW Occupation (for Individual) Wireman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2017
Transaction ID : SA11AI.28519
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Hagelund, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2436
 City Kenai State AK Zip Code 99611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IBEW Occupation (for Individual) Wireman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2017
Transaction ID : SA11AI.28520
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Harmon, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3853 Yellow Creek Rd w
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2017
Transaction ID : SA11AI.28573
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Harmon, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3853 Yellow Creek Rd w
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2017
Transaction ID : SA11AI.28574
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Harmon, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3853 Yellow Creek Rd w
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2017
Transaction ID : SA11AI.28575
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Harmon, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3853 Yellow Creek Rd w
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2017
Transaction ID : SA11AI.28576
 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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
WOLF PAC

A. Harris, Carolynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 12th PI N
 City Edmonds State WA Zip Code 98020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2017
Transaction ID : SA11AI.28590
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Harris, Carolynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 12th PI N
 City Edmonds State WA Zip Code 98020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2017
Transaction ID : SA11AI.28591
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Harvison, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27084 Walls Rd
 City Cameron State OK Zip Code 74932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AES Shady Point LLC Occupation (for Individual) Plant Operator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2017
Transaction ID : SA11AI.28596
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Harvison, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27084 Walls Rd
 City Cameron State OK Zip Code 74932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AES Shady Point LLC Occupation (for Individual) Plant Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2017
Transaction ID : SA11AI.28597
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Harvison, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27084 Walls Rd
 City Cameron State OK Zip Code 74932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AES Shady Point LLC Occupation (for Individual) Plant Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2017
Transaction ID : SA11AI.28598
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Harvison, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27084 Walls Rd
 City Cameron State OK Zip Code 74932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AES Shady Point LLC Occupation (for Individual) Plant Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : SA11AI.28599
 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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Heesch, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3014 W Sentinel Rock Rd
 City Phoenix State AZ Zip Code 85086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanguard Investment Group Occupation (for Individual) Operations Business Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : SA11AI.28626
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Heesch, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3014 W Sentinel Rock Rd
 City Phoenix State AZ Zip Code 85086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanguard Investment Group Occupation (for Individual) Operations Business Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 12 / 2017**
Transaction ID : SA11AI.28627
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Higgins, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42685 Boulden Ct
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **05 / 21 / 2017**
Transaction ID : SA11AI.28672
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Higgins, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42685 Boulden Ct
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2017
Transaction ID : SA11AI.28673
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Higgins, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42685 Boulden Ct
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 21 / 2017
Transaction ID : SA11AI.28674
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Higgins, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42685 Boulden Ct
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 22 / 2017
Transaction ID : SA11AI.28675
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Hjerstedt, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 W Broad St Apt 332
 City Falls Church State VA Zip Code 22046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) My Country people Occupation (for Individual) Community Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2017
Transaction ID : SA11AI.28696
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Hoffman, Justin V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 La Barbara Rd
 City Santa Fe State NM Zip Code 87505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Naturo Pathic Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2017
Transaction ID : SA11AI.28700
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Hoffman, Justin V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 La Barbara Rd
 City Santa Fe State NM Zip Code 87505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Naturo Pathic Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2017
Transaction ID : SA11AI.28701
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Hoffman, Justin V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 La Barbaria Rd
 City Santa Fe State NM Zip Code 87505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Naturo Pathic Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2017
Transaction ID : SA11AI.28702
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Hoffman, Justin V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 La Barbaria Rd
 City Santa Fe State NM Zip Code 87505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Naturo Pathic Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2017
Transaction ID : SA11AI.28703
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Hudspeth, Robin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4712 NW 22nd St
 City Coconut Creek State FL Zip Code 33063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) None
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2017
Transaction ID : SA11AI.28757
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	227.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Ivanovic, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1906 W 41st Street
 City Los Angeles State CA Zip Code 90062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SoCal Edison Occupation (for Individual) Electrician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2017
Transaction ID : SA11AI.28800
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Ivanovic, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1906 W 41st Street
 City Los Angeles State CA Zip Code 90062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SoCal Edison Occupation (for Individual) Electrician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2017
Transaction ID : SA11AI.28801
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Jaffee, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 575
 City Monson State MA Zip Code 00157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TheRail.Media Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2017
Transaction ID : SA11AI.28813
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
WOLF PAC

A. Jaffee, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 575
 City Monson State MA Zip Code 00157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TheRail.Media Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2017
Transaction ID : SA11AI.28814
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Jaffee, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 575
 City Monson State MA Zip Code 00157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TheRail.Media Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2017
Transaction ID : SA11AI.28815
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Jaffee, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 575
 City Monson State MA Zip Code 00157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TheRail.Media Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2017
Transaction ID : SA11AI.28816
 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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Jendryka, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1338 S Van Ness Ave
 City San Francisco State CA Zip Code 94110-4018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IATSE Local 16 Occupation (for Individual) Stagehand
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : SA11AI.28821
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Johnson, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9838 Old Baymeadows Rd #119
 City Jacksonville State FL Zip Code 32256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cumberland Consulting Occupation (for Individual) Software Analyst Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt **03 / 01 / 2017**
Transaction ID : SA11AI.28832
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jordan, Dorothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1745 Kendale Ave
 City Memphis State TN Zip Code 38114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nuvasive Inc Occupation (for Individual) Customer Service Rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 02 / 2017**
Transaction ID : SA11AI.28888
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 281
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Jordan, Dorothy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1745 Kendale Ave

City Memphis	State TN	Zip Code 38114
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nuvasive Inc	Occupation (for Individual) Customer Service Rep
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

Transaction ID : SA11AI.28889

Amount of Each Receipt this Period
50.00

Memo Item

B. Jurecka, Jason, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6813 Maple Leaf Dr

City Carlsbad	State CA	Zip Code 92011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blizzard	Occupation (for Individual) Programmer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2017

Transaction ID : SA11AI.28892

Amount of Each Receipt this Period
100.00

Memo Item

C. Jurecka, Jason, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6813 Maple Leaf Dr

City Carlsbad	State CA	Zip Code 92011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blizzard	Occupation (for Individual) Programmer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2017

Transaction ID : SA11AI.28893

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Jurecka, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6813 Maple Leaf Dr
 City Carlsbad State CA Zip Code 92011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blizzard Occupation (for Individual) Programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2017
Transaction ID : SA11AI.28894
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Jurecka, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6813 Maple Leaf Dr
 City Carlsbad State CA Zip Code 92011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blizzard Occupation (for Individual) Programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2017
Transaction ID : SA11AI.28895
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Kalina, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1721 E Hunter Avenue
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2017
Transaction ID : SA11AI.27092
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 281
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Khotoveli, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17600 N Bay Rd Apt 802
 City Sunny Isles State FL Zip Code 33160-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2017
Transaction ID : SA11AI.28934
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Khotoveli, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17600 N Bay Rd Apt 802
 City Sunny Isles State FL Zip Code 33160-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 09 / 2017
Transaction ID : SA11AI.28935
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kiester, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 NW 21st St
 City Gainesville State FL Zip Code 32603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alachua County Tax Collector Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2017
Transaction ID : SA11AI.28947
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Kiestler, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 NW 21st St
 City Gainesville State FL Zip Code 32603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alachua County Tax Collector Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 01 / 2017
Transaction ID : SA11AI.28948
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Klewein, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6118 Churchwood Ln
 City Greendale State WI Zip Code 53129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trisept Technology Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2017
Transaction ID : SA11AI.28957
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Klewein, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6118 Churchwood Ln
 City Greendale State WI Zip Code 53129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trisept Technology Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2017
Transaction ID : SA11AI.28958
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Krzak, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 520 Main St

City Avoca	State PA	Zip Code 18641
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tobyhanna Army Depot	Occupation (for Individual) Electronics Worker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11AI.28998

Amount of Each Receipt this Period
50.00

Memo Item

B. Krzak, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 520 Main St

City Avoca	State PA	Zip Code 18641
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tobyhanna Army Depot	Occupation (for Individual) Electronics Worker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Transaction ID : SA11AI.28999

Amount of Each Receipt this Period
50.00

Memo Item

C. Kubat, Luke, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3243 bryant Ave s

City minneapolis	State MN	Zip Code 55408
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Braun Intertec	Occupation (for Individual) Software Developer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11AI.29004

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kubat, Luke, , ,		Date of Receipt MM / DD / YYYY 06 / 12 / 2017 Transaction ID : SA11AI.29005
Mailing Address 3243 bryant Ave s		Amount of Each Receipt this Period 50.00
City minneapolis	State MN	Zip Code 55408
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Braun Intertec	Occupation (for Individual) Software Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kwame, Nana, , ,		Date of Receipt MM / DD / YYYY 05 / 20 / 2017 Transaction ID : SA11AI.29012
Mailing Address 14806 Dolphin Way		Amount of Each Receipt this Period 50.00
City Bowie	State MD	Zip Code 20721
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) None	Occupation (for Individual) None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kwame, Nana, , ,		Date of Receipt MM / DD / YYYY 06 / 20 / 2017 Transaction ID : SA11AI.29013
Mailing Address 14806 Dolphin Way		Amount of Each Receipt this Period 50.00
City Bowie	State MD	Zip Code 20721
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) None	Occupation (for Individual) None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Landholm, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5830 14th st Ct ne
 City Tacoma State WA Zip Code 98422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Character Club Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2017
Transaction ID : SA11AI.29056
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Landholm, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5830 14th st Ct ne
 City Tacoma State WA Zip Code 98422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Character Club Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 09 / 2017
Transaction ID : SA11AI.29057
 Amount of Each Receipt this Period 50.00
 Memo Item

C. LaPosta, Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4750 N Clarendon Ave Apt 1005
 City Chicago State IL Zip Code 60640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amtrak Occupation (for Individual) Sr. Mgr. Equip. Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2017
Transaction ID : SA11AI.29070
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LaPosta, Marie, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2017 Transaction ID : SA11AI.29071
Mailing Address 4750 N Clarendon Ave Apt 1005		Amount of Each Receipt this Period 50.00
City Chicago	State IL	Zip Code 60640
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Amtrak	Occupation (for Individual) Sr. Mgr. Equip. Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lewis, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2017 Transaction ID : SA11AI.29133
Mailing Address 603 Davis St #1910		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78701
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) VMware	Occupation (for Individual) Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lewis, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2017 Transaction ID : SA11AI.29134
Mailing Address 603 Davis St #1910		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78701
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) VMware	Occupation (for Individual) Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Lewis, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 Davis St #1910
 City Austin State TX Zip Code 78701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VMware Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2017
Transaction ID : SA11AI.29135
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Lewis, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 Davis St #1910
 City Austin State TX Zip Code 78701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VMware Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.29136
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Liberty, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10110 Highway 9 Apt 6
 City Ben Lomond State CA Zip Code 95005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 8x8, Inc. Occupation (for Individual) Sales Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2017
Transaction ID : SA11AI.29142
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Liberty, Richard, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10110 Highway 9 Apt 6

City Ben Lomond	State CA	Zip Code 95005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 8x8, Inc.	Occupation (for Individual) Sales Account Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2017
Transaction ID : SA11AI.29143

Amount of Each Receipt this Period
50.00

Memo Item

B. lilly, carly, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1729 Lexington Ave

City Moscow	State ID	Zip Code 83843
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Chef
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2017
Transaction ID : SA11AI.29148

Amount of Each Receipt this Period
50.00

Memo Item

C. lilly, carly, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1729 Lexington Ave

City Moscow	State ID	Zip Code 83843
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Chef
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2017
Transaction ID : SA11AI.29149

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Lohmeier, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 S 3rd Ave

City Lombard	State IL	Zip Code 60148
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aspect Software	Occupation (for Individual) Software Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : SA11AI.29167

Amount of Each Receipt this Period
100.00

Memo Item

B. Lohmeier, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 S 3rd Ave

City Lombard	State IL	Zip Code 60148
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aspect Software	Occupation (for Individual) Software Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2017

Transaction ID : SA11AI.29168

Amount of Each Receipt this Period
100.00

Memo Item

C. Lohmeier, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 S 3rd Ave

City Lombard	State IL	Zip Code 60148
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aspect Software	Occupation (for Individual) Software Engineer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2017

Transaction ID : SA11AI.29169

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Lohmeier, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 S 3rd Ave
 City Lombard State IL Zip Code 60148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aspect Software Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 27 / 2017
Transaction ID : SA11AI.29170
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Madison, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19561 Jersey Ave
 City Lakeville State MN Zip Code 55044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Fiber Technician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2017
Transaction ID : SA11AI.29233
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Madison, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19561 Jersey Ave
 City Lakeville State MN Zip Code 55044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Fiber Technician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 01 / 2017
Transaction ID : SA11AI.29234
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Malik, Arsalan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2730 Wilshire Blvd Ste 630

City Santa Monica	State CA	Zip Code 90403
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arsalan Malik MD Inc	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2017

Transaction ID : SA11AI.29243

Amount of Each Receipt this Period
50.00

Memo Item

B. Malik, Arsalan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2730 Wilshire Blvd Ste 630

City Santa Monica	State CA	Zip Code 90403
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arsalan Malik MD Inc	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : SA11AI.29244

Amount of Each Receipt this Period
50.00

Memo Item

C. Manchester, Chris, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8201 NE 97th St

City Kansas City	State MO	Zip Code 64157-7607
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cerner	Occupation (for Individual) Systems Architect
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2017

Transaction ID : SA11AI.29249

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Manchester, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8201 NE 97th St
 City Kansas City State MO Zip Code 64157-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cerner Occupation (for Individual) Systems Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2017
Transaction ID : SA11AI.29250
 Amount of Each Receipt this Period 50.00
 Memo Item

B. May, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6350 S Havana St 421
 City Englewood State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MindAptiv LLC Occupation (for Individual) Graphic Artist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2017
Transaction ID : SA11AI.29281
 Amount of Each Receipt this Period 50.00
 Memo Item

C. May, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6350 S Havana St 421
 City Englewood State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MindAptiv LLC Occupation (for Individual) Graphic Artist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2017
Transaction ID : SA11AI.29282
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 281
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McCann-Smith, Kathleen, , ,		Date of Receipt MM / DD / YYYY 05 / 03 / 2017 Transaction ID : SA11AI.29305
Mailing Address 203 Tuttle Hill Rd		Amount of Each Receipt this Period 50.00
City Livingston Manor	State NY	Zip Code 12758
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Liberty Central School Dist.	Occupation (for Individual) Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCann-Smith, Kathleen, , ,		Date of Receipt MM / DD / YYYY 06 / 03 / 2017 Transaction ID : SA11AI.29306
Mailing Address 203 Tuttle Hill Rd		Amount of Each Receipt this Period 50.00
City Livingston Manor	State NY	Zip Code 12758
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Liberty Central School Dist.	Occupation (for Individual) Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McDade, Mathew, , ,		Date of Receipt MM / DD / YYYY 03 / 11 / 2017 Transaction ID : SA11AI.29314
Mailing Address 854 Arbor Rd Apt B		Amount of Each Receipt this Period 100.00
City Menlo Park	State CA	Zip Code 94025
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Stanford Hospital	Occupation (for Individual) Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. McDade, Mathew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 854 Arbor Rd Apt B

City Menlo Park	State CA	Zip Code 94025
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford Hospital	Occupation (for Individual) Nurse
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2017

Transaction ID : SA11AI.29315

Amount of Each Receipt this Period
100.00

Memo Item

B. McDade, Mathew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 854 Arbor Rd Apt B

City Menlo Park	State CA	Zip Code 94025
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford Hospital	Occupation (for Individual) Nurse
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

Transaction ID : SA11AI.29316

Amount of Each Receipt this Period
100.00

Memo Item

C. McDade, Mathew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 854 Arbor Rd Apt B

City Menlo Park	State CA	Zip Code 94025
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford Hospital	Occupation (for Individual) Nurse
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2017

Transaction ID : SA11AI.29317

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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. McGann, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO box 813863
 City Hollywood State FL Zip Code 33081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Florida Regional Council Occupation (for Individual) Director of Finance and Loans
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2017
Transaction ID : SA11AI.29330
 Amount of Each Receipt this Period 50.00
 Memo Item

B. McGann, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO box 813863
 City Hollywood State FL Zip Code 33081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Florida Regional Council Occupation (for Individual) Director of Finance and Loans
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2017
Transaction ID : SA11AI.29331
 Amount of Each Receipt this Period 50.00
 Memo Item

C. McKerracher, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2826 Apache St
 City Santa Rosa State CA Zip Code 95403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Manly Hyundai Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 20 / 2017
Transaction ID : SA11AI.29353
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Meleth, Sreelatha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4406 Chowningg Way
 City Atlanta State GA Zip Code 30338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RTI International Occupation (for Individual) Research Statistician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2017
Transaction ID : SA11AI.29376
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Meleth, Sreelatha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4406 Chowningg Way
 City Atlanta State GA Zip Code 30338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RTI International Occupation (for Individual) Research Statistician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 09 / 2017
Transaction ID : SA11AI.29377
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Meline, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 87 E RIVER View Dr
 City Saratoga Springs State UT Zip Code 84045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SirsiDynix Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2017
Transaction ID : SA11AI.29382
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Meline, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 87 E RIVER View Dr
 City Saratoga Springs State UT Zip Code 84045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SirsiDynix Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2017
Transaction ID : SA11AI.29383
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Merget, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 698 Santa Ynez St
 City Sunnyvale State CA Zip Code 94085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NVIDIA Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2017
Transaction ID : SA11AI.29401
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Mickler, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Houghton St
 City Somerville State MA Zip Code 02143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northeastern University Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2017
Transaction ID : SA11AI.29420
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Mickler, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Houghton St
 City Somerville State MA Zip Code 02143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeastern University Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 29 / 2017**
Transaction ID : SA11AI.29421
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Miller, Jana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 White Ash Way
 City Tallahassee State FL Zip Code 32308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 30 / 2017**
Transaction ID : SA11AI.29436
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Miller, Jana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 White Ash Way
 City Tallahassee State FL Zip Code 32308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2017**
Transaction ID : SA11AI.29437
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Miranda, Marina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6949 Exeter Ct
 Apt 203
 City Frederick State MD Zip Code 21703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Services Corporation Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 17 / 2017**
Transaction ID : SA11AI.29455
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Miranda, Marina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6949 Exeter Ct
 Apt 203
 City Frederick State MD Zip Code 21703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Services Corporation Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 17 / 2017**
Transaction ID : SA11AI.29456
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Miranda, Marina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6949 Exeter Ct
 Apt 203
 City Frederick State MD Zip Code 21703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Services Corporation Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 17 / 2017**
Transaction ID : SA11AI.29457
 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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Miranda, Marina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6949 Exeter Ct
 Apt 203
 City Frederick State MD Zip Code 21703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Services Corporation Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **06 / 17 / 2017**
Transaction ID : SA11AI.29458
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Mitchell, Clayton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 E 9th St Apt 20
 City Houston State TX Zip Code 77007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GSE Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 09 / 2017**
Transaction ID : SA11AI.29470
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mitchell, Clayton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 E 9th St Apt 20
 City Houston State TX Zip Code 77007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GSE Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 09 / 2017**
Transaction ID : SA11AI.29471
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Mitchell, Clayton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 E 9th St Apt 20
 City Houston State TX Zip Code 77007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GSE Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2017
Transaction ID : SA11AI.29472
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mitchell, Clayton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 E 9th St Apt 20
 City Houston State TX Zip Code 77007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GSE Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2017
Transaction ID : SA11AI.29473
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Moore, Cristal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10810 Appalachian Hwy
 City Davis State WV Zip Code 26260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2017
Transaction ID : SA11AI.29499
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Moore, Cristal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10810 Appalachian Hwy
 City Davis State WV Zip Code 26260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2017
Transaction ID : SA11AI.29500
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Moore, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2215 W Hearn Ave
 City Santa Rosa State CA Zip Code 95407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Composer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 10 / 2017
Transaction ID : SA11AI.29509
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Moore, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2215 W Hearn Ave
 City Santa Rosa State CA Zip Code 95407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Composer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 10 / 2017
Transaction ID : SA11AI.29510
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 250.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Moore, Leonard, , ,		Date of Receipt
Mailing Address 2215 W Hearn Ave		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Santa Rosa	State CA	Zip Code 95407
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.29511
Name of Employer (for Individual) self		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Composer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moore, Leonard, , ,		Date of Receipt
Mailing Address 2215 W Hearn Ave		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Santa Rosa	State CA	Zip Code 95407
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.29512
Name of Employer (for Individual) self		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Composer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mullaney, Thomas, , ,		Date of Receipt
Mailing Address 605 W Chapel Hill St Apt 469		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Durham	State NC	Zip Code 27701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.29554
Name of Employer (for Individual) Orange County Schools		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Teacher		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Murphy, Colin, , ,

Mailing Address 820 Santa Fe Highlands Dr

City Ramona	State CA	Zip Code 92065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NEXTTracker, Inc.	Occupation (for Individual) Software Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2017

Transaction ID : SA11AI.29568

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Murphy, Colin, , ,

Mailing Address 820 Santa Fe Highlands Dr

City Ramona	State CA	Zip Code 92065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NEXTTracker, Inc.	Occupation (for Individual) Software Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : SA11AI.29569

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Naumann, Matt, , ,

Mailing Address 736 E Highland

City Ottumwa	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Area XV RPC	Occupation (for Individual) Clerical
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2017

Transaction ID : SA11AI.29594

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 281
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Newsom, Nicholas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2208 Leadenhall Way

City Raleigh	State NC	Zip Code 27603
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rival Health	Occupation (for Individual) Systems Developer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2017

Transaction ID : SA11AI.29613

Amount of Each Receipt this Period
100.00

Memo Item

B. Newsom, Nicholas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2208 Leadenhall Way

City Raleigh	State NC	Zip Code 27603
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rival Health	Occupation (for Individual) Systems Developer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2017

Transaction ID : SA11AI.29614

Amount of Each Receipt this Period
100.00

Memo Item

C. Newsom, Nicholas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2208 Leadenhall Way

City Raleigh	State NC	Zip Code 27603
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rival Health	Occupation (for Individual) Systems Developer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2017

Transaction ID : SA11AI.29615

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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Newsom, Nicholas, , ,

Mailing Address 2208 Leadenhall Way

City Raleigh	State NC	Zip Code 27603
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rival Health	Occupation (for Individual) Systems Developer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

Transaction ID : SA11AI.29616

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ohkami, Youki, , ,

Mailing Address 910 Saratoga St Apt 19

City Boston	State MA	Zip Code 02128
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) State Street Corporation	Occupation (for Individual) Fund Accountant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2017

Transaction ID : SA11AI.29689

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Ohkami, Youki, , ,

Mailing Address 910 Saratoga St Apt 19

City Boston	State MA	Zip Code 02128
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) State Street Corporation	Occupation (for Individual) Fund Accountant
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2017

Transaction ID : SA11AI.29690

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Onan, Andy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 N cooper St
 City Arlington State TX Zip Code 76006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2017
Transaction ID : SA11AI.29697
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Oyala, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 518 S Madison Ave Apt 3
 City Pasadena State CA Zip Code 91101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Caltech Occupation (for Individual) PH.D. Staff Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2017
Transaction ID : SA11AI.29714
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Oyala, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 518 S Madison Ave Apt 3
 City Pasadena State CA Zip Code 91101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Caltech Occupation (for Individual) PH.D. Staff Scientist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2017
Transaction ID : SA11AI.29715
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Padilla, DJ, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4791 Mangrove Dr

City Dublin	State CA	Zip Code 94568
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Workday	Occupation (for Individual) Software Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2017

Transaction ID : SA11AI.29729

Amount of Each Receipt this Period
50.00

Memo Item

B. Padilla, DJ, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4791 Mangrove Dr

City Dublin	State CA	Zip Code 94568
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Workday	Occupation (for Individual) Software Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : SA11AI.29730

Amount of Each Receipt this Period
50.00

Memo Item

C. Padron, Jose, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 Heritage Creek Ter

City Houston	State TX	Zip Code 77008
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Business Owner
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2017

Transaction ID : SA11AI.29733

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Padron, Jose, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 Heritage Creek Ter

City Houston	State TX	Zip Code 77008
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Business Owner
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2017

Transaction ID : SA11AI.29734

Amount of Each Receipt this Period
100.00

Memo Item

B. Padron, Jose, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 Heritage Creek Ter

City Houston	State TX	Zip Code 77008
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Business Owner
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2017

Transaction ID : SA11AI.29735

Amount of Each Receipt this Period
100.00

Memo Item

C. Padron, Jose, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 Heritage Creek Ter

City Houston	State TX	Zip Code 77008
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Business Owner
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : SA11AI.29736

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Patel, Nikesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8935 Long Beach Blvd
 City South Gate State CA Zip Code 90280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motel Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2017
Transaction ID : SA11AI.29755
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Patterson-O'Dell, Madeline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1088 County Road 214
 City Durango State CO Zip Code 81303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Facilities of America Occupation (for Individual) Dietician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2017
Transaction ID : SA11AI.29764
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Patterson-O'Dell, Madeline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1088 County Road 214
 City Durango State CO Zip Code 81303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Facilities of America Occupation (for Individual) Dietician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 04 / 2017
Transaction ID : SA11AI.29765
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 235.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 281
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Patterson-O'Dell, Madeline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1088 County Road 214
 City Durango State CO Zip Code 81303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Facilities of America Occupation (for Individual) Dietician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 04 / 2017**
Transaction ID : SA11AI.29766
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Petersen, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 752 Pomelo Dr
 City Vista State CA Zip Code 92081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) north american repower Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 02 / 2017**
Transaction ID : SA11AI.29815
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Petersen, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 752 Pomelo Dr
 City Vista State CA Zip Code 92081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) north american repower Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 02 / 2017**
Transaction ID : SA11AI.29816
 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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 281
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Petersen, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 752 Pomelo Dr
 City Vista State CA Zip Code 92081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) north american repower Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 02 / 2017
Transaction ID : SA11AI.29817
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Petersen, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 752 Pomelo Dr
 City Vista State CA Zip Code 92081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) north american repower Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 02 / 2017
Transaction ID : SA11AI.29818
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Podrid, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 179 Bennett Ave Apt 2C
 City New York State NY Zip Code 10040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYS Occupation (for Individual) RN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2017
Transaction ID : SA11AI.29870
 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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Pouliot, Seth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7425 Rupert Ave
 City Saint Louis State MO Zip Code 63117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Social Security Administration Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2017
Transaction ID : SA11AI.29886
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Pouliot, Seth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7425 Rupert Ave
 City Saint Louis State MO Zip Code 63117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Social Security Administration Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2017
Transaction ID : SA11AI.29887
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Rahman, Arif, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10959 Beinhorn Rd
 City Houston State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Occupation (for Individual) Interventional Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2017
Transaction ID : SA11AI.29927
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Rahman, Arif, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10959 Beinhorn Rd
 City Houston State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radiology Occupation (for Individual) Interventional Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2017
Transaction ID : SA11AI.29928
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Ricks, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4949 Oakdale Rd SE Apt. 914
 City Smyrna State GA Zip Code 30080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Macy's Systems and Technology Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2017
Transaction ID : SA11AI.29973
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ricks, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4949 Oakdale Rd SE Apt. 914
 City Smyrna State GA Zip Code 30080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Macy's Systems and Technology Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 29 / 2017
Transaction ID : SA11AI.29974
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Roberts, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 363 Ellenwood Dr
 City West Carrollton State OH Zip Code 45449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morris Furniture Co., Inc. Occupation (for Individual) IT Intern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2017
Transaction ID : SA11AI.29996
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Roberts, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 363 Ellenwood Dr
 City West Carrollton State OH Zip Code 45449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morris Furniture Co., Inc. Occupation (for Individual) IT Intern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2017
Transaction ID : SA11AI.29997
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Rollason, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 The Ave
 City Hatch End State ZZ Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AI Factory Ltd Occupation (for Individual) AI Programmer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2017
Transaction ID : SA11AI.30048
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 100 OF 281
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Runyan, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42553 Ashley Ct
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Aisin Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 13 / 2017
Transaction ID : SA11AI.30098
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sage, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29620 11th Ave SW
 City Federal Way State WA Zip Code 98023
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.30107
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Samuel, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Cradle Rock Rd
 City Princeton State NJ Zip Code 08540
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Google, Inc. Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2000.00

Date of Receipt 01 / 09 / 2017
Transaction ID : SA11AI.30128
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 2350.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Samuel, Michael, , ,		Date of Receipt
Mailing Address 40 Cradle Rock Rd		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30129
Name of Employer (for Individual) Google, Inc.		Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Occupation (for Individual) Engineer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Samuel, Michael, , ,		Date of Receipt
Mailing Address 40 Cradle Rock Rd		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30130
Name of Employer (for Individual) Google, Inc.		Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Occupation (for Individual) Engineer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="6000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Samuel, Michael, , ,		Date of Receipt
Mailing Address 40 Cradle Rock Rd		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30131
Name of Employer (for Individual) Google, Inc.		Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Occupation (for Individual) Engineer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="8000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Samuel, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Cradle Rock Rd

City Princeton	State NJ	Zip Code 08540
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Google, Inc.	Occupation (for Individual) Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2017

Transaction ID : SA11AI.30132

Amount of Each Receipt this Period
2000.00

Memo Item

B. Samuel, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Cradle Rock Rd

City Princeton	State NJ	Zip Code 08540
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Google, Inc.	Occupation (for Individual) Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : SA11AI.30133

Amount of Each Receipt this Period
2000.00

Memo Item

C. Sanford, Joel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 603 W Barafa Ave

City Houghton	State MI	Zip Code 49931
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University Bank	Occupation (for Individual) Programmer
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2017

Transaction ID : SA11AI.30143

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4050.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Sanford, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 W Barafa Ave
 City Houghton State MI Zip Code 49931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Bank Occupation (for Individual) Programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : SA11AI.30144
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Schak, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 16th St NW Apt 810
 City Washington State DC Zip Code 20010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Department of Education Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2017
Transaction ID : SA11AI.30182
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Schak, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 16th St NW Apt 810
 City Washington State DC Zip Code 20010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Department of Education Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : SA11AI.30183
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Seeta 2 Durga
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4406 Chowning Way

City Atlanta	State GA	Zip Code 30338
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

Transaction ID : SA11AI.27116

Amount of Each Receipt this Period
50.00

Memo Item

B. Seeta 2 Durga
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4406 Chowning Way

City Atlanta	State GA	Zip Code 30338
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2017

Transaction ID : SA11AI.27117

Amount of Each Receipt this Period
50.00

Memo Item

C. Sheriff, Kathryn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 85 Wood St Apt 2

City Providence	State RI	Zip Code 02909
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Southern Graphics Systems Print Quality Manager

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11AI.30267

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Sheriff, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Wood St Apt 2
 City Providence State RI Zip Code 02909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Graphics Systems Occupation (for Individual) Print Quality Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2017
Transaction ID : SA11AI.30268
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Simons, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8990 N Twain St
 City Tucson State AZ Zip Code 85742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ski Obsession Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : SA11AI.30314
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Sipman, Erik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2271 Prairie View Road
 City Decorah State IA Zip Code 52101-7860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trittech Software Systems Occupation (for Individual) Software Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2017
Transaction ID : SA11AI.30332
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sipman, Erik, , ,		Date of Receipt MM / DD / YYYY 04 / 27 / 2017 Transaction ID : SA11AI.30333
Mailing Address 2271 Prairie View Road		Amount of Each Receipt this Period 100.00
City Decorah	State IA	Zip Code 52101-7860
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Tritech Software Systems	Occupation (for Individual) Software Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sipman, Erik, , ,		Date of Receipt MM / DD / YYYY 05 / 27 / 2017 Transaction ID : SA11AI.30334
Mailing Address 2271 Prairie View Road		Amount of Each Receipt this Period 100.00
City Decorah	State IA	Zip Code 52101-7860
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Tritech Software Systems	Occupation (for Individual) Software Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sipman, Erik, , ,		Date of Receipt MM / DD / YYYY 06 / 27 / 2017 Transaction ID : SA11AI.30335
Mailing Address 2271 Prairie View Road		Amount of Each Receipt this Period 100.00
City Decorah	State IA	Zip Code 52101-7860
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Tritech Software Systems	Occupation (for Individual) Software Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Snell, Ben, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2025 Morris St

City South Bend	State IN	Zip Code 46613
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Universal Bearings	Occupation (for Individual) Electrical Engineer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11AI.30370

Amount of Each Receipt this Period
50.00

Memo Item

B. Spiropoulos, Nick, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9115 Crosby Rd

City Silver Spring	State MD	Zip Code 20910
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cortina Productions inc	Occupation (for Individual) Video Editor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2017

Transaction ID : SA11AI.30430

Amount of Each Receipt this Period
50.00

Memo Item

C. Spiropoulos, Nick, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9115 Crosby Rd

City Silver Spring	State MD	Zip Code 20910
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cortina Productions inc	Occupation (for Individual) Video Editor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

Transaction ID : SA11AI.30431

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	127.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Spiropoulos, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9115 Crosby Rd
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cortina Productions inc Occupation (for Individual) Video Editor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt **04 / 23 / 2017**
Transaction ID : SA11AI.30432
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Spiropoulos, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9115 Crosby Rd
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cortina Productions inc Occupation (for Individual) Video Editor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt **04 / 24 / 2017**
Transaction ID : SA11AI.30433
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Spiropoulos, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9115 Crosby Rd
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cortina Productions inc Occupation (for Individual) Video Editor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 358.00

Date of Receipt **05 / 23 / 2017**
Transaction ID : SA11AI.30434
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 127.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Spiropoulos, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9115 Crosby Rd
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cortina Productions inc Occupation (for Individual) Video Editor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **05 / 24 / 2017**
Transaction ID : SA11AI.30435
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Spiropoulos, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9115 Crosby Rd
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cortina Productions inc Occupation (for Individual) Video Editor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt **06 / 23 / 2017**
Transaction ID : SA11AI.30436
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Spiropoulos, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9115 Crosby Rd
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cortina Productions inc Occupation (for Individual) Video Editor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt **06 / 24 / 2017**
Transaction ID : SA11AI.30437
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Spotz, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14320 Soula Dr NE

City Albuquerque	State NM	Zip Code 87123
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandia National Laboratories	Occupation (for Individual) Scientist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2017

Transaction ID : SA11AI.30440

Amount of Each Receipt this Period
100.00

Memo Item

B. Spotz, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14320 Soula Dr NE

City Albuquerque	State NM	Zip Code 87123
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandia National Laboratories	Occupation (for Individual) Scientist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2017

Transaction ID : SA11AI.30441

Amount of Each Receipt this Period
100.00

Memo Item

C. Spotz, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14320 Soula Dr NE

City Albuquerque	State NM	Zip Code 87123
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandia National Laboratories	Occupation (for Individual) Scientist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : SA11AI.30442

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Spotz, William, , ,			Date of Receipt
Mailing Address 14320 Soula Dr NE			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Albuquerque	State NM	Zip Code 87123	Transaction ID : SA11AI.30443
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Sandia National Laboratories		Occupation (for Individual) Scientist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stratyllis Inc.			Date of Receipt
Mailing Address 6301 S 242nd PL Apt 7-201			<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Kent	State WA	Zip Code 98032	Transaction ID : SA11AI.27123
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stratyllis Inc.			Date of Receipt
Mailing Address 6301 S 242nd PL Apt 7-201			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Kent	State WA	Zip Code 98032	Transaction ID : SA11AI.27124
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Sullivan, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3737 12th Ave S Apt 4
 City Minneapolis State MN Zip Code 55407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 08 / 2017**
Transaction ID : SA11AI.30517
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sullivan, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3737 12th Ave S Apt 4
 City Minneapolis State MN Zip Code 55407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 08 / 2017**
Transaction ID : SA11AI.30518
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Sullivan, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3737 12th Ave S Apt 4
 City Minneapolis State MN Zip Code 55407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 08 / 2017**
Transaction ID : SA11AI.30519
 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).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Sullivan, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3737 12th Ave S Apt 4
 City Minneapolis State MN Zip Code 55407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 08 / 2017
Transaction ID : SA11AI.30520
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Swerlein, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2404 Sunset Dr
 City Longmont State CO Zip Code 80501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2017
Transaction ID : SA11AI.30545
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Swerlein, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2404 Sunset Dr
 City Longmont State CO Zip Code 80501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) None
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2017
Transaction ID : SA11AI.30546
 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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Swerlein, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2404 Sunset Dr
 City Longmont State CO Zip Code 80501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : SA11AI.30547
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Swerlein, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2404 Sunset Dr
 City Longmont State CO Zip Code 80501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.30548
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. tailor, kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 412 Sandy Bay Ter
 City Rockport State MA Zip Code 01966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Darien Computer Occupation (for Individual) Computer Technician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2017
Transaction ID : SA11AI.30560
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. tailor, kirk, , ,		Date of Receipt MM / DD / YYYY 05 / 02 / 2017 Transaction ID : SA11AI.30561
Mailing Address 412 Sandy Bay Ter		Amount of Each Receipt this Period 27.00
City Rockport	State MA	Zip Code 01966
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Darien Computer	Occupation (for Individual) Computer Technician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. tailor, kirk, , ,		Date of Receipt MM / DD / YYYY 05 / 16 / 2017 Transaction ID : SA11AI.30562
Mailing Address 412 Sandy Bay Ter		Amount of Each Receipt this Period 25.00
City Rockport	State MA	Zip Code 01966
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Darien Computer	Occupation (for Individual) Computer Technician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. tailor, kirk, , ,		Date of Receipt MM / DD / YYYY 06 / 02 / 2017 Transaction ID : SA11AI.30563
Mailing Address 412 Sandy Bay Ter		Amount of Each Receipt this Period 27.00
City Rockport	State MA	Zip Code 01966
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Darien Computer	Occupation (for Individual) Computer Technician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 287.00	

SUBTOTAL of Receipts This Page (optional).....▶	79.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. tailor, kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 412 Sandy Bay Ter
 City Rockport State MA Zip Code 01966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Darien Computer Occupation (for Individual) Computer Technician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 06 / 16 / 2017
Transaction ID : SA11AI.30564
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Tatman, Dereck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7481 Sean Taylor Lane
 City San Diego State CA Zip Code 92126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sequenom, Inc. Occupation (for Individual) VP of Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2017
Transaction ID : SA11AI.30577
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Tatman, Dereck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7481 Sean Taylor Lane
 City San Diego State CA Zip Code 92126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sequenom, Inc. Occupation (for Individual) VP of Business Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2017
Transaction ID : SA11AI.30578
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
WOLF PAC

A. Tiernan, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19296 Harleigh Dr
 City Saratoga State CA Zip Code 95070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VFO Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2017
Transaction ID : SA11AI.30617
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Tiernan, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19296 Harleigh Dr
 City Saratoga State CA Zip Code 95070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VFO Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2017
Transaction ID : SA11AI.30618
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Tomblin, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2840 NE 22nd Ct
 City Pompano Beach State FL Zip Code 33062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marubeni Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2017
Transaction ID : SA11AI.30628
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Tomblin, Kelly, , ,

Mailing Address 2840 NE 22nd Ct

City Pompano Beach	State FL	Zip Code 33062
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marubeni	Occupation (for Individual) President and CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2017

Transaction ID : SA11AI.30629

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Tomblin, Kelly, , ,

Mailing Address 2840 NE 22nd Ct

City Pompano Beach	State FL	Zip Code 33062
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marubeni	Occupation (for Individual) President and CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2017

Transaction ID : SA11AI.30630

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Torres, Gabriel, , ,

Mailing Address 7655 Redwood Blvd

City Novato	State CA	Zip Code 94945
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Custom Built Insurance	Occupation (for Individual) Owner/Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2017

Transaction ID : SA11AI.30640

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Torres, Gabriel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7655 Redwood Blvd
 City Novato State CA Zip Code 94945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Custom Built Insurance Occupation (for Individual) Owner/Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 13 / 2017**
Transaction ID : SA11AI.30641
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Toth, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 sunnyridge Ave unit 94
 City Fairfield State CT Zip Code 06824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) General Contractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2017**
Transaction ID : SA11AI.30654
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Toth, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 sunnyridge Ave unit 94
 City Fairfield State CT Zip Code 06824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) General Contractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 30 / 2017**
Transaction ID : SA11AI.30655
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Trego, Patricia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7035 Horner Ave

City St Louis	State MO	Zip Code 63117
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2017

Transaction ID : SA11AI.30666

Amount of Each Receipt this Period
50.00

Memo Item

B. Trego, Patricia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7035 Horner Ave

City St Louis	State MO	Zip Code 63117
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2017

Transaction ID : SA11AI.30667

Amount of Each Receipt this Period
50.00

Memo Item

C. Turbek, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 693 Finnell Rd

City Georgetown	State KY	Zip Code 40324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cisco Systems	Occupation (for Individual) Engineer
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2017

Transaction ID : SA11AI.30687

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Turbek, John, , ,		Date of Receipt MM / DD / YYYY 06 / 29 / 2017 Transaction ID : SA11AI.30688
Mailing Address 693 Finnell Rd		Amount of Each Receipt this Period 50.00
City Georgetown	State KY	Zip Code 40324
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cisco Systems	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vicious Syndicate Gaming		Date of Receipt MM / DD / YYYY 05 / 23 / 2017 Transaction ID : SA11AI.27135
Mailing Address 9353 E waterloo Rd		Amount of Each Receipt this Period 50.00
City Stockton	State CA	Zip Code 95215
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Vicious Syndicate Gaming		Date of Receipt MM / DD / YYYY 06 / 23 / 2017 Transaction ID : SA11AI.27136
Mailing Address 9353 E waterloo Rd		Amount of Each Receipt this Period 50.00
City Stockton	State CA	Zip Code 95215
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 281
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Waite, Jeff, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4532 Oak Crest Hill Rd Se

City Iowa City	State IA	Zip Code 52240
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hawkeye Sewer & Drain Inc.	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2017

Transaction ID : SA11AI.30750

Amount of Each Receipt this Period
100.00

Memo Item

B. Waite, Jeff, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4532 Oak Crest Hill Rd Se

City Iowa City	State IA	Zip Code 52240
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hawkeye Sewer & Drain Inc.	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2017

Transaction ID : SA11AI.30751

Amount of Each Receipt this Period
100.00

Memo Item

C. Waite, Jeff, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4532 Oak Crest Hill Rd Se

City Iowa City	State IA	Zip Code 52240
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hawkeye Sewer & Drain Inc.	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : SA11AI.30752

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Waite, Jeff, , ,		Date of Receipt MM / DD / YYYY 06 / 01 / 2017 Transaction ID : SA11AI.30753
Mailing Address 4532 Oak Crest Hill Rd Se		Amount of Each Receipt this Period 100.00
City Iowa City	State IA	Zip Code 52240
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Hawkeye Sewer & Drain Inc.	Occupation (for Individual) Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Waldschmitt, James, , ,		Date of Receipt MM / DD / YYYY 05 / 30 / 2017 Transaction ID : SA11AI.30758
Mailing Address 6651 NW 48th St		Amount of Each Receipt this Period 50.00
City Johnston	State IA	Zip Code 50131
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Waldschmitt, James, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2017 Transaction ID : SA11AI.30759
Mailing Address 6651 NW 48th St		Amount of Each Receipt this Period 50.00
City Johnston	State IA	Zip Code 50131
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Wall, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1746 Willow Creek Ct
 City San Jose State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Preparatory Academy Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 09 / 2017
Transaction ID : SA11AI.30772
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wall, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1746 Willow Creek Ct
 City San Jose State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Preparatory Academy Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2017
Transaction ID : SA11AI.30773
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wall, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1746 Willow Creek Ct
 City San Jose State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Preparatory Academy Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 09 / 2017
Transaction ID : SA11AI.30774
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wall, Jessica, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 22 / 2017 Transaction ID : SA11AI.30775		
Mailing Address 1746 Willow Creek Ct			Amount of Each Receipt this Period 25.00		
City San Jose	State CA	Zip Code 95124	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00		
Name of Employer (for Individual) University Preparatory Academy		Occupation (for Individual) Teacher	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Webb, Dustin, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2017 Transaction ID : SA11AI.30791		
Mailing Address 2808 st mark Dr			Amount of Each Receipt this Period 50.00		
City mansfield	State TX	Zip Code 76063	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) None		Occupation (for Individual) None	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Webb, Dustin, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 09 / 2017 Transaction ID : SA11AI.30792		
Mailing Address 2808 st mark Dr			Amount of Each Receipt this Period 50.00		
City mansfield	State TX	Zip Code 76063	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00		
Name of Employer (for Individual) None		Occupation (for Individual) None	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 281
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Weigel, Erik, , ,		Date of Receipt
Mailing Address 188 Meadowood Ln		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City Vadnais Heights	State MN	Zip Code 55127
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30803
Name of Employer (for Individual) Electrolux		Occupation (for Individual) Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="checkbox"/> Memo Item
		<input type="text" value="300.00"/>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Weigel, Erik, , ,		Date of Receipt
Mailing Address 188 Meadowood Ln		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City Vadnais Heights	State MN	Zip Code 55127
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30804
Name of Employer (for Individual) Electrolux		Occupation (for Individual) Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="checkbox"/> Memo Item
		<input type="text" value="400.00"/>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Weigel, Erik, , ,		Date of Receipt
Mailing Address 188 Meadowood Ln		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City Vadnais Heights	State MN	Zip Code 55127
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30805
Name of Employer (for Individual) Electrolux		Occupation (for Individual) Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="checkbox"/> Memo Item
		<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 281		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Williams, Bridget, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2017 Transaction ID : SA11AI.30856		
Mailing Address 138 Bidwell Pkwy			Amount of Each Receipt this Period 100.00		
City Buffalo	State NY	Zip Code 14222	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00		
Name of Employer (for Individual) Student		Occupation (for Individual) NA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Williams, Bridget, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2017 Transaction ID : SA11AI.30857		
Mailing Address 138 Bidwell Pkwy			Amount of Each Receipt this Period 100.00		
City Buffalo	State NY	Zip Code 14222	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 400.00		
Name of Employer (for Individual) Student		Occupation (for Individual) NA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Williams, Bridget, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2017 Transaction ID : SA11AI.30858		
Mailing Address 138 Bidwell Pkwy			Amount of Each Receipt this Period 100.00		
City Buffalo	State NY	Zip Code 14222	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00		
Name of Employer (for Individual) Student		Occupation (for Individual) NA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Williams, Bridget, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 138 Bidwell Pkwy
 City Buffalo State NY Zip Code 14222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Student Occupation (for Individual) NA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2017
Transaction ID : SA11AI.30859
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Wood, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5036 Albany Dr
 City Plano State TX Zip Code 75093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAP Occupation (for Individual) Integration Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2017
Transaction ID : SA11AI.30901
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Wood, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5036 Albany Dr
 City Plano State TX Zip Code 75093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAP Occupation (for Individual) Integration Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : SA11AI.30902
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Worden, Jason, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18160 Bancroft Ave

City Monte Sereno	State CA	Zip Code 95030
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : SA11AI.30906

Amount of Each Receipt this Period
100.00

Memo Item

B. Worden, Jason, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18160 Bancroft Ave

City Monte Sereno	State CA	Zip Code 95030
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2017

Transaction ID : SA11AI.30907

Amount of Each Receipt this Period
100.00

Memo Item

C. Worden, Jason, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18160 Bancroft Ave

City Monte Sereno	State CA	Zip Code 95030
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Varian Medical Systems	Occupation (for Individual) Engineer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2017

Transaction ID : SA11AI.30908

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).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Worden, Jason, , ,		Date of Receipt
Mailing Address 18160 Bancroft Ave		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City Monte Sereno	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30909
Name of Employer (for Individual) Varian Medical Systems		Occupation (for Individual) Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
<input type="text" value="600.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. yao, eric, , ,		Date of Receipt
Mailing Address 17301 midsummer Ln		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Castro Valley	State CA	Zip Code 94546
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30934
Name of Employer (for Individual) UC Berkeley		Occupation (for Individual) sw engr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="text" value="250.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. yao, eric, , ,		Date of Receipt
Mailing Address 17301 midsummer Ln		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Castro Valley	State CA	Zip Code 94546
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30935
Name of Employer (for Individual) UC Berkeley		Occupation (for Individual) sw engr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="text" value="300.00"/>		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Zampedro, Val, , ,		Date of Receipt
Mailing Address 1752 Pine Tree St S Apt. F		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2017"/>
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30965
Name of Employer (for Individual) retired		Occupation (for Individual) retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zampedro, Val, , ,		Date of Receipt
Mailing Address 1752 Pine Tree St S Apt. F		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2017"/>
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30966
Name of Employer (for Individual) retired		Occupation (for Individual) retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Zastrow, Janine, , ,		Date of Receipt
Mailing Address 223 Heather Dr		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30967
Name of Employer (for Individual) N/A		Occupation (for Individual) N/A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 281
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Zastrow, Janine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Heather Dr
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2017
Transaction ID : SA11AI.30968
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Zastrow, Janine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Heather Dr
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2017
Transaction ID : SA11AI.30969
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Zastrow, Janine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Heather Dr
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2017
Transaction ID : SA11AI.30970
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 281
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Zastrow, Janine, , ,		Date of Receipt
Mailing Address 223 Heather Dr		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30971
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) N/A		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zastrow, Janine, , ,		Date of Receipt
Mailing Address 223 Heather Dr		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30972
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) N/A		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="42949.00"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 281
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Delta Airlines

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P. O. Box 20706

City Atlanta	State GA	Zip Code 30320
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : SA15.27025

Amount of Each Receipt this Period
380.20

Memo Item

B. Overnight Prints

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7582 Las Vegas Blvd S # 487

City Las Vegas	State NV	Zip Code 89123
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2017

Transaction ID : SA15.27026

Amount of Each Receipt this Period
273.20

Memo Item

C. Southwest Airlines

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2702 Love Field Drive

City Dallas	State TX	Zip Code 75235
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
281.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2017

Transaction ID : SA15.27015

Amount of Each Receipt this Period
281.94

Memo Item

SUBTOTAL of Receipts This Page (optional).....	935.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 281
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Southwest Airlines
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2702 Love Field Drive
 City Dallas State TX Zip Code 75235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2017
Transaction ID : SA15.27020
 Amount of Each Receipt this Period
 298.88
 Memo Item

B. State Fund
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8192
 City Pleasanton State CA Zip Code 94588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA15.27033
 Amount of Each Receipt this Period
 220.79
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	519.67
TOTAL This Period (last page this line number only).....▶	1455.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Aciz, Joshua, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 22 Warren Ave

City Warren State RI Zip Code 02885

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27055

Amount of Each Disbursement this Period: 2602.29

Memo Item

B. Aciz, Joshua, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 22 Warren Ave

City Warren State RI Zip Code 02885

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27057

Amount of Each Disbursement this Period: 2602.29

Memo Item

C. Aciz, Joshua, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 22 Warren Ave

City Warren State RI Zip Code 02885

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27058

Amount of Each Disbursement this Period: 2602.29

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7806.87

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 04 / 28 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.27059 Amount of Each Disbursement this Period [REDACTED] 2602.29	
City Warren	State RI	Zip Code 02885	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.27060 Amount of Each Disbursement this Period [REDACTED] 2602.28	
City Warren	State RI	Zip Code 02885	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.27061 Amount of Each Disbursement this Period [REDACTED] 2602.30	
City Warren	State RI	Zip Code 02885	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 7806.87

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Aciz, Myrianette, , ,		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26931 Amount of Each Disbursement this Period 500.00	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Administrative Business Services		Date of Disbursement MM / DD / YYYY 01 / 18 / 2017	
Mailing Address 5125 Stoney Meadows Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26388 Amount of Each Disbursement this Period 660.00	
City District Heights	State MD	Zip Code 20747	Category/ Type
Purpose of Disbursement Accounting Services			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Administrative Business Services		Date of Disbursement MM / DD / YYYY 02 / 16 / 2017	
Mailing Address 5125 Stoney Meadows Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26517 Amount of Each Disbursement this Period 1625.00	
City District Heights	State MD	Zip Code 20747	Category/ Type
Purpose of Disbursement Accounting Services			
Candidate Name		Memo Item <input type="checkbox"/>	
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 Disbursements This Page (optional).....▶	2785.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City District Heights State MD Zip Code 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.26639**
Amount of Each Disbursement this Period
925.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City District Heights State MD Zip Code 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.26801**
Amount of Each Disbursement this Period
1650.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City District Heights State MD Zip Code 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.26903**
Amount of Each Disbursement this Period
1137.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3712.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City District Heights State MD Zip Code 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26989
Amount of Each Disbursement this Period
1612.50

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.27037
Amount of Each Disbursement this Period
5028.66

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B.27038
Amount of Each Disbursement this Period
61.36

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6702.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2017

FEC Identification Number

C

Transaction ID : SB21B.27039

Amount of Each Disbursement this Period

4887.80

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2017

FEC Identification Number

C

Transaction ID : SB21B.27040

Amount of Each Disbursement this Period

24.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B.27041

Amount of Each Disbursement this Period

61.36

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4973.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27042

Amount of Each Disbursement this Period: 24.00

Memo Item

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27043

Amount of Each Disbursement this Period: 4694.74

Memo Item

C. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27044

Amount of Each Disbursement this Period: 61.36

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4780.10

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27045

Amount of Each Disbursement this Period: 24.00

Memo Item

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27046

Amount of Each Disbursement this Period: 4714.39

Memo Item

C. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27047

Amount of Each Disbursement this Period: 61.36

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4799.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27048

Amount of Each Disbursement this Period: 24.00

Memo Item

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27049

Amount of Each Disbursement this Period: 4711.16

Memo Item

C. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27051

Amount of Each Disbursement this Period: 61.36

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4796.52

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27051

Amount of Each Disbursement this Period: 4631.14

Memo Item

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27052

Amount of Each Disbursement this Period: 24.00

Memo Item

C. Advantage Car Rental

Full Name (Last, First, Middle Initial)

Mailing Address 1 Airport Blvd

City Orlando State FL Zip Code 32827

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26488

Amount of Each Disbursement this Period: 367.74

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5022.88

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. AirBNB		Date of Disbursement MM / DD / YYYY 03 / 22 / 2017
Mailing Address 888 Brannan Street		FEC Identification Number C Transaction ID : SB21B.26669 Amount of Each Disbursement this Period 135.00
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AirBNB		Date of Disbursement MM / DD / YYYY 03 / 27 / 2017
Mailing Address 888 Brannan Street		FEC Identification Number C Transaction ID : SB21B.26696 Amount of Each Disbursement this Period 229.00
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. AirBNB		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017
Mailing Address 888 Brannan Street		FEC Identification Number C Transaction ID : SB21B.2673t Amount of Each Disbursement this Period 58.00
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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 Disbursements This Page (optional).....▶	422.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. AirBNB

Mailing Address 888 Brannan Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26807
Amount of Each Disbursement this Period
274.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Airport Valet and Park

Mailing Address 155 Crescent Ave

City Chelsea State MA Zip Code 02150

Purpose of Disbursement
Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26700
Amount of Each Disbursement this Period
221.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Airport Valet and Park

Mailing Address 155 Crescent Ave

City Chelsea State MA Zip Code 02150

Purpose of Disbursement
Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26778
Amount of Each Disbursement this Period
169.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

664.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Alaska Air

Mailing Address PO Box 68900

City
Seattle

State
WA

Zip Code
98168

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C _____
Transaction ID : SB21B.26361
 Amount of Each Disbursement this Period
 _____ 309.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Alaska Air

Mailing Address PO Box 68900

City
Seattle

State
WA

Zip Code
98168

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	7

FEC Identification Number

C _____
Transaction ID : SB21B.26372
 Amount of Each Disbursement this Period
 _____ 259.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Alaska Air

Mailing Address PO Box 68900

City
Seattle

State
WA

Zip Code
98168

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	7

FEC Identification Number

C _____
Transaction ID : SB21B.26393
 Amount of Each Disbursement this Period
 _____ 271.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8	3	9	.	6	0
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TOTAL This Period (last page this line number only)..... ▶

8	3	9	.	6	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Date of Disbursement
MM / DD / YYYY
01 / 24 / 2017

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C Transaction ID : **SB21B.26415**
Amount of Each Disbursement this Period
25.00

Memo Item

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

Date of Disbursement
MM / DD / YYYY
01 / 09 / 2017

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C Transaction ID : **SB21B.26347**
Amount of Each Disbursement this Period
496.80

Memo Item

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

Date of Disbursement
MM / DD / YYYY
01 / 30 / 2017

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C Transaction ID : **SB21B.26433**
Amount of Each Disbursement this Period
467.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 989.40

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26545
Amount of Each Disbursement this Period
237.90

Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26553
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26661
Amount of Each Disbursement this Period
25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

287.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Date of Disbursement: MM / DD / YYYY
04 / 18 / 2017

Mailing Address P.O. Box 619616, MD 5675

City: DFW Airport, State: TX, Zip Code: 75261

Purpose of Disbursement: Travel

Candidate Name: _____

Office Sought: House, Senate, President
State: _____ District: _____

Disbursement For: Primary, General, Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.26795**
Amount of Each Disbursement this Period: 403.80

Memo Item

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

Date of Disbursement: MM / DD / YYYY
01 / 04 / 2017

Mailing Address P.O. Box 8999

City: San Francisco, State: CA, Zip Code: 94128

Purpose of Disbursement: Credit Card Processing Fees

Candidate Name: _____

Office Sought: House, Senate, President
State: _____ District: _____

Disbursement For: Primary, General, Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.26330**
Amount of Each Disbursement this Period: 1957.68

Memo Item

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

Date of Disbursement: MM / DD / YYYY
01 / 05 / 2017

Mailing Address P.O. Box 8999

City: San Francisco, State: CA, Zip Code: 94128

Purpose of Disbursement: Credit Card Processing Fees

Candidate Name: _____

Office Sought: House, Senate, President
State: _____ District: _____

Disbursement For: Primary, General, Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.26334**
Amount of Each Disbursement this Period: 18.66

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2380.14

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 06 / 2017

FEC Identification Number
C
Transaction ID : **SB21B.26337**
Amount of Each Disbursement this Period
54.87

Memo Item

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

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 09 / 2017

FEC Identification Number
C
Transaction ID : **SB21B.26343**
Amount of Each Disbursement this Period
18.50

Memo Item

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

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 10 / 2017

FEC Identification Number
C
Transaction ID : **SB21B.26351**
Amount of Each Disbursement this Period
88.91

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 162.28

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Date of Disbursement
MM / DD / YYYY
01 / 11 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.26359**
Amount of Each Disbursement this Period
229.46

Memo Item

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

Date of Disbursement
MM / DD / YYYY
01 / 12 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.26364**
Amount of Each Disbursement this Period
89.78

Memo Item

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

Date of Disbursement
MM / DD / YYYY
01 / 13 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.26376**
Amount of Each Disbursement this Period
40.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 359.34

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 01 / 17 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26381 Amount of Each Disbursement this Period [] 35.48	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 01 / 18 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26385 Amount of Each Disbursement this Period [] 62.87	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 01 / 18 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26387 Amount of Each Disbursement this Period [] 62.83	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 161.18
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26416
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.27053
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.2642t
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 01 / 25 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.27054 Amount of Each Disbursement this Period [] 90.00	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 01 / 26 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26425 Amount of Each Disbursement this Period [] 16.47	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 01 / 27 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.2643t Amount of Each Disbursement this Period [] 19.18	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 125.65
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26434
Amount of Each Disbursement this Period
98.02

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26440
Amount of Each Disbursement this Period
47.35

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26447
Amount of Each Disbursement this Period
69.21

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

214.58

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 02 / 01 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26449 Amount of Each Disbursement this Period [REDACTED] 1237.28	
City San Francisco	State CA	Zip Code 94128	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 02 / 02 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26457 Amount of Each Disbursement this Period [REDACTED] 44.41	
City San Francisco	State CA	Zip Code 94128	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 02 / 03 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26458 Amount of Each Disbursement this Period [REDACTED] 435.36	
City San Francisco	State CA	Zip Code 94128	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1717.05
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.26459

Amount of Each Disbursement this Period

4	6	.	1	7
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.26467

Amount of Each Disbursement this Period

1	8	.	6	3
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.26468

Amount of Each Disbursement this Period

2	4	.	2	4
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Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8	9	.	0	4
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Date of Disbursement
MM / DD / YYYY
02 / 08 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.26471**
Amount of Each Disbursement this Period
30.32

Memo Item

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

Date of Disbursement
MM / DD / YYYY
02 / 09 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.26487**
Amount of Each Disbursement this Period
12.24

Memo Item

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

Date of Disbursement
MM / DD / YYYY
02 / 10 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.26494**
Amount of Each Disbursement this Period
59.83

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 102.39

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.26505
Amount of Each Disbursement this Period
[] 330.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.26510
Amount of Each Disbursement this Period
[] 31.62

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.26513
Amount of Each Disbursement this Period
[] 52.38

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	1	4	.	4	0
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4	1	4	.	4	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	1	7		

FEC Identification Number

C []
Transaction ID : SB21B.26515
Amount of Each Disbursement this Period
[] 34.46

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.26523
Amount of Each Disbursement this Period
[] 32.23

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.26532
Amount of Each Disbursement this Period
[] 78.56

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[]	145.25
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[]	
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2017

FEC Identification Number

C []
Transaction ID : SB21B.26535
 Amount of Each Disbursement this Period
 [] 34.18

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2017

FEC Identification Number

C []
Transaction ID : SB21B.26539
 Amount of Each Disbursement this Period
 [] 34.17

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2017

FEC Identification Number

C []
Transaction ID : SB21B.26543
 Amount of Each Disbursement this Period
 [] 19.19

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 87.54

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

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 02 / 27 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26562 Amount of Each Disbursement this Period [] 61.26	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26568 Amount of Each Disbursement this Period [] 41.33	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26572 Amount of Each Disbursement this Period [] 1169.94	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1272.53
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26583
Amount of Each Disbursement this Period
166.74

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26585
Amount of Each Disbursement this Period
419.21

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26588
Amount of Each Disbursement this Period
85.52

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

671.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26592
Amount of Each Disbursement this Period
14.46

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26596
Amount of Each Disbursement this Period
1728.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26603
Amount of Each Disbursement this Period
27.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1770.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.26606
Amount of Each Disbursement this Period
[] 52.45

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.26617
Amount of Each Disbursement this Period
[] 312.41

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.26621
Amount of Each Disbursement this Period
[] 30.83

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
						3	9	5	.6

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26630

Amount of Each Disbursement this Period

46.24

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26634

Amount of Each Disbursement this Period

29.79

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26635

Amount of Each Disbursement this Period

29.67

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

105.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.26649
Amount of Each Disbursement this Period
[] 53.56

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.26655
Amount of Each Disbursement this Period
[] 17.38

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.26671
Amount of Each Disbursement this Period
[] 33.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
						1	0	4	9

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.26674

Amount of Each Disbursement this Period

[REDACTED] 32.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.26686

Amount of Each Disbursement this Period

[REDACTED] 17.42

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.26713

Amount of Each Disbursement this Period

[REDACTED] 61.37

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 111.19

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 03 / 28 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26718 Amount of Each Disbursement this Period [] 34.97	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 03 / 29 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26722 Amount of Each Disbursement this Period [] 24.36	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26725 Amount of Each Disbursement this Period [] 25.46	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 84.79
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 03 / 31 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26728 Amount of Each Disbursement this Period 39.87
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26741 Amount of Each Disbursement this Period 1657.39
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		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. Authorize.net		Date of Disbursement MM / DD / YYYY 04 / 04 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26745 Amount of Each Disbursement this Period 24.06
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		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 Disbursements This Page (optional).....▶	1721.32
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 04 / 05 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26753 Amount of Each Disbursement this Period [] 382.17	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 04 / 06 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26757 Amount of Each Disbursement this Period [] 42.32	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 04 / 07 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.26755 Amount of Each Disbursement this Period [] 17.43	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 441.92
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.26765
Amount of Each Disbursement this Period
[] 94.63

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.26770
Amount of Each Disbursement this Period
[] 230.01

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.26776
Amount of Each Disbursement this Period
[] 85.59

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	1	0	.	2	3
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 04 / 13 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26781 Amount of Each Disbursement this Period 37.22
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 04 / 14 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26786 Amount of Each Disbursement this Period 36.00
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		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. Authorize.net		Date of Disbursement MM / DD / YYYY 04 / 17 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26793 Amount of Each Disbursement this Period 117.89
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		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 Disbursements This Page (optional)..... ▶

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

191.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26800

Amount of Each Disbursement this Period

24.13

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26805

Amount of Each Disbursement this Period

21.61

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26808

Amount of Each Disbursement this Period

26.22

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

71.96

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C _____
Transaction ID : SB21B.26815
 Amount of Each Disbursement this Period
 _____ 27.98

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C _____
Transaction ID : SB21B.26831
 Amount of Each Disbursement this Period
 _____ 89.59

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C _____
Transaction ID : SB21B.2683c
 Amount of Each Disbursement this Period
 _____ 31.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	4	8	5	9
---	---	---	---	---

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

1	4	8	5	9
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.26863**
Amount of Each Disbursement this Period
1458.48

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.26865**
Amount of Each Disbursement this Period
91.32

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.26866**
Amount of Each Disbursement this Period
362.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1911.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26872
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26874
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26877
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26882
Amount of Each Disbursement this Period
79.14

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26885
Amount of Each Disbursement this Period
21.80

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26888
Amount of Each Disbursement this Period
55.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

156.93

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26890
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26890
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26902
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26906
Amount of Each Disbursement this Period
26.07

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26907
Amount of Each Disbursement this Period
21.52

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26908
Amount of Each Disbursement this Period
21.34

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

68.93

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26912
Amount of Each Disbursement this Period
77.30

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26916
Amount of Each Disbursement this Period
26.57

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26917
Amount of Each Disbursement this Period
16.14

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

120.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.26918
Amount of Each Disbursement this Period
[] 27.56

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.26923
Amount of Each Disbursement this Period
[] 17.43

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.26927
Amount of Each Disbursement this Period
[] 102.52

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
						1	4	7	.51

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26930 Amount of Each Disbursement this Period 41.98
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 01 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26930 Amount of Each Disbursement this Period 1398.70
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		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. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 02 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26930 Amount of Each Disbursement this Period 43.31
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		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 Disbursements This Page (optional).....▶	1483.99
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Authorize.net

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 05 / 2017

FEC Identification Number
C
Transaction ID : SB21B.26948
Amount of Each Disbursement this Period
545.17

Memo Item

B. Authorize.net

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 06 / 2017

FEC Identification Number
C
Transaction ID : SB21B.26953
Amount of Each Disbursement this Period
33.61

Memo Item

C. Authorize.net

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number
C
Transaction ID : SB21B.26957
Amount of Each Disbursement this Period
16.88

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 595.66

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26962
Amount of Each Disbursement this Period
99.23

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26967
Amount of Each Disbursement this Period
21.24

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26971
Amount of Each Disbursement this Period
326.55

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

447.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 13 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26975 Amount of Each Disbursement this Period 30.49
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26980 Amount of Each Disbursement this Period 31.77
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		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. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 15 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.26981 Amount of Each Disbursement this Period 42.06
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		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 Disbursements This Page (optional).....▶	104.32
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26987
Amount of Each Disbursement this Period
103.24

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26988
Amount of Each Disbursement this Period
16.17

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26992
Amount of Each Disbursement this Period
30.47

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

149.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.26997**
Amount of Each Disbursement this Period
32.26

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.26999**
Amount of Each Disbursement this Period
26.31

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.27005**
Amount of Each Disbursement this Period
62.83

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

121.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [REDACTED] Transaction ID : SB21B.27008 Amount of Each Disbursement this Period [REDACTED] 12.80	
City San Francisco	State CA	Zip Code 94128	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [REDACTED] Transaction ID : SB21B.27010 Amount of Each Disbursement this Period [REDACTED] 31.23	
City San Francisco	State CA	Zip Code 94128	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [REDACTED] Transaction ID : SB21B.27011 Amount of Each Disbursement this Period [REDACTED] 20.05	
City San Francisco	State CA	Zip Code 94128	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fees		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:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 64.08
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City
San Francisco

State
CA

Zip Code
94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.27012

Amount of Each Disbursement this Period

[REDACTED] 27.86

Memo Item

Full Name (Last, First, Middle Initial)

B. Avis Rent-a-Car

Mailing Address 6 Sylvan Way

City
Parsippany

State
NJ

Zip Code
07054

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.26809

Amount of Each Disbursement this Period

[REDACTED] 70.38

Memo Item

Full Name (Last, First, Middle Initial)

C. Avis Rent-a-Car

Mailing Address 6 Sylvan Way

City
Parsippany

State
NJ

Zip Code
07054

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.26856

Amount of Each Disbursement this Period

[REDACTED] 66.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 164.55

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Avis Rent-a-Car		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address 6 Sylvan Way		FEC Identification Number C Transaction ID : SB21B.26976 Amount of Each Disbursement this Period 116.17
City Parsippany	State NJ	
Zip Code 07054	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Avis Rent-a-Car		Date of Disbursement MM / DD / YYYY 06 / 21 / 2017
Mailing Address 6 Sylvan Way		FEC Identification Number C Transaction ID : SB21B.26991 Amount of Each Disbursement this Period 26.75
City Parsippany	State NJ	
Zip Code 07054	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Bondurant, Kenneth, , ,		Date of Disbursement MM / DD / YYYY 02 / 16 / 2017
Mailing Address 1302 D Tyler Ave		FEC Identification Number C Transaction ID : SB21B.26516 Amount of Each Disbursement this Period 500.00
City Radford	State VA	
Zip Code 24141	Purpose of Disbursement Strategic Consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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 Disbursements This Page (optional)..... ▶

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

642.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Bondurant, Kenneth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1302 D Tyler Ave

City Radford State VA Zip Code 24141

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26689

Amount of Each Disbursement this Period: 550.00

Memo Item

B. Budget Car Rental

Full Name (Last, First, Middle Initial)

Mailing Address 6 Sylvan Way, #1

City Parisippany State NJ Zip Code 07054

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26380

Amount of Each Disbursement this Period: 488.88

Memo Item

C. Budget Car Rental

Full Name (Last, First, Middle Initial)

Mailing Address 6 Sylvan Way, #1

City Parisippany State NJ Zip Code 07054

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26605

Amount of Each Disbursement this Period: 46.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1085.68

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Budget Car Rental

Mailing Address 6 Sylvan Way, #1

City Parisippany State NJ Zip Code 07054

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26715
Amount of Each Disbursement this Period
0.01

Memo Item

Full Name (Last, First, Middle Initial)

B. Champs Auto Care

Mailing Address 23765 Pebble Run Pl Suite 110

City Sterling State VA Zip Code 20166

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26477
Amount of Each Disbursement this Period
793.23

Memo Item

Full Name (Last, First, Middle Initial)

C. Comfort Inn O'Hare

Mailing Address 2175 E Touhy Ave

City Des Plaines State IL Zip Code 60018

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26928
Amount of Each Disbursement this Period
684.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1477.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Comfort Inn O'Hare		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017	
Mailing Address 2175 E Touhy Ave			
City Des Plaines	State IL	Zip Code 60018	
Purpose of Disbursement Lodging		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Transaction ID : SB21B.26934 Amount of Each Disbursement this Period 114.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Comfort Inn O'Hare		Date of Disbursement MM / DD / YYYY 06 / 02 / 2017	
Mailing Address 2175 E Touhy Ave			
City Des Plaines	State IL	Zip Code 60018	
Purpose of Disbursement Lodging		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Transaction ID : SB21B.26937 Amount of Each Disbursement this Period 103.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Comfort Inn O'Hare		Date of Disbursement MM / DD / YYYY 06 / 05 / 2017	
Mailing Address 2175 E Touhy Ave			
City Des Plaines	State IL	Zip Code 60018	
Purpose of Disbursement Lodging		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Transaction ID : SB21B.26944 Amount of Each Disbursement this Period 103.00	
		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

320.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Continental National America Group

Mailing Address 333 South Wabash Avenue

City Chicago State IL Zip Code 60604

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26620
Amount of Each Disbursement this Period
1060.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Continental National America Group

Mailing Address 333 South Wabash Avenue

City Chicago State IL Zip Code 60604

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26688
Amount of Each Disbursement this Period
494.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26466
Amount of Each Disbursement this Period
226.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1780.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement MM / DD / YYYY 03 / 24 / 2017
Mailing Address P. O. Box 20706		FEC Identification Number C Transaction ID : SB21B.26678 Amount of Each Disbursement this Period 380.20
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017
Mailing Address P. O. Box 20706		FEC Identification Number C Transaction ID : SB21B.26729 Amount of Each Disbursement this Period 803.20
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Delta Airlines		Date of Disbursement MM / DD / YYYY 06 / 08 / 2017
Mailing Address P. O. Box 20706		FEC Identification Number C Transaction ID : SB21B.26963 Amount of Each Disbursement this Period 25.00
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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 Disbursements This Page (optional).....▶	1208.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Democracy Engine		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017
Mailing Address 2125 14TH STREET NW #101W		FEC Identification Number C [] Transaction ID : SB21B.31004 Amount of Each Disbursement this Period [] 327.02
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Enterprise Rent a Car		Date of Disbursement MM / DD / YYYY 03 / 09 / 2017
Mailing Address 445 SW Pine Street		FEC Identification Number C [] Transaction ID : SB21B.26602 Amount of Each Disbursement this Period [] 250.00
City Portland	State OR	Zip Code 97204
Purpose of Disbursement Travel		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Enterprise Rent a Car		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address 445 SW Pine Street		FEC Identification Number C [] Transaction ID : SB21B.26641 Amount of Each Disbursement this Period [] 150.00
City Portland	State OR	Zip Code 97204
Purpose of Disbursement Travel		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 727.02
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. EZ Pass

Mailing Address 911 Old Liverpool Rd
#2

City Liverpool State NY Zip Code 13088

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.26924
Amount of Each Disbursement this Period
[] 58.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB21B.26559
Amount of Each Disbursement this Period
[] 1501.90

Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.26567
Amount of Each Disbursement this Period
[] 750.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	3	1	0	8	8
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address 1601 Willow Road		FEC Identification Number C Transaction ID : SB21B.26573 Amount of Each Disbursement this Period 152.19
City Menlo Park	State CA	
Purpose of Disbursement Internet Advertising	Zip Code 94025	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address 1601 Willow Road		FEC Identification Number C Transaction ID : SB21B.26581 Amount of Each Disbursement this Period 750.26
City Menlo Park	State CA	
Purpose of Disbursement Internet Advertising	Zip Code 94025	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Facebook		Date of Disbursement MM / DD / YYYY 03 / 09 / 2017
Mailing Address 1601 Willow Road		FEC Identification Number C Transaction ID : SB21B.26601 Amount of Each Disbursement this Period 750.35
City Menlo Park	State CA	
Purpose of Disbursement Internet Advertising	Zip Code 94025	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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 Disbursements This Page (optional).....▶	1652.80
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26633
Amount of Each Disbursement this Period
750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26642
Amount of Each Disbursement this Period
750.34

Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26644
Amount of Each Disbursement this Period
750.87

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2251.21

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26727
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26737
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26771
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26788
Amount of Each Disbursement this Period
750.82

Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26790
Amount of Each Disbursement this Period
750.35

Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26862
Amount of Each Disbursement this Period
658.56

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2159.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Facebook

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	7

Mailing Address 1601 Willow Road

FEC Identification Number

C []
Transaction ID : SB21B.26935
 Amount of Each Disbursement this Period
 [] 294.99

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Internet Advertising

Category/
Type

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. Fastsigns

Date of Disbursement

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

Mailing Address 407 Second St NW

FEC Identification Number

C []
Transaction ID : SB21B.26552
 Amount of Each Disbursement this Period
 [] 2968.58

City Albuquerque State NM Zip Code 87102

Purpose of Disbursement
Printing

Category/
Type

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. Fastsigns

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	7

Mailing Address 407 Second St NW

FEC Identification Number

C []
Transaction ID : SB21B.26588
 Amount of Each Disbursement this Period
 [] 180.00

City Albuquerque State NM Zip Code 87102

Purpose of Disbursement
Printing

Category/
Type

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 3443.57

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

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Fedex Office		Date of Disbursement MM / DD / YYYY 01 / 26 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26424 Amount of Each Disbursement this Period [] 38.98
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 01 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26446 Amount of Each Disbursement this Period [] 20.22
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 06 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26461 Amount of Each Disbursement this Period [] 185.38
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 244.58
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 09 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26481 Amount of Each Disbursement this Period [] 2.86
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 10 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26490 Amount of Each Disbursement this Period [] 57.06
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 13 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26495 Amount of Each Disbursement this Period [] 21.53
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 81.45
[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 13 / 2017	
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26498 Amount of Each Disbursement this Period [] 59.85	
City San Francisco	State CA	Zip Code 94103	Category/ Type []
Purpose of Disbursement Printing		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 21 / 2017	
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26524 Amount of Each Disbursement this Period [] 21.27	
City San Francisco	State CA	Zip Code 94103	Category/ Type []
Purpose of Disbursement Printing		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Fedex Office		Date of Disbursement MM / DD / YYYY 02 / 21 / 2017	
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26527 Amount of Each Disbursement this Period [] 72.71	
City San Francisco	State CA	Zip Code 94103	Category/ Type []
Purpose of Disbursement Printing		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 153.83
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Fedex Office

Mailing Address 1155 Harrison Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26563
Amount of Each Disbursement this Period
76.53

Memo Item

Full Name (Last, First, Middle Initial)

B. Fedex Office

Mailing Address 1155 Harrison Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26582
Amount of Each Disbursement this Period
105.25

Memo Item

Full Name (Last, First, Middle Initial)

C. Fedex Office

Mailing Address 1155 Harrison Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26604
Amount of Each Disbursement this Period
37.74

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

219.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Fedex Office			Date of Disbursement MM / DD / YYYY 03 / 20 / 2017		
Mailing Address 1155 Harrison Street			FEC Identification Number C [] Transaction ID : SB21B.26643 Amount of Each Disbursement this Period [] 189.69		
City San Francisco	State CA	Zip Code 94103	Category/Type []		
Purpose of Disbursement Printing		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) ▼		<input type="checkbox"/> Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) B. Fedex Office			Date of Disbursement MM / DD / YYYY 03 / 28 / 2017		
Mailing Address 1155 Harrison Street			FEC Identification Number C [] Transaction ID : SB21B.26714 Amount of Each Disbursement this Period [] 20.63		
City San Francisco	State CA	Zip Code 94103	Category/Type []		
Purpose of Disbursement Printing		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) ▼		<input type="checkbox"/> Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) C. Fedex Office			Date of Disbursement MM / DD / YYYY 04 / 26 / 2017		
Mailing Address 1155 Harrison Street			FEC Identification Number C [] Transaction ID : SB21B.2683t Amount of Each Disbursement this Period [] 37.26		
City San Francisco	State CA	Zip Code 94103	Category/Type []		
Purpose of Disbursement Printing		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) ▼		<input type="checkbox"/> Memo Item		
State: District:					
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 247.58		
TOTAL This Period (last page this line number only)..... ▶			[]		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Fedex Office		Date of Disbursement MM / DD / YYYY 05 / 09 / 2017	
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26883 Amount of Each Disbursement this Period [] 38.39	
City San Francisco	State CA	Zip Code 94103	Category/ Type []
Purpose of Disbursement Printing		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Fedex Office		Date of Disbursement MM / DD / YYYY 05 / 10 / 2017	
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26887 Amount of Each Disbursement this Period [] 42.55	
City San Francisco	State CA	Zip Code 94103	Category/ Type []
Purpose of Disbursement Printing		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Fedex Office		Date of Disbursement MM / DD / YYYY 05 / 15 / 2017	
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.26897 Amount of Each Disbursement this Period [] 111.72	
City San Francisco	State CA	Zip Code 94103	Category/ Type []
Purpose of Disbursement Printing		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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 192.66
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Frontier Airlines		Date of Disbursement MM / DD / YYYY 01 / 25 / 2017
Mailing Address 7001 Tower Rd		FEC Identification Number C Transaction ID : SB21B.26422 Amount of Each Disbursement this Period 65.00
City Denver	State CO	
Zip Code 80249		Memo Item <input type="checkbox"/>
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.26580 Amount of Each Disbursement this Period 100.00
City Mountain View	State CA	
Zip Code 94043		Memo Item <input type="checkbox"/>
Purpose of Disbursement Web Advertising	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Google		Date of Disbursement MM / DD / YYYY 03 / 23 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.26673 Amount of Each Disbursement this Period 400.00
City Mountain View	State CA	
Zip Code 94043		Memo Item <input type="checkbox"/>
Purpose of Disbursement Web Advertising	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)..... ▶

565.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.26739 Amount of Each Disbursement this Period 100.00
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 05 / 03 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.26870 Amount of Each Disbursement this Period 100.00
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Google		Date of Disbursement MM / DD / YYYY 06 / 05 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.26945 Amount of Each Disbursement this Period 100.00
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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 Disbursements This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 06 / 22 / 2017	
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [] Transaction ID : SB21B.26996 Amount of Each Disbursement this Period [] 29.99	
City Mountain View	State CA	Zip Code 94043	Category/ Type []
Purpose of Disbursement Web Advertising		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017	
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [] Transaction ID : SB21B.27007 Amount of Each Disbursement this Period [] 29.99	
City Mountain View	State CA	Zip Code 94043	Category/ Type []
Purpose of Disbursement Web Advertising		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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Gulf Oil		Date of Disbursement MM / DD / YYYY 02 / 22 / 2017	
Mailing Address 14 Ascutney Store R		FEC Identification Number C [] Transaction ID : SB21B.26533 Amount of Each Disbursement this Period [] 36.32	
City Ascutney	State VT	Zip Code 05030	Category/ Type []
Purpose of Disbursement Travel		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:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 96.30
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Gulf Oil		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017	
Mailing Address 14 Ascutney Store R			
City Ascutney	State VT	Zip Code 05030	
Purpose of Disbursement Travel		Category/ Type	FEC Identification Number C
Candidate Name			Transaction ID : SB21B.26860 Amount of Each Disbursement this Period 20.92
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Gulf Oil		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017	
Mailing Address 14 Ascutney Store R			
City Ascutney	State VT	Zip Code 05030	
Purpose of Disbursement Travel		Category/ Type	FEC Identification Number C
Candidate Name			Transaction ID : SB21B.26908 Amount of Each Disbursement this Period 37.91
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Gulf Oil		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017	
Mailing Address 14 Ascutney Store R			
City Ascutney	State VT	Zip Code 05030	
Purpose of Disbursement Travel		Category/ Type	FEC Identification Number C
Candidate Name			Transaction ID : SB21B.26911 Amount of Each Disbursement this Period 38.10
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	96.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Gulf Oil		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017	
Mailing Address 14 Ascutney Store R		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26926 Amount of Each Disbursement this Period 36.68	
City Ascutney	State VT	Zip Code 05030	Category/ Type [REDACTED]
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gulf Oil		Date of Disbursement MM / DD / YYYY 06 / 15 / 2017	
Mailing Address 14 Ascutney Store R		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26984 Amount of Each Disbursement this Period 26.31	
City Ascutney	State VT	Zip Code 05030	Category/ Type [REDACTED]
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 01 / 30 / 2017	
Mailing Address 10419 Slater Ave 202		FEC Identification Number C [REDACTED] Transaction ID : SB21B.27062 Amount of Each Disbursement this Period 3680.19	
City Fountain Valley	State CA	Zip Code 92708	Category/ Type [REDACTED]
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
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 Disbursements This Page (optional).....▶	3743.18
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address 10419 Slater Ave 202		FEC Identification Number C Transaction ID : SB21B.27063 Amount of Each Disbursement this Period 3680.19
City Fountain Valley	State CA	
Purpose of Disbursement Payroll		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 03 / 17 / 2017
Mailing Address 10419 Slater Ave 202		FEC Identification Number C Transaction ID : SB21B.26636 Amount of Each Disbursement this Period 624.50
City Fountain Valley	State CA	
Purpose of Disbursement List Purchase		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. New Mexico Secretary of State		Date of Disbursement MM / DD / YYYY 03 / 17 / 2017
Mailing Address 490 Old Santa Fe Trail		FEC Identification Number C Transaction ID : SB21B.26636 Amount of Each Disbursement this Period 624.50
City Santa Fe	State NM	
Purpose of Disbursement List Purchase		Memo Item <input checked="" 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 Disbursements This Page (optional).....▶	4304.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 03 / 29 / 2017
Mailing Address 10419 Slater Ave 202		FEC Identification Number C Transaction ID : SB21B.27064 Amount of Each Disbursement this Period 3680.18
City Fountain Valley	State CA	
Purpose of Disbursement Payroll		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 04 / 28 / 2017
Mailing Address 10419 Slater Ave 202		FEC Identification Number C Transaction ID : SB21B.27065 Amount of Each Disbursement this Period 3680.19
City Fountain Valley	State CA	
Purpose of Disbursement Payroll		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. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017
Mailing Address 10419 Slater Ave 202		FEC Identification Number C Transaction ID : SB21B.27066 Amount of Each Disbursement this Period 3680.19
City Fountain Valley	State CA	
Purpose of Disbursement Payroll		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 Disbursements This Page (optional)..... ▶

11040.56

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address 10419 Slater Ave 202		FEC Identification Number C Transaction ID : SB21B.27067 Amount of Each Disbursement this Period 3680.18
City Fountain Valley	State CA	
Purpose of Disbursement Payroll	Zip Code 92708	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Hawaiian Airlines		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017
Mailing Address PO Box 30008		FEC Identification Number C Transaction ID : SB21B.26740 Amount of Each Disbursement this Period 253.20
City Honolulu	State HI	
Purpose of Disbursement Advertising	Zip Code 96820	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Hotels.com		Date of Disbursement MM / DD / YYYY 02 / 21 / 2017
Mailing Address 5400 LBJ Freeway Suite 500		FEC Identification Number C Transaction ID : SB21B.26525 Amount of Each Disbursement this Period 842.28
City Dallas	State TX	
Purpose of Disbursement Lodging	Zip Code 75240	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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 Disbursements This Page (optional).....▶	4775.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotels.com

Mailing Address 5400 LBJ Freeway
Suite 500

City Dallas State TX Zip Code 75240

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26561
Amount of Each Disbursement this Period
145.86

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.com

Mailing Address 5400 LBJ Freeway
Suite 500

City Dallas State TX Zip Code 75240

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26565
Amount of Each Disbursement this Period
291.92

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotels.com

Mailing Address 5400 LBJ Freeway
Suite 500

City Dallas State TX Zip Code 75240

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26824
Amount of Each Disbursement this Period
63.55

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

501.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26348
Amount of Each Disbursement this Period
73.52

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26352
Amount of Each Disbursement this Period
50.25

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2017

FEC Identification Number

C
Transaction ID : SB21B.2636t
Amount of Each Disbursement this Period
65.97

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

189.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Hotwire

Full Name (Last, First, Middle Initial)

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26366

Amount of Each Disbursement this Period: 61.75

Memo Item

B. Hotwire

Full Name (Last, First, Middle Initial)

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26408

Amount of Each Disbursement this Period: 52.70

Memo Item

C. Hotwire

Full Name (Last, First, Middle Initial)

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 26 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26423

Amount of Each Disbursement this Period: 364.54

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 478.99

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26460
Amount of Each Disbursement this Period
382.72

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26497
Amount of Each Disbursement this Period
148.13

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26511
Amount of Each Disbursement this Period
314.39

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

845.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : **SB21B.26526**
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : **SB21B.26607**
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : **SB21B.26615**
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26629
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26651
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26654
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26691
Amount of Each Disbursement this Period
87.67

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26730
Amount of Each Disbursement this Period
94.48

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26751
Amount of Each Disbursement this Period
60.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

242.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Hotwire

Full Name (Last, First, Middle Initial)

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26755

Amount of Each Disbursement this Period: 181.11

Memo Item

B. Hotwire

Full Name (Last, First, Middle Initial)

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26761

Amount of Each Disbursement this Period: 151.02

Memo Item

C. Hotwire

Full Name (Last, First, Middle Initial)

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26783

Amount of Each Disbursement this Period: 52.53

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 384.66

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26791
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26806
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26811
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26871
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26879
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26945
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26973
Amount of Each Disbursement this Period
136.67

Memo Item

Full Name (Last, First, Middle Initial)

B. JetBlue

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26610
Amount of Each Disbursement this Period
154.20

Memo Item

Full Name (Last, First, Middle Initial)

C. JetBlue

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26614
Amount of Each Disbursement this Period
50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

340.87

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. JetBlue

Full Name (Last, First, Middle Initial)

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 13 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.26616**

Amount of Each Disbursement this Period: 58.00

Memo Item

B. JetBlue

Full Name (Last, First, Middle Initial)

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 10 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.26760**

Amount of Each Disbursement this Period: 515.80

Memo Item

C. JetBlue

Full Name (Last, First, Middle Initial)

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 05 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.26943**

Amount of Each Disbursement this Period: 283.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 857.20

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. JetBlue

Full Name (Last, First, Middle Initial)

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26977

Amount of Each Disbursement this Period: 89.00

Memo Item

B. Lemay, Bryant, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 13 Dryden Blvd

City Warwick State RI Zip Code 02888

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27068

Amount of Each Disbursement this Period: 2585.31

Memo Item

C. Lemay, Bryant, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 13 Dryden Blvd

City Warwick State RI Zip Code 02888

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27068

Amount of Each Disbursement this Period: 2585.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5259.62

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Lemay, Bryant, , ,		Date of Disbursement MM / DD / YYYY 03 / 29 / 2017	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [] Transaction ID : SB21B.27070 Amount of Each Disbursement this Period [] 2585.31	
City Warwick	State RI	Zip Code 02888	Category/ Type []
Purpose of Disbursement Payroll		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Lemay, Bryant, , ,		Date of Disbursement MM / DD / YYYY 04 / 27 / 2017	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [] Transaction ID : SB21B.26845 Amount of Each Disbursement this Period [] 93.31	
City Warwick	State RI	Zip Code 02888	Category/ Type []
Purpose of Disbursement Reimbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Lemay, Bryant, , ,		Date of Disbursement MM / DD / YYYY 04 / 28 / 2017	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [] Transaction ID : SB21B.27071 Amount of Each Disbursement this Period [] 2585.31	
City Warwick	State RI	Zip Code 02888	Category/ Type []
Purpose of Disbursement Payroll		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 5263.93
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Lemay, Bryant, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 13 Dryden Blvd

City Warwick State RI Zip Code 02888

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27072

Amount of Each Disbursement this Period: 2585.30

Memo Item

B. Lemay, Bryant, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 13 Dryden Blvd

City Warwick State RI Zip Code 02888

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27073

Amount of Each Disbursement this Period: 2585.32

Memo Item

C. Monetta, Michael, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27074

Amount of Each Disbursement this Period: 3464.87

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8635.49

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017	
Mailing Address 108 Leslie Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.27075 Amount of Each Disbursement this Period [REDACTED] 3464.87	
City Portsmouth	State NH	Zip Code 03801	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 03 / 23 / 2017	
Mailing Address 108 Leslie Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26675 Amount of Each Disbursement this Period [REDACTED] 60.00	
City Portsmouth	State NH	Zip Code 03801	Category/ Type [REDACTED]
Purpose of Disbursement Travel Reimbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 03 / 24 / 2017	
Mailing Address 108 Leslie Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26687 Amount of Each Disbursement this Period [REDACTED] 723.33	
City Portsmouth	State NH	Zip Code 03801	Category/ Type [REDACTED]
Purpose of Disbursement Travel Reimbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

4248.20

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement MM / DD / YYYY 03 / 24 / 2017
Mailing Address 135 N. Access Road		FEC Identification Number C [] Transaction ID : SB21B.26687
City South San Francisco	State CA	Zip Code 94123
Purpose of Disbursement Gas	Category/Type []	
Candidate Name	Amount of Each Disbursement this Period [] 67.99	
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 03 / 24 / 2017
Mailing Address 85 N. Main Street		FEC Identification Number C [] Transaction ID : SB21B.26687
City Branford	State CT	Zip Code 06405
Purpose of Disbursement Office Supplies	Category/Type []	
Candidate Name	Amount of Each Disbursement this Period [] 9.99	
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Staples		Date of Disbursement MM / DD / YYYY 03 / 24 / 2017
Mailing Address 85 N. Main Street		FEC Identification Number C [] Transaction ID : SB21B.26687
City Branford	State CT	Zip Code 06405
Purpose of Disbursement Office Supplies	Category/Type []	
Candidate Name	Amount of Each Disbursement this Period [] 24.56	
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	[] 0.00
TOTAL This Period (last page this line number only)..... ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement MM / DD / YYYY 03 / 24 / 2017
Mailing Address 135 N. Access Road		FEC Identification Number C [] Transaction ID : SB21B.26687
City South San Francisco	State CA	Zip Code 94123
Purpose of Disbursement Gas	Category/ Type []	
Candidate Name	Amount of Each Disbursement this Period [] 34.85	
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Rent a Car		Date of Disbursement MM / DD / YYYY 03 / 24 / 2017
Mailing Address 445 SW Pine Street		FEC Identification Number C [] Transaction ID : SB21B.26687
City Portland	State OR	Zip Code 97204
Purpose of Disbursement Car Rental	Category/ Type []	
Candidate Name	Amount of Each Disbursement this Period [] 295.76	
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 03 / 29 / 2017
Mailing Address 108 Leslie Drive		FEC Identification Number C [] Transaction ID : SB21B.27076
City Portsmouth	State NH	Zip Code 03801
Purpose of Disbursement Payroll	Category/ Type []	
Candidate Name	Amount of Each Disbursement this Period [] 3464.86	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3464.86
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 04 / 28 / 2017	
Mailing Address 108 Leslie Drive		FEC Identification Number C [] Transaction ID : SB21B.27077 Amount of Each Disbursement this Period [] 3464.87	
City Portsmouth	State NH	Zip Code 03801	Category/ Type []
Purpose of Disbursement Payroll		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 05 / 12 / 2017	
Mailing Address 108 Leslie Drive		FEC Identification Number C [] Transaction ID : SB21B.26893 Amount of Each Disbursement this Period [] 1812.35	
City Portsmouth	State NH	Zip Code 03801	Category/ Type []
Purpose of Disbursement Travel Reimbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017	
Mailing Address 108 Leslie Drive		FEC Identification Number C [] Transaction ID : SB21B.27078 Amount of Each Disbursement this Period [] 3464.87	
City Portsmouth	State NH	Zip Code 03801	Category/ Type []
Purpose of Disbursement Payroll		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 8742.09
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Monetta, Michael, , ,		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017	
Mailing Address 108 Leslie Drive		FEC Identification Number C [] Transaction ID : SB21B.27079 Amount of Each Disbursement this Period [] 3464.86	
City Portsmouth	State NH	Zip Code 03801	Category/ Type []
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Motel 6		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017	
Mailing Address 6011 S Street Road		FEC Identification Number C [] Transaction ID : SB21B.26832 Amount of Each Disbursement this Period [] 59.99	
City Springfield	State IL	Zip Code 62712	Category/ Type []
Purpose of Disbursement Lodging			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Motel 6		Date of Disbursement MM / DD / YYYY 04 / 26 / 2017	
Mailing Address 6011 S Street Road		FEC Identification Number C [] Transaction ID : SB21B.26837 Amount of Each Disbursement this Period [] 59.99	
City Springfield	State IL	Zip Code 62712	Category/ Type []
Purpose of Disbursement Lodging			
Candidate Name		Memo Item <input type="checkbox"/>	
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 Disbursements This Page (optional).....▶	[] 3584.84
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Nationbuilder

Full Name (Last, First, Middle Initial)

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement Website Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement: MM / DD / YYYY
01 / 09 / 2017

FEC Identification Number: C
Transaction ID : SB21B.26344
 Amount of Each Disbursement this Period: 1688.00

Memo Item

B. Nationbuilder

Full Name (Last, First, Middle Initial)

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement Website Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement: MM / DD / YYYY
02 / 08 / 2017

FEC Identification Number: C
Transaction ID : SB21B.26479
 Amount of Each Disbursement this Period: 1708.00

Memo Item

C. Nationbuilder

Full Name (Last, First, Middle Initial)

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement Website Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement: MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number: C
Transaction ID : SB21B.26595
 Amount of Each Disbursement this Period: 11.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3407.70

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Nationbuilder

Mailing Address 11693 San Vicente Blvd., #560

City
Los Angeles

State
CA

Zip Code
90049

Purpose of Disbursement
Website

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.26777

Amount of Each Disbursement this Period

4388.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Nationbuilder

Mailing Address 11693 San Vicente Blvd., #560

City
Los Angeles

State
CA

Zip Code
90049

Purpose of Disbursement
Website

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.26978

Amount of Each Disbursement this Period

3078.70

Memo Item

Full Name (Last, First, Middle Initial)

C. Overnight Prints

Mailing Address 7582 Las Vegas Blvd S
487

City
Las Vegas

State
NV

Zip Code
89123

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.2652t

Amount of Each Disbursement this Period

4505.53

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11972.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Party Depot

Full Name (Last, First, Middle Initial)

Mailing Address 43 South Street

City Danbury State CT Zip Code 06810

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26557

Amount of Each Disbursement this Period: 248.70

Memo Item

B. Paypal

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31006

Amount of Each Disbursement this Period: 2918.34

Memo Item

C. Priceline

Full Name (Last, First, Middle Initial)

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB21B.2639c

Amount of Each Disbursement this Period: 205.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3372.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26445
Amount of Each Disbursement this Period
32.91

Memo Item

Full Name (Last, First, Middle Initial)

B. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26496
Amount of Each Disbursement this Period
148.73

Memo Item

Full Name (Last, First, Middle Initial)

C. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26507
Amount of Each Disbursement this Period
132.28

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

313.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26544
Amount of Each Disbursement this Period
31.21

Memo Item

Full Name (Last, First, Middle Initial)

B. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26653
Amount of Each Disbursement this Period
59.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26692
Amount of Each Disbursement this Period
110.38

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

201.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26719
Amount of Each Disbursement this Period
39.03

Memo Item

Full Name (Last, First, Middle Initial)

B. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26742
Amount of Each Disbursement this Period
178.06

Memo Item

Full Name (Last, First, Middle Initial)

C. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26767
Amount of Each Disbursement this Period
149.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

366.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26794
Amount of Each Disbursement this Period
87.41

Memo Item

Full Name (Last, First, Middle Initial)

B. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26816
Amount of Each Disbursement this Period
197.67

Memo Item

Full Name (Last, First, Middle Initial)

C. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26944
Amount of Each Disbursement this Period
388.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

673.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Priceline

Full Name (Last, First, Middle Initial)

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26946

Amount of Each Disbursement this Period: 112.17

Memo Item

B. Rubens, Jim, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 11 Laramie Road

City Etna State NH Zip Code 03750

Purpose of Disbursement Travel Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26959

Amount of Each Disbursement this Period: 350.00

Memo Item

C. Spirit Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 2800 Executive Way

City Miramar State FL Zip Code 33025

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26955

Amount of Each Disbursement this Period: 350.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 462.17

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 01 / 12 / 2017
Mailing Address 1025 Vermont Ave., NW Suite 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26367
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 1625.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 01 / 12 / 2017
Mailing Address 1025 Vermont Ave., NW Suite 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26368
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 03 / 17 / 2017
Mailing Address 1025 Vermont Ave., NW Suite 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26637
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 4120.00
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:	Category/Type	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 5770.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 03 / 17 / 2017
Mailing Address 1025 Vermont Ave., NW Suite 300		FEC Identification Number C [] Transaction ID : SB21B.26638 Amount of Each Disbursement this Period [] 55.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 04 / 27 / 2017
Mailing Address 1025 Vermont Ave., NW Suite 300		FEC Identification Number C [] Transaction ID : SB21B.26846 Amount of Each Disbursement this Period [] 247.50
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 06 / 24 / 2017
Mailing Address 1025 Vermont Ave., NW Suite 300		FEC Identification Number C [] Transaction ID : SB21B.27000 Amount of Each Disbursement this Period [] 388.28
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 690.78

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

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Full Name (Last, First, Middle Initial)

Mailing Address 1025 Vermont Ave., NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.27002

Amount of Each Disbursement this Period: 470.00

Memo Item

B. Shell Oil

Full Name (Last, First, Middle Initial)

Mailing Address 135 N. Access Road

City South San Francisco State CA Zip Code 94123

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26695

Amount of Each Disbursement this Period: 23.21

Memo Item

C. Shell Oil

Full Name (Last, First, Middle Initial)

Mailing Address 135 N. Access Road

City South San Francisco State CA Zip Code 94123

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26797

Amount of Each Disbursement this Period: 40.47

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

533.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Shell Oil

Mailing Address 135 N. Access Road

City South San Francisco State CA Zip Code 94123

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26886
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Shell Oil

Mailing Address 135 N. Access Road

City South San Francisco State CA Zip Code 94123

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.26982
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Sir Speedy

Mailing Address 90 West Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.2653t
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Sir Speedy		Date of Disbursement MM / DD / YYYY 02 / 24 / 2017	
Mailing Address 90 West Street		FEC Identification Number C [] Transaction ID : SB21B.26541 Amount of Each Disbursement this Period [] 22540.00	
City Annapolis	State MD	Zip Code 21401	Category/ Type []
Purpose of Disbursement Printing			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement MM / DD / YYYY 01 / 27 / 2017	
Mailing Address 2702 Love Field Drive		FEC Identification Number C [] Transaction ID : SB21B.26427 Amount of Each Disbursement this Period [] 201.94	
City Dallas	State TX	Zip Code 75235	Category/ Type []
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Southwest Airlines		Date of Disbursement MM / DD / YYYY 01 / 27 / 2017	
Mailing Address 2702 Love Field Drive		FEC Identification Number C [] Transaction ID : SB21B.26431 Amount of Each Disbursement this Period [] 8.00	
City Dallas	State TX	Zip Code 75235	Category/ Type []
Purpose of Disbursement Travel			
Candidate Name		Memo Item <input type="checkbox"/>	
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 Disbursements This Page (optional).....▶	[] 22749.94
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement MM / DD / YYYY 02 / 01 / 2017	
Mailing Address 2702 Love Field Drive			
City Dallas	State TX	Zip Code 75235	
Purpose of Disbursement Travel		<input type="checkbox"/> Category/Type	
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:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C []
Transaction ID : SB21B.26444
Amount of Each Disbursement this Period
[] 351.88

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 2702 Love Field Drive			
City Dallas	State TX	Zip Code 75235	
Purpose of Disbursement Travel		<input type="checkbox"/> Category/Type	
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:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C []
Transaction ID : SB21B.26618
Amount of Each Disbursement this Period
[] 436.88

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017	
Mailing Address 2702 Love Field Drive			
City Dallas	State TX	Zip Code 75235	
Purpose of Disbursement Travel		<input type="checkbox"/> Category/Type	
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:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C []
Transaction ID : SB21B.26644
Amount of Each Disbursement this Period
[] 8.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 796.76

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Southwest Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26650

Amount of Each Disbursement this Period: 588.54

Memo Item

B. Southwest Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 22 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26658

Amount of Each Disbursement this Period: 437.82

Memo Item

C. Southwest Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26677

Amount of Each Disbursement this Period: 280.94

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1307.30

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement MM / DD / YYYY 03 / 27 / 2017	
Mailing Address 2702 Love Field Drive		FEC Identification Number C [] Transaction ID : SB21B.26698 Amount of Each Disbursement this Period [] 8.00	
City Dallas	State TX	Zip Code 75235	Category/ Type []
Purpose of Disbursement Travel		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement MM / DD / YYYY 03 / 27 / 2017	
Mailing Address 2702 Love Field Drive		FEC Identification Number C [] Transaction ID : SB21B.26702 Amount of Each Disbursement this Period [] 8.95	
City Dallas	State TX	Zip Code 75235	Category/ Type []
Purpose of Disbursement Travel		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement MM / DD / YYYY 04 / 17 / 2017	
Mailing Address 2702 Love Field Drive		FEC Identification Number C [] Transaction ID : SB21B.26788 Amount of Each Disbursement this Period [] 254.98	
City Dallas	State TX	Zip Code 75235	Category/ Type []
Purpose of Disbursement Travel		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 271.93
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement MM / DD / YYYY 04 / 24 / 2017
Mailing Address 2702 Love Field Drive		FEC Identification Number C Transaction ID : SB21B.26817 Amount of Each Disbursement this Period 254.98
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 2702 Love Field Drive		FEC Identification Number C Transaction ID : SB21B.26859 Amount of Each Disbursement this Period 509.96
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Southwest Airlines		Date of Disbursement MM / DD / YYYY 06 / 26 / 2017
Mailing Address 2702 Love Field Drive		FEC Identification Number C Transaction ID : SB21B.27003 Amount of Each Disbursement this Period 311.96
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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 Disbursements This Page (optional)..... ▶

1076.90

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26506
Amount of Each Disbursement this Period
20.74

Memo Item

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26514
Amount of Each Disbursement this Period
43.98

Memo Item

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26515
Amount of Each Disbursement this Period
50.52

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

115.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Staples

Full Name (Last, First, Middle Initial)

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26528

Amount of Each Disbursement this Period: 463.33

Memo Item

B. Staples

Full Name (Last, First, Middle Initial)

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 22 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26534

Amount of Each Disbursement this Period: 41.98

Memo Item

C. Staples

Full Name (Last, First, Middle Initial)

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26542

Amount of Each Disbursement this Period: 698.72

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1204.03

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26555
Amount of Each Disbursement this Period

99.37

Memo Item

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26560
Amount of Each Disbursement this Period

22.44

Memo Item

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26564
Amount of Each Disbursement this Period

42.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

164.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26566
Amount of Each Disbursement this Period
62.57

Memo Item

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26574
Amount of Each Disbursement this Period
90.40

Memo Item

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26627
Amount of Each Disbursement this Period
128.43

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

281.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26681
Amount of Each Disbursement this Period
14.46

Memo Item

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26694
Amount of Each Disbursement this Period
142.12

Memo Item

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2017

FEC Identification Number

C
Transaction ID : SB21B.2673c
Amount of Each Disbursement this Period
40.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

197.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26774

Amount of Each Disbursement this Period

110.26

Memo Item

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26792

Amount of Each Disbursement this Period

103.52

Memo Item

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26823

Amount of Each Disbursement this Period

36.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

250.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. State Fund

Mailing Address PO Box 8192

City Pleasanton State CA Zip Code 94588

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26338
Amount of Each Disbursement this Period
358.50

Memo Item

Full Name (Last, First, Middle Initial)

B. State Fund

Mailing Address PO Box 8192

City Pleasanton State CA Zip Code 94588

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26656
Amount of Each Disbursement this Period
358.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Sullivan-Friedman, Samuel, , ,

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26894
Amount of Each Disbursement this Period
233.66

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

950.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Sullivan-Friedman, Samuel, , ,		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017	
Mailing Address 3103 Fairfield Avenue #10G		FEC Identification Number C [] Transaction ID : SB21B.26933 Amount of Each Disbursement this Period [] 1000.00	
City Bronx	State NY	Zip Code 10463	Category/ Type []
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Sullivan-Friedman, Samuel, , ,		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017	
Mailing Address 3103 Fairfield Avenue #10G		FEC Identification Number C [] Transaction ID : SB21B.27013 Amount of Each Disbursement this Period [] 1000.00	
City Bronx	State NY	Zip Code 10463	Category/ Type []
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
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. The UPS Store		Date of Disbursement MM / DD / YYYY 02 / 27 / 2017	
Mailing Address 1300 Pennsylvania Ave NW		FEC Identification Number C [] Transaction ID : SB21B.2655t Amount of Each Disbursement this Period [] 104.01	
City Washington	State DC	Zip Code 20004	Category/ Type []
Purpose of Disbursement Shipping			
Candidate Name		Memo Item <input type="checkbox"/>	
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 Disbursements This Page (optional).....▶	[] 2104.01
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. The UPS Store

Mailing Address 1300 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 24 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.26682**

Amount of Each Disbursement this Period: 44.58

Memo Item

Full Name (Last, First, Middle Initial)
B. The UPS Store

Mailing Address 1300 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 24 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.26819**

Amount of Each Disbursement this Period: 2.55

Memo Item

Full Name (Last, First, Middle Initial)
C. The UPS Store

Mailing Address 1300 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 24 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.26822**

Amount of Each Disbursement this Period: 90.22

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 137.35

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Thrifty Car Rental

Mailing Address 2380 S 166th St

City Sea Tac State WA Zip Code 98158

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26470
Amount of Each Disbursement this Period
470.08

Memo Item

Full Name (Last, First, Middle Initial)

B. Thrifty Car Rental

Mailing Address 2380 S 166th St

City Sea Tac State WA Zip Code 98158

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26586
Amount of Each Disbursement this Period
33.60

Memo Item

Full Name (Last, First, Middle Initial)

C. Twilio

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26546
Amount of Each Disbursement this Period
50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

553.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Twilio

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26577

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Twilio

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26857

Amount of Each Disbursement this Period

260.45

Memo Item

Full Name (Last, First, Middle Initial)

C. Twilio

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26891

Amount of Each Disbursement this Period

40.22

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

400.67

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Twilio

Full Name (Last, First, Middle Initial)

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26925

Amount of Each Disbursement this Period: 40.17

Memo Item

B. Uber Technologies

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26752

Amount of Each Disbursement this Period: 27.83

Memo Item

C. Uber Technologies

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.26756

Amount of Each Disbursement this Period: 26.66

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 94.66

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26758
Amount of Each Disbursement this Period
11.13

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26773
Amount of Each Disbursement this Period
14.31

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26804
Amount of Each Disbursement this Period
20.77

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

46.21

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26873
Amount of Each Disbursement this Period
5.09

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26875
Amount of Each Disbursement this Period
12.34

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.26876
Amount of Each Disbursement this Period
3.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

21.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 01 / 17 / 2017	
Mailing Address PO Box 66100		FEC Identification Number C [] Transaction ID : SB21B.26377 Amount of Each Disbursement this Period [] 470.80	
City Chicago	State IL	Zip Code 60666	Category/ Type []
Purpose of Disbursement Travel		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 01 / 19 / 2017	
Mailing Address PO Box 66100		FEC Identification Number C [] Transaction ID : SB21B.26391 Amount of Each Disbursement this Period [] 25.00	
City Chicago	State IL	Zip Code 60666	Category/ Type []
Purpose of Disbursement Travel		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 02 / 09 / 2017	
Mailing Address PO Box 66100		FEC Identification Number C [] Transaction ID : SB21B.26482 Amount of Each Disbursement this Period [] 490.00	
City Chicago	State IL	Zip Code 60666	Category/ Type []
Purpose of Disbursement Travel		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 985.80
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 02 / 10 / 2017	
Mailing Address PO Box 66100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26491 Amount of Each Disbursement this Period [REDACTED] 25.00	
City Chicago	State IL	Zip Code 60666	Category/ Type [REDACTED]
Purpose of Disbursement Travel		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 02 / 23 / 2017	
Mailing Address PO Box 66100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26540 Amount of Each Disbursement this Period [REDACTED] 242.20	
City Chicago	State IL	Zip Code 60666	Category/ Type [REDACTED]
Purpose of Disbursement Travel		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017	
Mailing Address PO Box 66100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26566 Amount of Each Disbursement this Period [REDACTED] 291.80	
City Chicago	State IL	Zip Code 60666	Category/ Type [REDACTED]
Purpose of Disbursement Travel		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 559.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. 21b is checked.

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NAME OF COMMITTEE (In Full)
WOLF PAC

Form A: United Airlines. Includes fields for Date of Disbursement (03/03/2017), Mailing Address (PO Box 66100), City (Chicago), State (IL), Zip Code (60666), Purpose of Disbursement (Travel), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (33.99).

Form B: United Airlines. Includes fields for Date of Disbursement (03/14/2017), Mailing Address (PO Box 66100), City (Chicago), State (IL), Zip Code (60666), Purpose of Disbursement (Travel), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (382.80).

Form C: United Airlines. Includes fields for Date of Disbursement (03/15/2017), Mailing Address (PO Box 66100), City (Chicago), State (IL), Zip Code (60666), Purpose of Disbursement (Travel), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (296.80).

SUBTOTAL of Disbursements This Page (optional) 713.59
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 03 / 22 / 2017	
Mailing Address PO Box 66100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26659 Amount of Each Disbursement this Period [REDACTED] 450.80	
City Chicago	State IL	Zip Code 60666	Category/ Type [REDACTED]
Purpose of Disbursement Travel		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 03 / 27 / 2017	
Mailing Address PO Box 66100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26690 Amount of Each Disbursement this Period [REDACTED] 362.20	
City Chicago	State IL	Zip Code 60666	Category/ Type [REDACTED]
Purpose of Disbursement Travel		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 04 / 21 / 2017	
Mailing Address PO Box 66100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.2681c Amount of Each Disbursement this Period [REDACTED] 279.80	
City Chicago	State IL	Zip Code 60666	Category/ Type [REDACTED]
Purpose of Disbursement Travel		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1092.80

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 66100

City
Chicago

State
IL

Zip Code
60666

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2017

FEC Identification Number

C []
Transaction ID : SB21B.26847
Amount of Each Disbursement this Period
[] 324.20

Memo Item

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address PO Box 66100

City
Chicago

State
IL

Zip Code
60666

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2017

FEC Identification Number

C []
Transaction ID : SB21B.26858
Amount of Each Disbursement this Period
[] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address PO Box 66100

City
Chicago

State
IL

Zip Code
60666

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2017

FEC Identification Number

C []
Transaction ID : SB21B.26981
Amount of Each Disbursement this Period
[] 228.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 577.40

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.26986**
Amount of Each Disbursement this Period
40.99

Memo Item

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.26990**
Amount of Each Disbursement this Period
205.40

Memo Item

Full Name (Last, First, Middle Initial)

C. United Healthcare

Mailing Address 4 Taft Court

City Rockville State MD Zip Code 20850

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.26384**
Amount of Each Disbursement this Period
608.01

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

854.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. United Healthcare		Date of Disbursement MM / DD / YYYY 03 / 22 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.26671 Amount of Each Disbursement this Period 2832.36
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. United Healthcare		Date of Disbursement MM / DD / YYYY 04 / 05 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.26754 Amount of Each Disbursement this Period 1329.03
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/Type	
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. United Healthcare		Date of Disbursement MM / DD / YYYY 05 / 09 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.26884 Amount of Each Disbursement this Period 19.68
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/Type	
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 Disbursements This Page (optional).....▶	4181.07
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. United Healthcare

Mailing Address 4 Taft Court

City Rockville State MD Zip Code 20850

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2017

FEC Identification Number

C

Transaction ID : SB21B.26968

Amount of Each Disbursement this Period

213.66

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

213.66

255595.25

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Americans Take Action, Inc.

Mailing Address 2359 Nutmeg Terrace

City Baltimore State MD Zip Code 21209

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2017

FEC Identification Number

C

Transaction ID : SB29.26437
Amount of Each Disbursement this Period

5500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5500.00

5500.00