

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 OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on

5. Covering Period 07 / 01 / 2017 through 12 / 31 / 2017

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

Signature of Treasurer Koller, David, , , [Electronically Filed] Date 06 / 05 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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"/>		123637.99
(b) Cash on Hand at Beginning of Reporting Period.....	147887.44	
(c) Total Receipts (from Line 19)	240005.99	533112.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	387893.43	656750.39
7. Total Disbursements (from Line 31).....	179812.66	448669.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	208080.77	208080.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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 Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 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).....	90277.00	133226.00
(ii) Unitemized	148252.19	396553.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	238529.19	529779.64
(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)	238529.19	529779.64
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).....	1476.80	3332.76
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)).....▶	240005.99	533112.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	240005.99	533112.40

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	178662.66	441992.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	178662.66	441992.62
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	0.00	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)).....	0.00	27.00
29. Other Disbursements (Including Non-Federal Donations).....	1150.00	6650.00
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)) ..	179812.66	448669.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	179812.66	448669.62

DETAILED SUMMARY PAGE
of Disbursements

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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)	238529.19	529779.64
34. Total Contribution Refunds (from Line 28(d))	0.00	27.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	238529.19	529752.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	178662.66	441992.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1476.80	3332.76
38. Net Operating Expenditures (subtract Line 37 from Line 36)	177185.86	438659.86

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

The amended report provides updated occupation and employers. Please note that the committee complies with the Commission's best efforts rules. This amendment updates those occupation and employers that could be obtained by the committee through a follow up request. Please note that the committee receives contributions almost exclusively from online donations. Therefore, all occupation and employers are generally self reported by the donors at the time of the donation.

Form/Schedule:
Transaction ID:

**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 688
	<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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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. Aarness, Anders, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 Brinkley Dr
 City Spring Lake State NC Zip Code 28390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United States Air Force Occupation (for Individual) Information Management Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11Al.31442
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Aarness, Anders, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 Brinkley Dr
 City Spring Lake State NC Zip Code 28390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United States Air Force Occupation (for Individual) Information Management Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11Al.31443
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Aarness, Anders, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 Brinkley Dr
 City Spring Lake State NC Zip Code 28390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United States Air Force Occupation (for Individual) Information Management Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11Al.31444
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 688
	<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. Aarness, Anders, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 Brinkley Dr
 City Spring Lake State NC Zip Code 28390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United States Air Force Occupation (for Individual) Information Management Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.31445
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Aarness, Anders, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 Brinkley Dr
 City Spring Lake State NC Zip Code 28390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United States Air Force Occupation (for Individual) Information Management Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11AI.31446
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Adams, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 534 S. Oak Knoll Ave., #204
 City Pasadena State CA Zip Code 91101-3479
 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 ▼ 225.00

Date of Receipt 09 / 25 / 2017
Transaction ID : SA11AI.31455
 Amount of Each Receipt this Period 25.00
 Memo Item

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: PAGE 9 OF 688
(check only one)

<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. Adams, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 534 S. Oak Knoll Ave., #204

City Pasadena	State CA	Zip Code 91101-3479
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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
10	/	25	/	2017

Transaction ID : SA11AI.31456

Amount of Each Receipt this Period
25.00

Memo Item

B. Adams, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 534 S. Oak Knoll Ave., #204

City Pasadena	State CA	Zip Code 91101-3479
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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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2017

Transaction ID : SA11AI.31457

Amount of Each Receipt this Period
25.00

Memo Item

C. Adams, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 534 S. Oak Knoll Ave., #204

City Pasadena	State CA	Zip Code 91101-3479
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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
12	/	25	/	2017

Transaction ID : SA11AI.31458

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 10 OF 688
	<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
Al-Hamed, Ibrahim, , ,

Mailing Address 119 Betsy Ln Apt. 123

City Indianapolis	State IN	Zip Code 46227
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed
---	---

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
09		27		2017

Transaction ID : SA11Al.31478

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Al-Hamed, Ibrahim, , ,

Mailing Address 119 Betsy Ln Apt. 123

City Indianapolis	State IN	Zip Code 46227
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed
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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
10		27		2017

Transaction ID : SA11Al.31479

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Al-Hamed, Ibrahim, , ,

Mailing Address 119 Betsy Ln Apt. 123

City Indianapolis	State IN	Zip Code 46227
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2017

Transaction ID : SA11Al.31480

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 11 OF 688
	<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. Al-Hamed, Ibrahim, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Betsy Ln Apt. 123

City Indianapolis	State IN	Zip Code 46227
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed
---	---

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
12	/	27	/	2017

Transaction ID : SA11Al.31481

Amount of Each Receipt this Period
25.00

Memo Item

B. alanis, gustavo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14420 S TROY AVE

City POSEN	State IL	Zip Code 60469
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) David Mason & Associates	Occupation (for Individual) Structural Designer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2017

Transaction ID : SA11Al.31462

Amount of Each Receipt this Period
27.00

Memo Item

C. alanis, gustavo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14420 S TROY AVE

City POSEN	State IL	Zip Code 60469
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) David Mason & Associates	Occupation (for Individual) Structural Designer
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2017

Transaction ID : SA11Al.31463

Amount of Each Receipt this Period
27.00

Memo Item

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 12 OF 688
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
alanis, gustavo, , ,

Mailing Address 14420 S TROY AVE

City POSEN	State IL	Zip Code 60469
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) David Mason & Associates	Occupation (for Individual) Structural Designer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2017

Transaction ID : SA11Al.31464

Amount of Each Receipt this Period
27.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
alanis, gustavo, , ,

Mailing Address 14420 S TROY AVE

City POSEN	State IL	Zip Code 60469
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) David Mason & Associates	Occupation (for Individual) Structural Designer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017

Transaction ID : SA11Al.31465

Amount of Each Receipt this Period
27.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
alanis, gustavo, , ,

Mailing Address 14420 S TROY AVE

City POSEN	State IL	Zip Code 60469
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) David Mason & Associates	Occupation (for Individual) Structural Designer
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017

Transaction ID : SA11Al.31466

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 13 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Alcott, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 Old Winter Garden Rd Apt 1918
 City Ocoee State FL Zip Code 34761-4533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) disabled
 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
 09 / 26 / 2017
Transaction ID : SA11AI.31469
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Alcott, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 Old Winter Garden Rd Apt 1918
 City Ocoee State FL Zip Code 34761-4533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) disabled
 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
 10 / 26 / 2017
Transaction ID : SA11AI.31470
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Alcott, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 Old Winter Garden Rd Apt 1918
 City Ocoee State FL Zip Code 34761-4533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) disabled
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2017
Transaction ID : SA11AI.31471
 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 14 OF 688
	<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

A. Alcott, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 Old Winter Garden Rd Apt 1918
 City Ocoee State FL Zip Code 34761-4533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) disabled
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 26 / 2017**
Transaction ID : SA11AI.31472
 Amount of Each Receipt this Period 25.00
 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 ▼ 350.00

Date of Receipt **07 / 28 / 2017**
Transaction ID : SA11AI.31473
 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 ▼ 350.00

Date of Receipt **07 / 21 / 2017**
Transaction ID : SA11AI.31482
 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 15 OF 688
	<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. 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 ▼ 400.00

Date of Receipt 08 / 21 / 2017
Transaction ID : SA11AI.31483
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 450.00

Date of Receipt 09 / 21 / 2017
Transaction ID : SA11AI.31484
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Allen, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12335 Southmeadow Dr
 City Stafford State TX Zip Code 77477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Graham Media Group Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.31486
 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: PAGE 16 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Allen, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12335 Southmeadow Dr
 City Stafford State TX Zip Code 77477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Graham Media Group Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.31487
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Allen, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12335 Southmeadow Dr
 City Stafford State TX Zip Code 77477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Graham Media Group Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.31488
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Allen, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12335 Southmeadow Dr
 City Stafford State TX Zip Code 77477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Graham Media Group Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.31489
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 688
	<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, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12335 Southmeadow Dr
 City Stafford State TX Zip Code 77477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Graham Media Group Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11AI.31490
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Allen, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1957 N Hood St
 City Wichita State KS Zip Code 67203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Construction
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 04 / 2017
Transaction ID : SA11AI.31493
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Allen, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1957 N Hood St
 City Wichita State KS Zip Code 67203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Construction
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2017
Transaction ID : SA11AI.31494
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.00
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 688
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allen, Jim, , ,

Mailing Address 1957 N Hood St

City Wichita	State KS	Zip Code 67203
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Construction
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2017

Transaction ID : SA11AI.31495

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allen, Jim, , ,

Mailing Address 1957 N Hood St

City Wichita	State KS	Zip Code 67203
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Construction
--	---

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
 12 / 04 / 2017

Transaction ID : SA11AI.31496

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allgeier, Samantha, , ,

Mailing Address 2450 S Worchester Ct Unit #A

City Aurora	State CO	Zip Code 80014
----------------	-------------	-------------------

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

Name of Employer (for Individual) Nelnet, Inc	Occupation (for Individual) Advisor
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2017

Transaction ID : SA11AI.31502

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 688
<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. Allgeier, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2450 S Worchester Ct Unit #A
 City Aurora State CO Zip Code 80014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nelnet, Inc Occupation (for Individual) Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 10 / 2017**
Transaction ID : SA11AI.31503
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Allgeier, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2450 S Worchester Ct Unit #A
 City Aurora State CO Zip Code 80014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nelnet, Inc Occupation (for Individual) Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 10 / 2017**
Transaction ID : SA11AI.31504
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Allgeier, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2450 S Worchester Ct Unit #A
 City Aurora State CO Zip Code 80014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nelnet, Inc Occupation (for Individual) Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 10 / 2017**
Transaction ID : SA11AI.31505
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 688
	<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. Allgeier, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2450 S Worchester Ct Unit #A
 City Aurora State CO Zip Code 80014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nelnet, Inc Occupation (for Individual) Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2017
Transaction ID : SA11AI.31506
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Allsberry, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2455 Union Blvd 1A
 City Islip State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Broadridge Financial Solutions Occupation (for Individual) Project Manager
 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
 09 / 19 / 2017
Transaction ID : SA11AI.31509
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Allsberry, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2455 Union Blvd 1A
 City Islip State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Broadridge Financial Solutions Occupation (for Individual) Project 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
 10 / 19 / 2017
Transaction ID : SA11AI.31510
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 21 OF 688
	<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. Allsberry, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2455 Union Blvd 1A
 City Islip State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Broadridge Financial Solutions Occupation (for Individual) Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 19 / 2017
Transaction ID : SA11AI.31511
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Allsberry, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2455 Union Blvd 1A
 City Islip State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Broadridge Financial Solutions Occupation (for Individual) Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 19 / 2017
Transaction ID : SA11AI.31512
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Anderson, Jackie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8137 E Avenue U
 City Littlerock State CA Zip Code 93543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hardcoregorgeous Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 14 / 2017
Transaction ID : SA11AI.31521
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.00
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 22 OF 688
	<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. Apgar, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 5th Ave E
 City Kalispell State MT Zip Code 59901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oakla NetMetrics Founder/Chief Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.34809
 Amount of Each Receipt this Period
 5000.00
 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) Occupation (for Individual)
 Georgia Pacific Warehouseman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2017
Transaction ID : SA11AI.31524
 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) Occupation (for Individual)
 Georgia Pacific Warehouseman
 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
 08 / 06 / 2017
Transaction ID : SA11AI.31525
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5100.00
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 688
	<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. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2017
Transaction ID : SA11AI.31526
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2017
Transaction ID : SA11AI.31527
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2017
Transaction ID : SA11AI.31528
 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 24 OF 688
<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. 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 ▼
600.00

Date of Receipt

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

Transaction ID : SA11AI.31529

Amount of Each Receipt this Period
50.00

Memo Item

B. Art for the Soul
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Sunny Dr.

City Ona	State WV	Zip Code 25545
-------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Transaction ID : SA11AI.31395

Amount of Each Receipt this Period
500.00

Memo Item

C. Austin, Tommy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14500 McNab Avenue, Apt. 2410

City Bellflower	State CA	Zip Code 90706
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Northrup-Grumman	Occupation (for Individual) 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
09	/	23	/	2017

Transaction ID : SA11AI.31534

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	575.00
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 688
	<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

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. Austin, Tommy, , ,

Mailing Address 14500 McNab Avenue, Apt. 2410

City Bellflower	State CA	Zip Code 90706
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Northrup-Grumman	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
10	/	23	/	2017

Transaction ID : SA11AI.31535

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Austin, Tommy, , ,

Mailing Address 14500 McNab Avenue, Apt. 2410

City Bellflower	State CA	Zip Code 90706
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Northrup-Grumman	Occupation (for Individual) Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2017

Transaction ID : SA11AI.31536

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Aycock, Richard, , ,

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2017

Transaction ID : SA11AI.31537

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 26 OF 688
	<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. 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 ▼ 400.00

Date of Receipt 08 / 15 / 2017
Transaction ID : SA11AI.31538
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.31539
 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 ▼ 500.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.31540
 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 27 OF 688
	<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. 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 ▼ 550.00

Date of Receipt 11 / 15 / 2017
Transaction ID : SA11AI.31541
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 600.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.31542
 Amount of Each Receipt this Period 50.00
 Memo Item

C. azenkot, shiri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 E 85th St apt 7G
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cornell University Occupation (for Individual) Assistant Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.31544
 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 28 OF 688
	<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. azenkot, shiri, , ,			Date of Receipt MM / DD / YYYY 09 / 09 / 2017
Mailing Address 400 E 85th St apt 7G			Transaction ID : SA11AI.31545
City New York	State NY	Zip Code 10028	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Cornell University		Occupation (for Individual) Assistant Professor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. azenkot, shiri, , ,			Date of Receipt MM / DD / YYYY 10 / 09 / 2017
Mailing Address 400 E 85th St apt 7G			Transaction ID : SA11AI.31546
City New York	State NY	Zip Code 10028	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Cornell University		Occupation (for Individual) Assistant Professor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. azenkot, shiri, , ,			Date of Receipt MM / DD / YYYY 11 / 09 / 2017
Mailing Address 400 E 85th St apt 7G			Transaction ID : SA11AI.31547
City New York	State NY	Zip Code 10028	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Cornell University		Occupation (for Individual) Assistant Professor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 297.00		

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 29 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. azenkot, shiri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 E 85th St apt 7G
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cornell University Occupation (for Individual) Assistant Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2017
Transaction ID : SA11AI.31548
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Baeten, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 W Douglass Ave
 City Houghton State MI Zip Code 49931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Tech. Occupation (for Individual) Instructor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2017
Transaction ID : SA11AI.31552
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Baeten, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 W Douglass Ave
 City Houghton State MI Zip Code 49931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Tech. Occupation (for Individual) Instructor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2017
Transaction ID : SA11AI.31553
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 688
	<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. Baeten, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 W Douglass Ave
 City Houghton State MI Zip Code 49931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Tech. Occupation (for Individual) Instructor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.31554
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Bahramy, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Brookhaven Ct
 City Acworth State GA Zip Code 30102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cumberland Group Occupation (for Individual) Systems Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 26 / 2017
Transaction ID : SA11AI.31559
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Bahramy, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Brookhaven Ct
 City Acworth State GA Zip Code 30102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cumberland Group Occupation (for Individual) Systems Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI.31560
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 688
	<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. Bahramy, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Brookhaven Ct
 City Acworth State GA Zip Code 30102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cumberland Group Occupation (for Individual) Systems Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 26 / 2017**
Transaction ID : SA11AI.31561
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Bahramy, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Brookhaven Ct
 City Acworth State GA Zip Code 30102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cumberland Group Occupation (for Individual) Systems Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 26 / 2017**
Transaction ID : SA11AI.31562
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Bakken, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 Main St
 City Harwood State ND Zip Code 58042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Agri-Resources Occupation (for Individual) Drafting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 22 / 2017**
Transaction ID : SA11AI.31569
 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 32 OF 688
	<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. Bakken, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 Main St
 City Harwood State ND Zip Code 58042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Agri-Resources Occupation (for Individual) Drafting
 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
 10 / 22 / 2017
Transaction ID : SA11AI.31570
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Bakken, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 Main St
 City Harwood State ND Zip Code 58042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Agri-Resources Occupation (for Individual) Drafting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2017
Transaction ID : SA11AI.31571
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Bakken, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 Main St
 City Harwood State ND Zip Code 58042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Agri-Resources Occupation (for Individual) Drafting
 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
 12 / 22 / 2017
Transaction ID : SA11AI.31572
 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 33 OF 688
	<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. Baldwin, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 840 W Corunna Ave Apt 8a
 City Corunna State MI Zip Code 48817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) General Motors Occupation (for Individual) Assembly Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2017
Transaction ID : SA11AI.31573
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Baldwin, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 840 W Corunna Ave Apt 8a
 City Corunna State MI Zip Code 48817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) General Motors Occupation (for Individual) Assembly Worker
 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
 08 / 29 / 2017
Transaction ID : SA11AI.31574
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Baldwin, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 840 W Corunna Ave Apt 8a
 City Corunna State MI Zip Code 48817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) General Motors Occupation (for Individual) Assembly Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2017
Transaction ID : SA11AI.31575
 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 34 OF 688
	<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. Banker, Cathlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 359 Middlesex Ave
 City Metuchen State NJ Zip Code 08840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C. Elston & Associates, LLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 09 / 2017**
Transaction ID : SA11AI.31578
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Banker, Cathlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 359 Middlesex Ave
 City Metuchen State NJ Zip Code 08840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C. Elston & Associates, LLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 09 / 2017**
Transaction ID : SA11AI.31579
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Banker, Cathlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 359 Middlesex Ave
 City Metuchen State NJ Zip Code 08840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C. Elston & Associates, LLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 09 / 2017**
Transaction ID : SA11AI.31580
 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 35 OF 688
	<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. Banker, Cathlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 359 Middlesex Ave
 City Metuchen State NJ Zip Code 08840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C. Elston & Associates, LLC 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
 12 / 09 / 2017
Transaction ID : SA11AI.31581
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Barker, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16218 E Glenview PI
 City Fountain Hills State AZ Zip Code 85268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Banner Health Occupation (for Individual) Compliance Audit Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2017
Transaction ID : SA11AI.31583
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Barker, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16218 E Glenview PI
 City Fountain Hills State AZ Zip Code 85268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Banner Health Occupation (for Individual) Compliance Audit Program Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2017
Transaction ID : SA11AI.31584
 Amount of Each Receipt this Period
 27.00
 Memo Item

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:	PAGE 36 OF 688
	(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. Barker, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16218 E Glenview PI

City Fountain Hills	State AZ	Zip Code 85268
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Banner Health	Occupation (for Individual) Compliance Audit Program Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

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

Transaction ID : SA11AI.31585

Amount of Each Receipt this Period
27.00

Memo Item

B. Barker, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16218 E Glenview PI

City Fountain Hills	State AZ	Zip Code 85268
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Banner Health	Occupation (for Individual) Compliance Audit Program Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

Transaction ID : SA11AI.31586

Amount of Each Receipt this Period
27.00

Memo Item

C. Barker, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16218 E Glenview PI

City Fountain Hills	State AZ	Zip Code 85268
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Banner Health	Occupation (for Individual) Compliance Audit Program Director
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.31587

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 688
	<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. Barry, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11926 NW 54 PI Coral Springs, FI 3
 City Coral Springs State FL Zip Code 33076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPS Occupation (for Individual) Delivery Driver
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.31590
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Barry, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11926 NW 54 PI Coral Springs, FI 3
 City Coral Springs State FL Zip Code 33076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPS Occupation (for Individual) Delivery Driver
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.31591
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Barry, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11926 NW 54 PI Coral Springs, FI 3
 City Coral Springs State FL Zip Code 33076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPS Occupation (for Individual) Delivery Driver
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.31592
 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 38 OF 688
	<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. Barry, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11926 NW 54 PI Coral Springs, FI 3
 City Coral Springs State FL Zip Code 33076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPS Occupation (for Individual) Delivery Driver
 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
 12 / 09 / 2017
Transaction ID : SA11AI.31593
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2017
Transaction ID : SA11AI.31596
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Bashaw, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4051 287th Ave SE
 City Fall City State WA Zip Code 98024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Coder
 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
 09 / 30 / 2017
Transaction ID : SA11AI.31603
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 688
	<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. Bashaw, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4051 287th Ave SE

City Fall City	State WA	Zip Code 98024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Coder
---	--------------------------------------

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
 10 / 30 / 2017

Transaction ID : SA11AI.31604

Amount of Each Receipt this Period
25.00

Memo Item

B. Bashaw, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4051 287th Ave SE

City Fall City	State WA	Zip Code 98024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Coder
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017

Transaction ID : SA11AI.31605

Amount of Each Receipt this Period
25.00

Memo Item

C. Bashaw, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4051 287th Ave SE

City Fall City	State WA	Zip Code 98024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Coder
---	--------------------------------------

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
 12 / 30 / 2017

Transaction ID : SA11AI.31606

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 40 OF 688
	<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. Bassett, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4729 Falcon St
 City Rockville State MD Zip Code 20853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) George Mason University Occupation (for Individual) Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 03 / 2017**
Transaction ID : SA11AI.31609
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Bassett, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4729 Falcon St
 City Rockville State MD Zip Code 20853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) George Mason University Occupation (for Individual) Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 03 / 2017**
Transaction ID : SA11AI.31610
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Bassett, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4729 Falcon St
 City Rockville State MD Zip Code 20853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) George Mason University Occupation (for Individual) Researcher
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 03 / 2017**
Transaction ID : SA11AI.31611
 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 41 OF 688
	<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. Bassett, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4729 Falcon St
 City Rockville State MD Zip Code 20853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) George Mason University Occupation (for Individual) Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 03 / 2017**
Transaction ID : SA11AI.31612
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Bell, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 Signal Ct.
 City Sacramento State CA Zip Code 95827
 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 ▼ 225.00

Date of Receipt **09 / 07 / 2017**
Transaction ID : SA11AI.31625
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Bell, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 Signal Ct.
 City Sacramento State CA Zip Code 95827
 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 **10 / 07 / 2017**
Transaction ID : SA11AI.31626
 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 42 OF 688
	<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. Bell, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 Signal Ct.
 City Sacramento State CA Zip Code 95827
 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 ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2017
Transaction ID : SA11AI.31627
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Bell, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 Signal Ct.
 City Sacramento State CA Zip Code 95827
 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
 12 / 07 / 2017
Transaction ID : SA11AI.31628
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Bell, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 Signal Ct
 City Sacramento State CA Zip Code 95827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Guided Wave 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
 08 / 03 / 2017
Transaction ID : SA11AI.31629
 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 43 OF 688
	<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
Bell, Michael, , ,

Mailing Address 9541 Signal Ct

City Sacramento	State CA	Zip Code 95827
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Guided Wave	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
09	/	04	/	2017

Transaction ID : SA11AI.31630

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 9541 Signal Ct

City Sacramento	State CA	Zip Code 95827
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Guided Wave	Occupation (for Individual) Engineer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

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

Transaction ID : SA11AI.31631

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bell, Michael, , ,

Mailing Address 9541 Signal Ct

City Sacramento	State CA	Zip Code 95827
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Guided Wave	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
11	/	04	/	2017

Transaction ID : SA11AI.31632

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 44 OF 688
	<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. Bell, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9541 Signal Ct

City Sacramento	State CA	Zip Code 95827
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Guided Wave	Occupation (for Individual) Engineer
--	---

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
12	/	04	/	2017

Transaction ID : SA11AI.31633

Amount of Each Receipt this Period
25.00

Memo Item

B. bengyak, e, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2070 meade Ave

City north bend	State OR	Zip Code 97459
--------------------	-------------	-------------------

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 ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2017

Transaction ID : SA11AI.31639

Amount of Each Receipt this Period
27.00

Memo Item

C. bengyak, e, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2070 meade Ave

City north bend	State OR	Zip Code 97459
--------------------	-------------	-------------------

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 ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2017

Transaction ID : SA11AI.31640

Amount of Each Receipt this Period
27.00

Memo Item

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 45 OF 688
	<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. Bicher, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Windmill Ln
 Apt 211
 City New Castle State DE Zip Code 19720
 Name of Employer (for Individual) Pennsylvania Hospital Occupation (for Individual) Medical Lab Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.31652
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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
 Name of Employer (for Individual) Miller Metal Incorporated Occupation (for Individual) Fabricator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2017
Transaction ID : SA11AI.31661
 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
 Name of Employer (for Individual) Miller Metal Incorporated Occupation (for Individual) Fabricator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.31662
 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 46 OF 688
	<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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2017
Transaction ID : SA11AI.31663
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2017
Transaction ID : SA11AI.31664
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.31665
 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 47 OF 688
	(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. Biggs, Wayne, , ,

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2017

Transaction ID : SA11Al.31666

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bingaman, Henry, , ,

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

Transaction ID : SA11Al.31669

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Bingaman, Henry, , ,

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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2017

Transaction ID : SA11Al.31670

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 48 OF 688
	<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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2017
Transaction ID : SA11AI.31671
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2017
Transaction ID : SA11AI.31672
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2017
Transaction ID : SA11AI.31673
 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 49 OF 688
	<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. Bissex, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Thomas Rd
 City Rindge State NH Zip Code 03461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) InterSystems Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 14 / 2017
Transaction ID : SA11Al.31677
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Bissex, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Thomas Rd
 City Rindge State NH Zip Code 03461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) InterSystems Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 14 / 2017
Transaction ID : SA11Al.31678
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Bissex, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Thomas Rd
 City Rindge State NH Zip Code 03461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) InterSystems Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 14 / 2017
Transaction ID : SA11Al.31679
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 688
	<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. Bissex, Dan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2017 Transaction ID : SA11AI.31680
Mailing Address 140 Thomas Rd		Amount of Each Receipt this Period 27.00
City Rindge	State NH	Zip Code 03461
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) InterSystems	Occupation (for Individual) Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bissex, Dan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2017 Transaction ID : SA11AI.31681
Mailing Address 140 Thomas Rd		Amount of Each Receipt this Period 27.00
City Rindge	State NH	Zip Code 03461
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) InterSystems	Occupation (for Individual) Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bledsoe, Tammy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2017 Transaction ID : SA11AI.31690
Mailing Address 11588 shockley Rd		Amount of Each Receipt this Period 50.00
City grass valley	State CA	Zip Code 95945
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
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).....▶	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 51 OF 688
	<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. Bledsoe, Tammy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11588 shockley Rd

City grass valley	State CA	Zip Code 95945
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

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
12	/	22	/	2017

Transaction ID : SA11AI.31691

Amount of Each Receipt this Period
50.00

Memo Item

B. Block, Jacob, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1011 Highland Ave

City Wauconda	State IL	Zip Code 60084
------------------	-------------	-------------------

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

Name of Employer (for Individual) Harman International	Occupation (for Individual) 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
09	/	24	/	2017

Transaction ID : SA11AI.31694

Amount of Each Receipt this Period
25.00

Memo Item

C. Block, Jacob, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1011 Highland Ave

City Wauconda	State IL	Zip Code 60084
------------------	-------------	-------------------

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

Name of Employer (for Individual) Harman International	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
11	/	24	/	2017

Transaction ID : SA11AI.31695

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 688
	<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. Blood, Mark, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 Harvest Cir
Unit 19A

City Holden State MA Zip Code 01520

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

Name of Employer (for Individual) Raytheon Occupation (for Individual) Software Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 18 / 2017**

Transaction ID : SA11AI.31696

Amount of Each Receipt this Period 300.00

Memo Item

B. Bloom, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6566 N Range Line Rd

City Glendale State WI Zip Code 53209

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

Name of Employer (for Individual) Digalog Systems Inc. Occupation (for Individual) Electrical Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 12 / 2017**

Transaction ID : SA11AI.31698

Amount of Each Receipt this Period 27.00

Memo Item

C. Bloom, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6566 N Range Line Rd

City Glendale State WI Zip Code 53209

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

Name of Employer (for Individual) Digalog Systems Inc. Occupation (for Individual) Electrical Engineer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 12 / 2017**

Transaction ID : SA11AI.31699

Amount of Each Receipt this Period 27.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 354.00

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 688
	<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. Bloom, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6566 N Range Line Rd
 City Glendale State WI Zip Code 53209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Digalog Systems Inc. Occupation (for Individual) Electrical Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2017
Transaction ID : SA11AI.31700
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Bloom, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6566 N Range Line Rd
 City Glendale State WI Zip Code 53209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Digalog Systems Inc. Occupation (for Individual) Electrical Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2017
Transaction ID : SA11AI.31701
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Bloom, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6566 N Range Line Rd
 City Glendale State WI Zip Code 53209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Digalog Systems Inc. Occupation (for Individual) Electrical Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2017
Transaction ID : SA11AI.31702
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 688
	<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. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : SA11AI.31704
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2017
Transaction ID : SA11AI.31705
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2017
Transaction ID : SA11AI.31706
 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 55 OF 688
	<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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2017
Transaction ID : SA11AI.31707
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2017
Transaction ID : SA11AI.31708
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2017
Transaction ID : SA11AI.31709
 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 57 OF 688
	<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. Boyer, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Ray Drive
 City Silver Spring State MD Zip Code 20910
 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 ▼ 225.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.31728
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Brammall, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 921 S 5th St
 City Moberly State MO Zip Code 65270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Truman State University Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 28 / 2017
Transaction ID : SA11AI.31732
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Branch, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8428 Bothell Way NE
 City Bothell State WA Zip Code 98011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amazon.com Occupation (for Individual) Financial Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 11 / 11 / 2017
Transaction ID : SA11AI.31735
 Amount of Each Receipt this Period 27.00
 Memo Item

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 58 OF 688
	<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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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. Branch, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8428 Bothell Way NE
 City Bothell State WA Zip Code 98011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amazon.com Occupation (for Individual) Financial Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2017
Transaction ID : SA11Al.31736
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Bredehoeft, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6401 S Boston St, Unit G204
 City Greenwood Village State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) IT Consultant
 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
 09 / 30 / 2017
Transaction ID : SA11Al.31739
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Bredehoeft, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6401 S Boston St, Unit G204
 City Greenwood Village State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) IT Consultant
 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
 10 / 31 / 2017
Transaction ID : SA11Al.31740
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 688
	<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. Bredehoeft, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017
Mailing Address 6401 S Boston St, Unit G204		Transaction ID : SA11Al.31741
City Greenwood Village	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Self	Occupation (for Individual) IT 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 ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bredehoeft, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 6401 S Boston St, Unit G204		Transaction ID : SA11Al.31742
City Greenwood Village	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Self	Occupation (for Individual) IT 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	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brenner, Melanie, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2017
Mailing Address 60 Mars St		Transaction ID : SA11Al.31748
City Palm Springs	State CA	Zip Code 92264
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) self	Occupation (for Individual) Artist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 60 OF 688
	<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. Brescia, Casey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Mina Dr
 City Wappingers Falls State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Secular Coalition for America Occupation (for Individual) Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 08 / 2017
Transaction ID : SA11AI.31750
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Brescia, Casey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Mina Dr
 City Wappingers Falls State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Secular Coalition for America Occupation (for Individual) Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 10 / 08 / 2017
Transaction ID : SA11AI.31751
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Brown, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 E 2nd Ave
 City Columbus State OH Zip Code 43201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OhioHealth Occupation (for Individual) Office Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 21 / 2017
Transaction ID : SA11AI.31764
 Amount of Each Receipt this Period 25.00
 Memo Item

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 61 OF 688
	<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. Brown, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 E 2nd Ave
 City Columbus State OH Zip Code 43201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OhioHealth Occupation (for Individual) Office Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 20 / 2017
Transaction ID : SA11Al.31765
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Brown, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 E 2nd Ave
 City Columbus State OH Zip Code 43201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OhioHealth Occupation (for Individual) Office Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2017
Transaction ID : SA11Al.31766
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Brown, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 E 2nd Ave
 City Columbus State OH Zip Code 43201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OhioHealth Occupation (for Individual) Office Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 20 / 2017
Transaction ID : SA11Al.31767
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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 688
	<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. Brown, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 E 2nd Ave
 City Columbus State OH Zip Code 43201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OhioHealth Occupation (for Individual) Office Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : SA11AI.31768
 Amount of Each Receipt this Period
 25.00
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2017
Transaction ID : SA11AI.31772
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2017
Transaction ID : SA11AI.31773
 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 63 OF 688
	<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. 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 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.31774
 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 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017
Transaction ID : SA11AI.31775
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.31776
 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 64 OF 688
	<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. Bruder, Robert, , ,		Date of Receipt
Mailing Address 438 W Jackson St		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City York	State PA	Zip Code 17401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.31777
Name of Employer (for Individual) Dataforma, Inc.		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Software 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="600.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brunetta, Mathew, , ,		Date of Receipt
Mailing Address 406 Jamestown Rd		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Edgewater Park	State NJ	Zip Code 08010
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.31782
Name of Employer (for Individual) P. Agnes		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Construction Manager		<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="216.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brunetta, Mathew, , ,		Date of Receipt
Mailing Address 406 Jamestown Rd		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Edgewater Park	State NJ	Zip Code 08010
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.31783
Name of Employer (for Individual) P. Agnes		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Construction Manager		<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="243.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.00"/>
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 65 OF 688
	(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Brunetta, Mathew, , ,		Date of Receipt
Mailing Address 406 Jamestown Rd		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Edgewater Park	State NJ	Zip Code 08010
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.31784
Name of Employer (for Individual) P. Agnes		Occupation (for Individual) Construction Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brunetta, Mathew, , ,		Date of Receipt
Mailing Address 406 Jamestown Rd		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Edgewater Park	State NJ	Zip Code 08010
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.31785
Name of Employer (for Individual) P. Agnes		Occupation (for Individual) Construction Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="297.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brunk, Corey, , ,		Date of Receipt
Mailing Address 8200 W 122nd St		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Overland Park	State KS	Zip Code 66213
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.31787
Name of Employer (for Individual) Mercer Technical Services		Occupation (for Individual) Geographic Information Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 66 OF 688
	<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. Brunk, Corey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 W 122nd St
 City Overland Park State KS Zip Code 66213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercer Technical Services Occupation (for Individual) Geographic Information Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.31788
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Brunk, Corey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 W 122nd St
 City Overland Park State KS Zip Code 66213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercer Technical Services Occupation (for Individual) Geographic Information Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.31789
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Brunk, Corey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 W 122nd St
 City Overland Park State KS Zip Code 66213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercer Technical Services Occupation (for Individual) Geographic Information Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.31790
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 67 OF 688
	<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. Brunk, Corey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 W 122nd St
 City Overland Park State KS Zip Code 66213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercer Technical Services Occupation (for Individual) Geographic Information Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11AI.31791
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Bucknor, Maurice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4016 Maguire Blvd
 City Orlando State FL Zip Code 32803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aetna Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 04 / 2017
Transaction ID : SA11AI.31794
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Bucknor, Maurice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4016 Maguire Blvd
 City Orlando State FL Zip Code 32803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aetna Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2017
Transaction ID : SA11AI.31795
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 688
	<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. Bucknor, Maurice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4016 Maguire Blvd
 City Orlando State FL Zip Code 32803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aetna Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 04 / 2017
Transaction ID : SA11AI.31796
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Bucknor, Maurice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4016 Maguire Blvd
 City Orlando State FL Zip Code 32803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aetna Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 04 / 2017
Transaction ID : SA11AI.31797
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Bugg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6501 13th Street, NW
 City Washington State DC Zip Code 20012
 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 ▼ 225.00

Date of Receipt 10 / 14 / 2017
Transaction ID : SA11AI.31808
 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 69 OF 688
	<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. Bugg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6501 13th Street, NW
 City Washington State DC Zip Code 20012
 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
 11 / 14 / 2017
Transaction ID : SA11AI.31809
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Bugg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6501 13th Street, NW
 City Washington State DC Zip Code 20012
 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 ▼ 275.00

Date of Receipt
 12 / 14 / 2017
Transaction ID : SA11AI.31810
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Bui, Hong, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 LEXINGTON Ave
 City Los Angeles State CA Zip Code 90029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UTLA Union Organizer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 27 / 2017
Transaction ID : SA11AI.31813
 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: PAGE 70 OF 688
(check only one)

<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. Bui, Hong, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4221 LEXINGTON Ave

City Los Angeles	State CA	Zip Code 90029
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UTLA	Occupation (for Individual) Union 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
10	/	27	/	2017

Transaction ID : SA11Al.31814

Amount of Each Receipt this Period
25.00

Memo Item

B. Bui, Hong, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4221 LEXINGTON Ave

City Los Angeles	State CA	Zip Code 90029
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UTLA	Occupation (for Individual) Union Organizer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : SA11Al.31815

Amount of Each Receipt this Period
25.00

Memo Item

C. Bui, Hong, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4221 LEXINGTON Ave

City Los Angeles	State CA	Zip Code 90029
---------------------	-------------	-------------------

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

Name of Employer (for Individual) UTLA	Occupation (for Individual) Union Organizer
---	--

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
12	/	27	/	2017

Transaction ID : SA11Al.31816

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 71 OF 688
	<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. Burch, Larsson, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2990 Eagle Way Apartment 1

City Boulder	State CO	Zip Code 80301
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Sphero, Inc.	Occupation (for Individual) Software Engineer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2017

Transaction ID : SA11AI.31820

Amount of Each Receipt this Period
25.00

Memo Item

B. Burch, Larsson, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2990 Eagle Way Apartment 1

City Boulder	State CO	Zip Code 80301
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Sphero, Inc.	Occupation (for Individual) Software Engineer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2017

Transaction ID : SA11AI.31821

Amount of Each Receipt this Period
25.00

Memo Item

C. Burch, Larsson, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2990 Eagle Way Apartment 1

City Boulder	State CO	Zip Code 80301
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Sphero, Inc.	Occupation (for Individual) Software Engineer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2017

Transaction ID : SA11AI.31822

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 72 OF 688
	<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. Burch, Larsson, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2990 Eagle Way Apartment 1

City Boulder	State CO	Zip Code 80301
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Sphero, 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
12	/	23	/	2017

Transaction ID : SA11AI.31823

Amount of Each Receipt this Period
25.00

Memo Item

B. Burns, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23-67 crescent St 2nd floor

City Astoria	State NY	Zip Code 11105
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Curious incident tour lp.	Occupation (for Individual) Actor
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2017

Transaction ID : SA11AI.31825

Amount of Each Receipt this Period
27.00

Memo Item

C. Burns, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23-67 crescent St 2nd floor

City Astoria	State NY	Zip Code 11105
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Curious incident tour lp.	Occupation (for Individual) Actor
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2017

Transaction ID : SA11AI.31826

Amount of Each Receipt this Period
27.00

Memo Item

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 73 OF 688
	<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. Burns, Brian, , ,			Date of Receipt
Mailing Address 23-67 crescent St 2nd floor			<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Astoria	State NY	Zip Code 11105	Transaction ID : SA11Al.31827
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Curious incident tour lp.		Occupation (for Individual) Actor	<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="270.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burns, Brian, , ,			Date of Receipt
Mailing Address 23-67 crescent St 2nd floor			<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Astoria	State NY	Zip Code 11105	Transaction ID : SA11Al.31828
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Curious incident tour lp.		Occupation (for Individual) Actor	<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="297.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Burns, Brian, , ,			Date of Receipt
Mailing Address 23-67 crescent St 2nd floor			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Astoria	State NY	Zip Code 11105	Transaction ID : SA11Al.31829
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Curious incident tour lp.		Occupation (for Individual) Actor	<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="324.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 74 OF 688
	<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. 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) Not employed	Occupation (for Individual) Not employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2017

Transaction ID : SA11AI.31830

Amount of Each Receipt this Period
50.00

Memo Item

B. 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) Not employed	Occupation (for Individual) Not employed
---	---

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
08		30		2017

Transaction ID : SA11AI.31831

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) Not employed	Occupation (for Individual) Not employed
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA11AI.31832

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 75 OF 688
	<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. Busald, Janine, , ,		Date of Receipt
Mailing Address 601 Gunnerson Ln The Wolf Den		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Rio Dell	State CA	Zip Code 95562
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.31833
Name of Employer (for Individual) Not employed		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Not employed		<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. Busald, Janine, , ,		Date of Receipt
Mailing Address 601 Gunnerson Ln The Wolf Den		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Rio Dell	State CA	Zip Code 95562
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.31834
Name of Employer (for Individual) Not employed		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Not employed		<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"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Busald, Janine, , ,		Date of Receipt
Mailing Address 601 Gunnerson Ln The Wolf Den		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Rio Dell	State CA	Zip Code 95562
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.31835
Name of Employer (for Individual) Not employed		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Not employed		<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"/>	

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 76 OF 688
	<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. Caesar-Walker, Jasmine, , ,

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2017

Transaction ID : SA11AI.31836

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Caesar-Walker, Jasmine, , ,

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

Transaction ID : SA11AI.31837

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Caesar-Walker, Jasmine, , ,

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : SA11AI.31838

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 77 OF 688
	(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. Caesar-Walker, Jasmine, , ,		Date of Receipt
Mailing Address 2750 Paint Dr		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Auburn	State CA	Zip Code 95603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.31839
Name of Employer (for Individual) UAIC		Occupation (for Individual) Committee Chair
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"/>	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. Caesar-Walker, Jasmine, , ,		Date of Receipt
Mailing Address 2750 Paint Dr		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Auburn	State CA	Zip Code 95603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.31840
Name of Employer (for Individual) UAIC		Occupation (for Individual) Committee Chair
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"/>	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. Caesar-Walker, Jasmine, , ,		Date of Receipt
Mailing Address 2750 Paint Dr		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Auburn	State CA	Zip Code 95603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.31841
Name of Employer (for Individual) UAIC		Occupation (for Individual) Committee Chair
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"/>	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 78 OF 688
<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. 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 ▼ 300.00

Date of Receipt 07 / 06 / 2017
Transaction ID : SA11AI.31855
 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 ▼ 325.00

Date of Receipt 07 / 11 / 2017
Transaction ID : SA11AI.31856
 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 ▼ 350.00

Date of Receipt 08 / 06 / 2017
Transaction ID : SA11AI.31857
 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 79 OF 688
	<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. Canman, Julie, , ,		Date of Receipt MM / DD / YYYY 08 / 11 / 2017 Transaction ID : SA11AI.31858
Mailing Address 200 Pinehurst Ave		Amount of Each Receipt this Period 25.00
City New York	State NY	Zip Code 10033
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Columbia University	Occupation (for Individual) Scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Canman, Julie, , ,		Date of Receipt MM / DD / YYYY 11 / 07 / 2017 Transaction ID : SA11AI.31859
Mailing Address 200 Pinehurst Ave		Amount of Each Receipt this Period 25.00
City New York	State NY	Zip Code 10033
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Columbia University	Occupation (for Individual) Scientist	
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 C. Canman, Julie, , ,		Date of Receipt MM / DD / YYYY 12 / 07 / 2017 Transaction ID : SA11AI.31860
Mailing Address 200 Pinehurst Ave		Amount of Each Receipt this Period 25.00
City New York	State NY	Zip Code 10033
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Columbia University	Occupation (for Individual) Scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 425.00	

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 80 OF 688
	<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. Carlough, Celice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2325 Trillium Hts
 City Longview State WA Zip Code 98632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Self
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2017
Transaction ID : SA11AI.31866
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Carlough, Celice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2325 Trillium Hts
 City Longview State WA Zip Code 98632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Self
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2017
Transaction ID : SA11AI.31867
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Carlough, Celice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2325 Trillium Hts
 City Longview State WA Zip Code 98632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Self
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : SA11AI.31868
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 688
	<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. cartier, brian, , ,		Date of Receipt MM / DD / YYYY 07 / 29 / 2017 Transaction ID : SA11AI.31881
Mailing Address 1416 corona Dr		Amount of Each Receipt this Period 50.00
City lexington	State KY	Zip Code 40514
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) lexmark intl	Occupation (for Individual) Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Caruso, James, , ,		Date of Receipt MM / DD / YYYY 07 / 01 / 2017 Transaction ID : SA11AI.31882
Mailing Address 13545 Corliss Ave N		Amount of Each Receipt this Period 50.00
City Seattle	State WA	Zip Code 98133
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Facebook	Occupation (for Individual) Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Caruso, James, , ,		Date of Receipt MM / DD / YYYY 08 / 01 / 2017 Transaction ID : SA11AI.31883
Mailing Address 13545 Corliss Ave N		Amount of Each Receipt this Period 50.00
City Seattle	State WA	Zip Code 98133
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Facebook	Occupation (for Individual) Designer	
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).....▶	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 688
	<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. Caruso, James, , ,		Date of Receipt
Mailing Address 13545 Corliss Ave N		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Seattle	State WA	Zip Code 98133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.31884
Name of Employer (for Individual) Facebook		Occupation (for Individual) Designer
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="checkbox"/> Memo Item		
Aggregate Year-to-Date ▼		<input type="text" value="450.00"/>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Caruso, James, , ,		Date of Receipt
Mailing Address 13545 Corliss Ave N		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Seattle	State WA	Zip Code 98133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.31885
Name of Employer (for Individual) Facebook		Occupation (for Individual) Designer
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="checkbox"/> Memo Item		
Aggregate Year-to-Date ▼		<input type="text" value="500.00"/>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Castaneda, Humberto, , ,		Date of Receipt
Mailing Address 12215 102nd PI NE		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Kirkland	State WA	Zip Code 98034
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.31889
Name of Employer (for Individual) Google		Occupation (for Individual) Product Manager
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="27.00"/>
<input type="checkbox"/> Memo Item		
Aggregate Year-to-Date ▼		<input type="text" value="216.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="127.00"/>
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 83 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Castaneda, Humberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12215 102nd PI NE
 City Kirkland State WA Zip Code 98034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.31890
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Castaneda, Humberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12215 102nd PI NE
 City Kirkland State WA Zip Code 98034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.31891
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Castaneda, Humberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12215 102nd PI NE
 City Kirkland State WA Zip Code 98034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.31892
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 688
	<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. Castaneda, Humberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12215 102nd PI NE
 City Kirkland State WA Zip Code 98034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 12 / 2017**
Transaction ID : SA11AI.31893
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Castro, Fernando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9937 Turtle Bay Ct
 City Orlando State FL Zip Code 32832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VHA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 17 / 2017**
Transaction ID : SA11AI.31896
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Castro, Fernando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9937 Turtle Bay Ct
 City Orlando State FL Zip Code 32832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VHA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 17 / 2017**
Transaction ID : SA11AI.31897
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.00
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 688
	<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. Castro, Fernando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9937 Turtle Bay Ct
 City Orlando State FL Zip Code 32832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VHA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.31898
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Castro, Fernando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9937 Turtle Bay Ct
 City Orlando State FL Zip Code 32832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VHA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 17 / 2017
Transaction ID : SA11AI.31899
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Cauthen, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2386 Muirfield Way
 City Duluth State GA Zip Code 30096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Star beauty supply Occupation (for Individual) Small Business Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 28 / 2017
Transaction ID : SA11AI.31902
 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: PAGE 86 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Cauthen, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2386 Muirfield Way
 City Duluth State GA Zip Code 30096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Star beauty supply Occupation (for Individual) Small Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2017
Transaction ID : SA11AI.31903
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Cauthen, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2386 Muirfield Way
 City Duluth State GA Zip Code 30096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Star beauty supply Occupation (for Individual) Small Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2017
Transaction ID : SA11AI.31904
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Cauthen, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2386 Muirfield Way
 City Duluth State GA Zip Code 30096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Star beauty supply Occupation (for Individual) Small Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 28 / 2017
Transaction ID : SA11AI.31905
 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 87 OF 688
	<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. Chamberlin, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6069 Riverbend Dr
 City Lisle State IL Zip Code 60532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geneva Eye Clinic Occupation (for Individual) Certified Optician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.31907
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Chamberlin, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6069 Riverbend Dr
 City Lisle State IL Zip Code 60532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geneva Eye Clinic Occupation (for Individual) Certified Optician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.31908
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Chamberlin, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6069 Riverbend Dr
 City Lisle State IL Zip Code 60532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geneva Eye Clinic Occupation (for Individual) Certified Optician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.31909
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 88 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Chamberlin, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6069 Riverbend Dr
 City Lisle State IL Zip Code 60532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geneva Eye Clinic Occupation (for Individual) Certified Optician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.31910
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Chamberlin, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6069 Riverbend Dr
 City Lisle State IL Zip Code 60532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geneva Eye Clinic Occupation (for Individual) Certified Optician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11AI.31911
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Chan, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8305 SE 57th St
 City Mercer Island State WA Zip Code 98040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Camber Collective Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2017
Transaction ID : SA11AI.31913
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1054.00
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 688
	<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. Chang, ChiaNing, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4660 N Spaulding Ave #2
 City Chicago State IL Zip Code 60625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hyatt Occupation (for Individual) DBA
 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
 09 / 25 / 2017
Transaction ID : SA11AI.31919
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Chang, ChiaNing, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4660 N Spaulding Ave #2
 City Chicago State IL Zip Code 60625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hyatt Occupation (for Individual) DBA
 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
 10 / 25 / 2017
Transaction ID : SA11AI.31920
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Chang, ChiaNing, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4660 N Spaulding Ave #2
 City Chicago State IL Zip Code 60625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hyatt Occupation (for Individual) DBA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2017
Transaction ID : SA11AI.31921
 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 90 OF 688
	<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. Chang, ChiaNing, , ,

Mailing Address 4660 N Spaulding Ave #2

City Chicago	State IL	Zip Code 60625
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Hyatt	Occupation (for Individual) DBA
--	------------------------------------

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
12	/	25	/	2017

Transaction ID : SA11AI.31922

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Chapin, Christopher, , ,

Mailing Address 20 Doire Rd

City Cumberland	State RI	Zip Code 02864
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2017

Transaction ID : SA11AI.31924

Amount of Each Receipt this Period
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Chapin, Christopher, , ,

Mailing Address 20 Doire Rd

City Cumberland	State RI	Zip Code 02864
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2017

Transaction ID : SA11AI.31925

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 91 OF 688
	<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. Chapin, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Doire Rd
 City Cumberland State RI Zip Code 02864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not employed Occupation (for Individual) Not employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2017
Transaction ID : SA11AI.31926
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Chapin, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Doire Rd
 City Cumberland State RI Zip Code 02864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not employed Occupation (for Individual) Not employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2017
Transaction ID : SA11AI.31927
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Chapin, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Doire Rd
 City Cumberland State RI Zip Code 02864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not employed Occupation (for Individual) Not employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2017
Transaction ID : SA11AI.31928
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 688
	<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. Charles, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11618 Tabernas Ln
 City San Antonio State TX Zip Code 78253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Deer Breeder & Farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 12 / 2017
Transaction ID : SA11AI.31930
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Charles, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11618 Tabernas Ln
 City San Antonio State TX Zip Code 78253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Deer Breeder & Farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.31931
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Charles, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11618 Tabernas Ln
 City San Antonio State TX Zip Code 78253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Deer Breeder & Farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.31932
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 688
	<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. Charles, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11618 Tabernas Ln
 City San Antonio State TX Zip Code 78253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Deer Breeder & Farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.31933
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Charles, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11618 Tabernas Ln
 City San Antonio State TX Zip Code 78253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Deer Breeder & Farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 12 / 2017
Transaction ID : SA11AI.31934
 Amount of Each Receipt this Period 27.00
 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 ▼ 1750.00

Date of Receipt 10 / 23 / 2017
Transaction ID : SA11AI.31937
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	154.00
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 688
	<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. Chay, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 Barnes St
 City Providence State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown University Occupation (for Individual) Professor
 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
 10 / 07 / 2017
Transaction ID : SA11AI.31941
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Chay, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 Barnes St
 City Providence State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown University Occupation (for Individual) Professor
 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
 11 / 07 / 2017
Transaction ID : SA11AI.31942
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Chay, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 Barnes St
 City Providence State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown University Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2017
Transaction ID : SA11AI.31943
 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: PAGE 95 OF 688
(check only one)

<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. Chesterman, Patrick, , ,

Mailing Address 311 bellerose Dr suite 138

City saint albert	State ZZ	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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2017

Transaction ID : SA11Al.31950

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Chesterman, Patrick, , ,

Mailing Address 311 bellerose Dr suite 138

City saint albert	State ZZ	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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2017

Transaction ID : SA11Al.31951

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Chesterman, Patrick, , ,

Mailing Address 311 bellerose Dr suite 138

City saint albert	State ZZ	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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11Al.31952

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:	PAGE 96 OF 688
	(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. Chesterman, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 bellerose Dr suite 138
 City saint albert State ZZ 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2017
Transaction ID : SA11AI.31953
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Childers, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 227
 City Peralta State NM Zip Code 87042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 D & H United Fueling Solutions Electrician
 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
 10 / 17 / 2017
Transaction ID : SA11AI.31959
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Childers, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 227
 City Peralta State NM Zip Code 87042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 D & H United Fueling Solutions 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
 11 / 17 / 2017
Transaction ID : SA11AI.31960
 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 97 OF 688
	<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. Childers, Paul, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 17 / 2017
Mailing Address PO Box 227		Transaction ID : SA11AI.31961
City Peralta	State NM	Zip Code 87042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) D & H United Fueling Solutions	Occupation (for Individual) Electrician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Choppelas, Jon, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2017
Mailing Address 3215 Clement St #201		Transaction ID : SA11AI.31965
City San Francisco	State CA	Zip Code 94121
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) investor	<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. Choppelas, Jon, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2017
Mailing Address 3215 Clement St #201		Transaction ID : SA11AI.31966
City San Francisco	State CA	Zip Code 94121
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) investor	<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).....▶	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 98 OF 688
	<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. Chow, Eddy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5040 Tujunga Ave #18
 City North Hollywood State CA Zip Code 91601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Titmouse, Inc. Occupation (for Individual) Artist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.31968
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Chow, Eddy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5040 Tujunga Ave #18
 City North Hollywood State CA Zip Code 91601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Titmouse, Inc. Occupation (for Individual) Artist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.31969
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Chow, Eddy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5040 Tujunga Ave #18
 City North Hollywood State CA Zip Code 91601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Titmouse, Inc. Occupation (for Individual) Artist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.31970
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 99 OF 688
	<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. Chow, Eddy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5040 Tujunga Ave #18
 City North Hollywood State CA Zip Code 91601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Titmouse, Inc. Occupation (for Individual) Artist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.31971
 Amount of Each Receipt this Period 27.00
 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 ▼ 600.00

Date of Receipt 07 / 07 / 2017
Transaction ID : SA11AI.31974
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 700.00

Date of Receipt 08 / 07 / 2017
Transaction ID : SA11AI.31975
 Amount of Each Receipt this Period 100.00
 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 100 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 ▼ 800.00

Date of Receipt 09 / 07 / 2017
Transaction ID : SA11AI.31976
 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 ▼ 900.00

Date of Receipt 10 / 07 / 2017
Transaction ID : SA11AI.31977
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 1000.00

Date of Receipt 11 / 07 / 2017
Transaction ID : SA11AI.31978
 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 101 OF 688
	<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. Church, Brenda, , ,		Date of Receipt
Mailing Address 1516 sunset Dr		<input type="text" value="12"/> / <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.31979
Name of Employer (for Individual) Delmar Gardens		Occupation (for Individual) LPN
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="1100.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Clauson, Cooper, , ,		Date of Receipt
Mailing Address PO Box 95912		<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Seattle	State WA	Zip Code 98145
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.31982
Name of Employer (for Individual) Intentional Software Corporation		Occupation (for Individual) Software 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="75.00"/>
	<input type="text" value="525.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Clauson, Cooper, , ,		Date of Receipt
Mailing Address PO Box 95912		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Seattle	State WA	Zip Code 98145
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.31983
Name of Employer (for Individual) Intentional Software Corporation		Occupation (for Individual) Software 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="75.00"/>
	<input type="text" value="600.00"/>	<input type="checkbox"/> Memo Item

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: (check only one)	PAGE 102 OF 688
	<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. 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 ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2017
Transaction ID : SA11AI.31984
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2017
Transaction ID : SA11AI.31985
 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 ▼ 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2017
Transaction ID : SA11AI.31986
 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 103 OF 688
	<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. 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 ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2017
Transaction ID : SA11AI.31987

Amount of Each Receipt this Period
 75.00

Memo Item

B. Clemons, Tyler, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4725 Bentham Dr

City Columbus	State OH	Zip Code 43220
------------------	-------------	-------------------

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

Name of Employer (for Individual) Manta Media Inc	Occupation (for Individual) Data 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
 10 / 08 / 2017
Transaction ID : SA11AI.31991

Amount of Each Receipt this Period
 25.00

Memo Item

C. Clemons, Tyler, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4725 Bentham Dr

City Columbus	State OH	Zip Code 43220
------------------	-------------	-------------------

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

Name of Employer (for Individual) Manta Media Inc	Occupation (for Individual) Data 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
 11 / 08 / 2017
Transaction ID : SA11AI.31992

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 104 OF 688
	<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. Clemons, Tyler, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4725 Bentham Dr

City Columbus	State OH	Zip Code 43220
------------------	-------------	-------------------

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

Name of Employer (for Individual) Manta Media Inc	Occupation (for Individual) Data Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : SA11AI.31993

Amount of Each Receipt this Period
25.00

Memo Item

B. Cline, Brody, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 SE 121st St

City Everett	State WA	Zip Code 98208
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Boeing	Occupation (for Individual) Structures Mechanic
---	--

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
09		02		2017

Transaction ID : SA11AI.31996

Amount of Each Receipt this Period
25.00

Memo Item

C. Cline, Brody, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 SE 121st St

City Everett	State WA	Zip Code 98208
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Boeing	Occupation (for Individual) Structures Mechanic
---	--

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
10		02		2017

Transaction ID : SA11AI.31997

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 105 OF 688
	<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. Cline, Brody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 SE 121st St
 City Everett State WA Zip Code 98208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boeing Occupation (for Individual) Structures Mechanic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : SA11AI.31998
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Cline, Brody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 SE 121st St
 City Everett State WA Zip Code 98208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boeing Occupation (for Individual) Structures Mechanic
 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
 12 / 02 / 2017
Transaction ID : SA11AI.31999
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Cohen, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2617 St Davids Lane
 City Ardmore State PA Zip Code 19003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ben & Jerry's Occupation (for Individual) Co-Founder
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017
Transaction ID : SA11AI.32003
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.00
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 688
	<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. Cohen, Ben, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2617 St Davids Lane

City Ardmore	State PA	Zip Code 19003
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Ben & Jerry's	Occupation (for Individual) Co-Founder
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

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

Transaction ID : SA11AI.32004

Amount of Each Receipt this Period
27.00

Memo Item

B. Cohen, Ben, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2617 St Davids Lane

City Ardmore	State PA	Zip Code 19003
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Ben & Jerry's	Occupation (for Individual) Co-Founder
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2017

Transaction ID : SA11AI.32005

Amount of Each Receipt this Period
27.00

Memo Item

C. Cohen, Ben, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2617 St Davids Lane

City Ardmore	State PA	Zip Code 19003
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Ben & Jerry's	Occupation (for Individual) Co-Founder
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2017

Transaction ID : SA11AI.32006

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 688
	<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. Cohen, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2617 St Davids Lane
 City Ardmore State PA Zip Code 19003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ben & Jerry's Occupation (for Individual) Co-Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 09 / 2017**
Transaction ID : SA11AI.32007
 Amount of Each Receipt this Period 27.00
 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 ▼ 350.00

Date of Receipt **07 / 08 / 2017**
Transaction ID : SA11AI.32008
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Colliton, Paul O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Greenwich Street
 City New York State NY Zip Code 10013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Photographer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 21 / 2017**
Transaction ID : SA11AI.32012
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1077.00
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 688
	<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. Colton, Cheryl, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2017
Mailing Address 3144 Country Lake Dr		Transaction ID : SA11AI.32016
City Powder Springs	State GA	Zip Code 30127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Wellstar Health System	Occupation (for Individual) Senior Application Analyst	<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 B. Conratt, Phil, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2017
Mailing Address 6444 Orland St		Transaction ID : SA11AI.32023
City Falls Church	State VA	Zip Code 22043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Eaton	Occupation (for Individual) Product Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Conratt, Phil, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2017
Mailing Address 6444 Orland St		Transaction ID : SA11AI.32024
City Falls Church	State VA	Zip Code 22043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Eaton	Occupation (for Individual) Product Manager	<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	

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 109 OF 688
	<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. Conradt, Phil, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6444 Orland St

City Falls Church	State VA	Zip Code 22043
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Eaton	Occupation (for Individual) Product Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2017

Transaction ID : SA11AI.32025

Amount of Each Receipt this Period
25.00

Memo Item

B. Conradt, Phil, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6444 Orland St

City Falls Church	State VA	Zip Code 22043
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Eaton	Occupation (for Individual) Product 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
12	/	23	/	2017

Transaction ID : SA11AI.32026

Amount of Each Receipt this Period
25.00

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) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2017

Transaction ID : SA11AI.32030

Amount of Each Receipt this Period
250.00

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 110 OF 688
	<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) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2017

Transaction ID : SA11AI.32031

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) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

Transaction ID : SA11AI.32032

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) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.32033

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 111 OF 688
	<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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2277.00

Date of Receipt **11 / 21 / 2017**
Transaction ID : SA11AI.32034
 Amount of Each Receipt this Period 27.00
 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2304.00

Date of Receipt **12 / 22 / 2017**
Transaction ID : SA11AI.32035
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Cork, Suzanne M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 692 Broyles Ranch Rd Apt 1
 City Battle Mountain State NV Zip Code 89820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 26 / 2017**
Transaction ID : SA11AI.32038
 Amount of Each Receipt this Period 25.00
 Memo Item

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 112 OF 688
	<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. Cork, Suzanne M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 692 Broyles Ranch Rd Apt 1
 City Battle Mountain State NV Zip Code 89820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker
 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
 10 / 26 / 2017
Transaction ID : SA11AI.32039
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Cork, Suzanne M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 692 Broyles Ranch Rd Apt 1
 City Battle Mountain State NV Zip Code 89820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2017
Transaction ID : SA11AI.32040
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Cork, Suzanne M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 692 Broyles Ranch Rd Apt 1
 City Battle Mountain State NV Zip Code 89820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Homemaker
 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
 12 / 26 / 2017
Transaction ID : SA11AI.32041
 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 113 OF 688
	<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. Cornelson, George, , ,		Date of Receipt
Mailing Address 615 S Columbus Ave B		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Glendale	State CA	Zip Code 91204
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.32044
Name of Employer (for Individual) Rosano Partners		Amount of Each Receipt this Period
Occupation (for Individual) Commercial Real Estate Agent		<input type="text" value="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
	<input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cornelson, George, , ,		Date of Receipt
Mailing Address 615 S Columbus Ave B		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Glendale	State CA	Zip Code 91204
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.32045
Name of Employer (for Individual) Rosano Partners		Amount of Each Receipt this Period
Occupation (for Individual) Commercial Real Estate Agent		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
	<input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Corral, Laura, , ,		Date of Receipt
Mailing Address PO Box 33 270 First Street		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Chester	State CA	Zip Code 96020
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.32054
Name of Employer (for Individual) USDA Forest Service		Amount of Each Receipt this Period
Occupation (for Individual) Supervisory Forester		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
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 114 OF 688
	<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. Cotner, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7095 W 50 S

City Logansport	State IN	Zip Code 46947
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SPI	Occupation (for Individual) Tool/Die
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2017

Transaction ID : SA11AI.32056

Amount of Each Receipt this Period
27.00

Memo Item

B. Cotner, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7095 W 50 S

City Logansport	State IN	Zip Code 46947
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SPI	Occupation (for Individual) Tool/Die
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

Transaction ID : SA11AI.32057

Amount of Each Receipt this Period
27.00

Memo Item

C. Cotner, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7095 W 50 S

City Logansport	State IN	Zip Code 46947
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SPI	Occupation (for Individual) Tool/Die
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2017

Transaction ID : SA11AI.32058

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 688
	<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. Cotner, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7095 W 50 S
 City Logansport State IN Zip Code 46947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPI Occupation (for Individual) Tool/Die
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 11 / 14 / 2017
Transaction ID : SA11AI.32059
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Cotner, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7095 W 50 S
 City Logansport State IN Zip Code 46947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPI Occupation (for Individual) Tool/Die
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 12 / 14 / 2017
Transaction ID : SA11AI.32060
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Coulter, Bradford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4048 35th Ave W
 City Seattle State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Concordis Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 08 / 23 / 2017
Transaction ID : SA11AI.32062
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 688
	<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. Coulter, Bradford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4048 35th Ave W
 City Seattle State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Concordis Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2017
Transaction ID : SA11AI.32063
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Coulter, Bradford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4048 35th Ave W
 City Seattle State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Concordis Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017
Transaction ID : SA11AI.32064
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Coulter, Bradford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4048 35th Ave W
 City Seattle State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Concordis Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2017
Transaction ID : SA11AI.32065
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 117 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Coulter, Bradford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4048 35th Ave W
 City Seattle State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Concordis Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 23 / 2017**
Transaction ID : SA11AI.32066
 Amount of Each Receipt this Period 27.00
 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 ▼ 350.00

Date of Receipt **07 / 09 / 2017**
Transaction ID : SA11AI.32074
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 400.00

Date of Receipt **08 / 09 / 2017**
Transaction ID : SA11AI.32075
 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 118 OF 688
	<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. 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 ▼ 450.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.32076
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Crispell, Kris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24950 SW Rainbow Ln
 City Hillsboro State OR Zip Code 97123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) IT Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 14 / 2017
Transaction ID : SA11AI.32080
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Crispell, Kris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24950 SW Rainbow Ln
 City Hillsboro State OR Zip Code 97123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) IT Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.32081
 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 119 OF 688
	<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. Croft, Cynthia, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2017
Mailing Address 383 Rivermoor Dr		Transaction ID : SA11AI.32082
City Marietta	State PA	Zip Code 17547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Self-employed	Occupation (for Individual) Realtor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Croft, Cynthia, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 13 / 2017
Mailing Address 383 Rivermoor Dr		Transaction ID : SA11AI.32083
City Marietta	State PA	Zip Code 17547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Self-employed	Occupation (for Individual) Realtor	<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	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Croft, Cynthia, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2017
Mailing Address 383 Rivermoor Dr		Transaction ID : SA11AI.32084
City Marietta	State PA	Zip Code 17547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Self-employed	Occupation (for Individual) Realtor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

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 120 OF 688
<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. Croft, Cynthia, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2017 Transaction ID : SA11AI.32085
Mailing Address 383 Rivermoor Dr			Amount of Each Receipt this Period 50.00
City Marietta	State PA	Zip Code 17547	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Self-employed		Occupation (for Individual) Realtor	
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 B. Croft, Cynthia, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2017 Transaction ID : SA11AI.32086
Mailing Address 383 Rivermoor Dr			Amount of Each Receipt this Period 50.00
City Marietta	State PA	Zip Code 17547	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Self-employed		Occupation (for Individual) Realtor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Croft, Cynthia, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2017 Transaction ID : SA11AI.32087
Mailing Address 383 Rivermoor Dr			Amount of Each Receipt this Period 50.00
City Marietta	State PA	Zip Code 17547	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Self-employed		Occupation (for Individual) Realtor	
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).....▶	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 688
	<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. Cuomo, Michael, , ,		Date of Receipt
Mailing Address 28 Alton Ave		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Greenlawn	State NY	Zip Code 11740
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32093
Name of Employer (for Individual) Value drugs		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Pharmacy Stocker		<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="216.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cuomo, Michael, , ,		Date of Receipt
Mailing Address 28 Alton Ave		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Greenlawn	State NY	Zip Code 11740
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32094
Name of Employer (for Individual) Value drugs		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Pharmacy Stocker		<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="243.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cuomo, Michael, , ,		Date of Receipt
Mailing Address 28 Alton Ave		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Greenlawn	State NY	Zip Code 11740
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32095
Name of Employer (for Individual) Value drugs		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Pharmacy Stocker		<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="270.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 122 OF 688
	<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. Cuomo, Michael, , ,		Date of Receipt
Mailing Address 28 Alton Ave		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Greenlawn	State NY	Zip Code 11740
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32096
Name of Employer (for Individual) Value drugs		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Pharmacy Stocker		<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="297.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cuomo, Michael, , ,		Date of Receipt
Mailing Address 28 Alton Ave		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Greenlawn	State NY	Zip Code 11740
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32097
Name of Employer (for Individual) Value drugs		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Pharmacy Stocker		<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="324.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cupples, Courtney, , ,		Date of Receipt
Mailing Address 115 Ridgewood Ave		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City North Haven	State CT	Zip Code 06473
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32098
Name of Employer (for Individual) Alexion Pharma		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Marketing 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="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.00"/>
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 123 OF 688
	(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. 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2017
Transaction ID : SA11AI.32099
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : SA11AI.32100
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2017
Transaction ID : SA11AI.32101
 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 124 OF 688
	<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. Dahan, Richard, , ,		Date of Receipt
Mailing Address 483 Beacon St #81		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2017"/>
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32104
Name of Employer (for Individual) Self		Occupation (for Individual) Entrepreneur
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="700.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Darmanin, Michael, , ,		Date of Receipt
Mailing Address 1909 Sheffield Ct		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Oldsmar	State FL	Zip Code 34677
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32108
Name of Employer (for Individual) BMC Software Inc.		Occupation (for Individual) Manager
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="27.00"/>
<input type="text" value="216.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Darmanin, Michael, , ,		Date of Receipt
Mailing Address 1909 Sheffield Ct		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Oldsmar	State FL	Zip Code 34677
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32109
Name of Employer (for Individual) BMC Software Inc.		Occupation (for Individual) Manager
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="27.00"/>
<input type="text" value="243.00"/>		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="154.00"/>
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 125 OF 688
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Darmanin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1909 Sheffield Ct
 City Oldsmar State FL Zip Code 34677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BMC Software Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 10 / 2017**
Transaction ID : SA11AI.32110
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Darmanin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1909 Sheffield Ct
 City Oldsmar State FL Zip Code 34677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BMC Software Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 10 / 2017**
Transaction ID : SA11AI.32111
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Darmanin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1909 Sheffield Ct
 City Oldsmar State FL Zip Code 34677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BMC Software Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 10 / 2017**
Transaction ID : SA11AI.32112
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 688
	<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 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Davidson, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Charles Ct P.O. Box 416
 City Ringoes State NJ Zip Code 08551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 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
 12 / 30 / 2017
Transaction ID : SA11AI.32118
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Dayton, Isaac, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2255 Emerald Rd
 City Boulder State CO Zip Code 80304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Handyman
 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
 11 / 26 / 2017
Transaction ID : SA11AI.32125
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Dayton, Isaac, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2255 Emerald Rd
 City Boulder State CO Zip Code 80304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Handyman
 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
 12 / 26 / 2017
Transaction ID : SA11AI.32126
 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 127 OF 688
	<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. DeDonder, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 SW High Ave
 City Topeka State KS Zip Code 66606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pizza Pub LLC Occupation (for Individual) Delivery Driver
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 10 / 2017
Transaction ID : SA11AI.32128
 Amount of Each Receipt this Period 27.00
 Memo Item

B. DeDonder, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 SW High Ave
 City Topeka State KS Zip Code 66606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pizza Pub LLC Occupation (for Individual) Delivery Driver
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 10 / 2017
Transaction ID : SA11AI.32129
 Amount of Each Receipt this Period 27.00
 Memo Item

C. DeDonder, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 SW High Ave
 City Topeka State KS Zip Code 66606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pizza Pub LLC Occupation (for Individual) Delivery Driver
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 10 / 2017
Transaction ID : SA11AI.32130
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 688
	<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. DeDonder, Patrick, , ,		Date of Receipt MM / DD / YYYY 11 / 10 / 2017 Transaction ID : SA11AI.32131
Mailing Address 923 SW High Ave		Amount of Each Receipt this Period 27.00
City Topeka	State KS	Zip Code 66606
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Pizza Pub LLC	Occupation (for Individual) Delivery Driver	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DeDonder, Patrick, , ,		Date of Receipt MM / DD / YYYY 12 / 10 / 2017 Transaction ID : SA11AI.32132
Mailing Address 923 SW High Ave		Amount of Each Receipt this Period 27.00
City Topeka	State KS	Zip Code 66606
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Pizza Pub LLC	Occupation (for Individual) Delivery Driver	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Demos, David, , ,		Date of Receipt MM / DD / YYYY 07 / 01 / 2017 Transaction ID : SA11AI.32138
Mailing Address 303 Saturn Ter		Amount of Each Receipt this Period 100.00
City Sunnyvale	State CA	Zip Code 94086
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Stanford university hospital	Occupation (for Individual) Resident Physician	
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).....▶	154.00
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 688
	<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. Denley, walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2546 Oakwood Trce
 City Smyrna State GA Zip Code 30080-8291
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2017
Transaction ID : SA11AI.32141
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Denley, walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2546 Oakwood Trce
 City Smyrna State GA Zip Code 30080-8291
 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
 12 / 26 / 2017
Transaction ID : SA11AI.32142
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Dewar, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Geordie Ln
 City Hubbardston State MA Zip Code 01452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NRG Services Inc. Occupation (for Individual) Steam Fireman
 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
 09 / 13 / 2017
Transaction ID : SA11AI.32148
 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 130 OF 688
	<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. Dewar, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Geordie Ln
 City Hubbardston State MA Zip Code 01452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NRG Services Inc. Occupation (for Individual) Steam Fireman
 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
 10 / 13 / 2017
Transaction ID : SA11AI.32149
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Dewar, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Geordie Ln
 City Hubbardston State MA Zip Code 01452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NRG Services Inc. Occupation (for Individual) Steam Fireman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2017
Transaction ID : SA11AI.32150
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Dewar, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Geordie Ln
 City Hubbardston State MA Zip Code 01452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NRG Services Inc. Occupation (for Individual) Steam Fireman
 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
 12 / 13 / 2017
Transaction ID : SA11AI.32151
 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 131 OF 688
	<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. 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 ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2017

Transaction ID : SA11AI.32152

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 ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2017

Transaction ID : SA11AI.32153

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 ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017

Transaction ID : SA11AI.32154

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 132 OF 688
	<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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

Transaction ID : SA11AI.32155

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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11AI.32156

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dickers, 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	04	/	2017

Transaction ID : SA11AI.32157

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 133 OF 688
	<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. Dikkers, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 400.00

Date of Receipt
 08 / 04 / 2017
Transaction ID : SA11AI.32158
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dikkers, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 450.00

Date of Receipt
 09 / 04 / 2017
Transaction ID : SA11AI.32159
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Dikkers, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 500.00

Date of Receipt
 10 / 04 / 2017
Transaction ID : SA11AI.32160
 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 134 OF 688
	<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. Dikkers, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2017
Transaction ID : SA11AI.32161
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dikkers, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2017
Transaction ID : SA11AI.32162
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Djuren, Juilf, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Papakapu PI
 City Wailuku State HI Zip Code 96793
 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 ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2017
Transaction ID : SA11AI.32166
 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: PAGE 135 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Djuren, Juif, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Papakapu PI
 City Wailuku State HI Zip Code 96793
 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 ▼ 243.00

Date of Receipt 09 / 25 / 2017
Transaction ID : SA11AI.32167
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Djuren, Juif, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Papakapu PI
 City Wailuku State HI Zip Code 96793
 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 ▼ 270.00

Date of Receipt 10 / 25 / 2017
Transaction ID : SA11AI.32168
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Djuren, Juif, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Papakapu PI
 City Wailuku State HI Zip Code 96793
 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 ▼ 297.00

Date of Receipt 11 / 25 / 2017
Transaction ID : SA11AI.32169
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 136 OF 688
	<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. Djuren, Juif, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Papakapu PI

City Wailuku	State HI	Zip Code 96793
-----------------	-------------	-------------------

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 ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2017

Transaction ID : SA11AI.32170

Amount of Each Receipt this Period
27.00

Memo Item

B. Doyle, Dennis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5450 Leary Ave NW
Apt 552

City Seattle	State WA	Zip Code 98107
-----------------	-------------	-------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2017

Transaction ID : SA11AI.32179

Amount of Each Receipt this Period
25.00

Memo Item

C. Doyle, Dennis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5450 Leary Ave NW
Apt 552

City Seattle	State WA	Zip Code 98107
-----------------	-------------	-------------------

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
10	/	29	/	2017

Transaction ID : SA11AI.32180

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 137 OF 688
	<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. Doyle, Dennis, , ,		Date of Receipt
Mailing Address 5450 Leary Ave NW Apt 552		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Seattle	State WA	Zip Code 98107
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32181
Name of Employer (for Individual) None		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) None		<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="275.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Doyle, Dennis, , ,		Date of Receipt
Mailing Address 5450 Leary Ave NW Apt 552		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Seattle	State WA	Zip Code 98107
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32182
Name of Employer (for Individual) None		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) None		<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. Eaglin, Nicolas, , ,		Date of Receipt
Mailing Address 28 idlewild Ct		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Pacifica	State CA	Zip Code 94044
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32196
Name of Employer (for Individual) Pacifica School District		Amount of Each Receipt this Period <input type="text" value="27.00"/>
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="216.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="77.00"/>
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 138 OF 688
	<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. Eaglin, Nicolas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 idlewild Ct

City Pacifica	State CA	Zip Code 94044
------------------	-------------	-------------------

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

Name of Employer (for Individual) Pacifica School District	Occupation (for Individual)
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2017

Transaction ID : SA11AI.32197

Amount of Each Receipt this Period
27.00

Memo Item

B. Eaglin, Nicolas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 idlewild Ct

City Pacifica	State CA	Zip Code 94044
------------------	-------------	-------------------

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

Name of Employer (for Individual) Pacifica School District	Occupation (for Individual)
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

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

Transaction ID : SA11AI.32198

Amount of Each Receipt this Period
27.00

Memo Item

C. Eaglin, Nicolas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 idlewild Ct

City Pacifica	State CA	Zip Code 94044
------------------	-------------	-------------------

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

Name of Employer (for Individual) Pacifica School District	Occupation (for Individual)
---	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

Transaction ID : SA11AI.32199

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 139 OF 688
	<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. Eaglin, Nicolas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 idlewild Ct
 City Pacifica State CA Zip Code 94044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pacifica School District Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2017
Transaction ID : SA11AI.32200
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Edwards, Lynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Ann Ave
 City Salem State NH Zip Code 03079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 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
 09 / 29 / 2017
Transaction ID : SA11AI.32205
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Edwards, Lynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Ann Ave
 City Salem State NH Zip Code 03079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 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
 10 / 29 / 2017
Transaction ID : SA11AI.32206
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 140 OF 688
	<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. Edwards, Lynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Ann Ave
 City Salem State NH Zip Code 03079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017
Transaction ID : SA11AI.32207
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Edwards, Lynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Ann Ave
 City Salem State NH Zip Code 03079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 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
 12 / 29 / 2017
Transaction ID : SA11AI.32208
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : SA11AI.32209
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 141 OF 688
	<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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2017

Transaction ID : SA11AI.32210

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2017

Transaction ID : SA11AI.32211

Amount of Each Receipt this Period
50.00

Memo Item

C. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2017

Transaction ID : SA11AI.32212

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 142 OF 688
(check only one)

<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. 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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

Transaction ID : SA11AI.32213

Amount of Each Receipt this Period
50.00

Memo Item

B. Eggenberger, Florian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 279 Springridge Dr

City North Salt Lake	State UT	Zip Code 84054
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) self employed	Occupation (for Individual) IT System Designer
--	---

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
09	/	25	/	2017

Transaction ID : SA11AI.32216

Amount of Each Receipt this Period
25.00

Memo Item

C. Eggenberger, Florian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 279 Springridge Dr

City North Salt Lake	State UT	Zip Code 84054
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) self employed	Occupation (for Individual) IT System 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
10	/	25	/	2017

Transaction ID : SA11AI.32217

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 143 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Eggenberger, Florian, , ,

Mailing Address 279 Springridge Dr

City North Salt Lake State UT Zip Code 84054

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

Name of Employer (for Individual) self employed Occupation (for Individual) IT System Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **11 / 25 / 2017**
Transaction ID : SA11AI.32218

Amount of Each Receipt this Period **25.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Eggenberger, Florian, , ,

Mailing Address 279 Springridge Dr

City North Salt Lake State UT Zip Code 84054

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

Name of Employer (for Individual) self employed Occupation (for Individual) IT System Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 25 / 2017**
Transaction ID : SA11AI.32219

Amount of Each Receipt this Period **25.00**

Memo Item

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

Mailing Address 100 Rosewood Cv

City Bellefonte State PA Zip Code 16823

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

Name of Employer (for Individual) Remcom, Inc. Occupation (for Individual) Software Engineering Manager

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **10 / 10 / 2017**
Transaction ID : SA11AI.32223

Amount of Each Receipt this Period **27.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **77.00**

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 144 OF 688
	<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. Eichenlaub, Ronald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Rosewood Cv

City Bellefonte	State PA	Zip Code 16823
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Remcom, Inc.	Occupation (for Individual) Software Engineering Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.32224

Amount of Each Receipt this Period
27.00

Memo Item

B. Emerson, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Cub PI

City Asheville	State NC	Zip Code 28806
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Owner
---	--------------------------------------

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
09	/	02	/	2017

Transaction ID : SA11AI.32238

Amount of Each Receipt this Period
25.00

Memo Item

C. Emerson, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Cub PI

City Asheville	State NC	Zip Code 28806
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	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
10	/	02	/	2017

Transaction ID : SA11AI.32239

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 145 OF 688
	<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. Emerson, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Cub PI
 City Asheville State NC Zip Code 28806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 11 / 02 / 2017
Transaction ID : SA11AI.32240
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Emerson, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Cub PI
 City Asheville State NC Zip Code 28806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 12 / 02 / 2017
Transaction ID : SA11AI.32241
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Eustache, Alain, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Crescent Cir B115
 City Lake Park State FL Zip Code 33403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dept of VA Affairs Occupation (for Individual) Admin Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 08 / 26 / 2017
Transaction ID : SA11AI.32249
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.00
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 146 OF 688
	<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. Ewing, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Pepperidge Rd
 City Tuxedo Park State NY Zip Code 10987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Laparoscopic Associates Occupation (for Individual) surgeon
 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
 12 / 28 / 2017
Transaction ID : SA11AI.32252
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : SA11AI.32253
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2017
Transaction ID : SA11AI.32254
 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 147 OF 688
	<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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

Transaction ID : SA11AI.32255

Amount of Each Receipt this Period
50.00

Memo Item

B. 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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2017

Transaction ID : SA11AI.32256

Amount of Each Receipt this Period
50.00

Memo Item

C. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2017

Transaction ID : SA11AI.32257

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 148 OF 688
	<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. Exploding Sax

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

Mailing Address 215 E. 96th Street, 3D

City New York	State NY	Zip Code 10128
------------------	-------------	-------------------

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 ▼
216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2017

Transaction ID : SA11AI.31399

Amount of Each Receipt this Period
27.00

Memo Item

B. Exploding Sax

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

Mailing Address 215 E. 96th Street, 3D

City New York	State NY	Zip Code 10128
------------------	-------------	-------------------

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 ▼
243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2017

Transaction ID : SA11AI.31400

Amount of Each Receipt this Period
27.00

Memo Item

C. Exploding Sax

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

Mailing Address 215 E. 96th Street, 3D

City New York	State NY	Zip Code 10128
------------------	-------------	-------------------

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 ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017

Transaction ID : SA11AI.31401

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 149 OF 688
	<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. Exploding Sax

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

Mailing Address 215 E. 96th Street, 3D

City New York	State NY	Zip Code 10128
------------------	-------------	-------------------

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 ▼ **297.00**

Date of Receipt: **12 / 29 / 2017**
Transaction ID : SA11AI.31402

Amount of Each Receipt this Period: **27.00**

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 ▼ **700.00**

Date of Receipt: **07 / 10 / 2017**
Transaction ID : SA11AI.32260

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 ▼ **800.00**

Date of Receipt: **08 / 10 / 2017**
Transaction ID : SA11AI.32261

Amount of Each Receipt this Period: **100.00**

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: (check only one)	PAGE 150 OF 688
	<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. 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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2017

Transaction ID : SA11AI.32262

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 ▼
1000.00

Date of Receipt

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

Transaction ID : SA11AI.32263

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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

Transaction ID : SA11AI.32264

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 151 OF 688
	<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. Fahey, Garrett, , ,

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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2017
Transaction ID : SA11AI.32265

Amount of Each Receipt this Period
100.00

Memo Item

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

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 ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2017
Transaction ID : SA11AI.32266

Amount of Each Receipt this Period
100.00

Memo Item

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

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 ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2017
Transaction ID : SA11AI.32267

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 152 OF 688
	<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. 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 ▼ 900.00

Date of Receipt 09 / 13 / 2017
Transaction ID : SA11AI.32268
 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 ▼ 1000.00

Date of Receipt 10 / 13 / 2017
Transaction ID : SA11AI.32269
 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 ▼ 1100.00

Date of Receipt 11 / 13 / 2017
Transaction ID : SA11AI.32270
 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 153 OF 688
	<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. Fallon, Peter, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2017
Mailing Address 91 E Lincoln Ave		Transaction ID : SA11AI.32271
City Valley Stream	State NY	Zip Code 11580
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Park Assist	Occupation (for Individual) Electrical 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 ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. farl, morgan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 23 / 2017
Mailing Address 584 Haiki PI		Transaction ID : SA11AI.32273
City Wailuku	State HI	Zip Code 96793
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Self	Occupation (for Individual) Personal Chef	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. farl, morgan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2017
Mailing Address 584 Haiki PI		Transaction ID : SA11AI.32274
City Wailuku	State HI	Zip Code 96793
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Self	Occupation (for Individual) Personal Chef	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 243.00	

SUBTOTAL of Receipts This Page (optional).....▶	154.00
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 154 OF 688
	<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. farl, morgan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 584 Haiki Pl
 City Wailuku State HI Zip Code 96793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Personal Chef
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017
Transaction ID : SA11AI.32275
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Fatani, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3864 S 3760 west
 City west valley city State UT Zip Code 84120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Progressive Leasing Occupation (for Individual) Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2017
Transaction ID : SA11AI.32281
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Fatani, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3864 S 3760 west
 City west valley city State UT Zip Code 84120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Progressive Leasing Occupation (for Individual) Underwriter
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.32282
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 155 OF 688
	<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. Fatani, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3864 S 3760 west

City west valley city	State UT	Zip Code 84120
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Progressive Leasing	Occupation (for Individual) Underwriter
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2017

Transaction ID : SA11AI.32283

Amount of Each Receipt this Period
27.00

Memo Item

B. Fatani, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3864 S 3760 west

City west valley city	State UT	Zip Code 84120
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Progressive Leasing	Occupation (for Individual) Underwriter
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

Transaction ID : SA11AI.32284

Amount of Each Receipt this Period
27.00

Memo Item

C. Fatani, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3864 S 3760 west

City west valley city	State UT	Zip Code 84120
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Progressive Leasing	Occupation (for Individual) Underwriter
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2017

Transaction ID : SA11AI.32285

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 156 OF 688
	<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. Feezell, Shiloh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 Church St
 City Golden City State MO Zip Code 64748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Golden Business Forms Occupation (for Individual) Machine Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2017
Transaction ID : SA11AI.32289
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Feezell, Shiloh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 Church St
 City Golden City State MO Zip Code 64748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Golden Business Forms Occupation (for Individual) Machine Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2017
Transaction ID : SA11AI.32290
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Feezell, Shiloh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 Church St
 City Golden City State MO Zip Code 64748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Golden Business Forms Occupation (for Individual) Machine Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : SA11AI.32291
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 157 OF 688
	<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. Fezell, Shiloh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 Church St
 City Golden City State MO Zip Code 64748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Golden Business Forms Occupation (for Individual) Machine Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2017
Transaction ID : SA11AI.32292
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Fezell, Shiloh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 Church St
 City Golden City State MO Zip Code 64748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Golden Business Forms Occupation (for Individual) Machine Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2017
Transaction ID : SA11AI.32293
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Fenn, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 S Weir Dr
 City Denver State CO Zip Code 80219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado Hospita Occupation (for Individual) RN
 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
 12 / 31 / 2017
Transaction ID : SA11AI.32297
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	304.00
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 158 OF 688
<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. ffolliott, erica, , ,		Date of Receipt MM / DD / YYYY 11 / 11 / 2017
Mailing Address 1874 Cornelia St #2R		Transaction ID : SA11AI.32305
City Ridgewood	State NY	Zip Code 11385
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) self employed	Occupation (for Individual) Jeweler	<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 B. ffolliott, erica, , ,		Date of Receipt MM / DD / YYYY 12 / 11 / 2017
Mailing Address 1874 Cornelia St #2R		Transaction ID : SA11AI.32306
City Ridgewood	State NY	Zip Code 11385
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) self employed	Occupation (for Individual) Jeweler	<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. Fiallos, Mario, , ,		Date of Receipt MM / DD / YYYY 08 / 09 / 2017
Mailing Address 3347 N Lamon Unit 2		Transaction ID : SA11AI.32308
City Chicago	State IL	Zip Code 60641
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Resnick auto group	Occupation (for Individual) Car Salesman	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

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 159 OF 688
	<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. Fiallos, Mario, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3347 N Lamon Unit 2

City Chicago	State IL	Zip Code 60641
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Resnick auto group	Occupation (for Individual) Car Salesman
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

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

Transaction ID : SA11AI.32309

Amount of Each Receipt this Period
27.00

Memo Item

B. Fiallos, Mario, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3347 N Lamon Unit 2

City Chicago	State IL	Zip Code 60641
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Resnick auto group	Occupation (for Individual) Car Salesman
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2017

Transaction ID : SA11AI.32310

Amount of Each Receipt this Period
27.00

Memo Item

C. Fiallos, Mario, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3347 N Lamon Unit 2

City Chicago	State IL	Zip Code 60641
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Resnick auto group	Occupation (for Individual) Car Salesman
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2017

Transaction ID : SA11AI.32311

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 160 OF 688
	<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. Fiallos, Mario, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3347 N Lamon Unit 2

City Chicago	State IL	Zip Code 60641
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Resnick auto group	Occupation (for Individual) Car Salesman
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2017

Transaction ID : SA11AI.32312

Amount of Each Receipt this Period
27.00

Memo Item

B. Fisher, Max, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 910 N Calvert St

City Baltimore	State MD	Zip Code 21202
-------------------	-------------	-------------------

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

Name of Employer (for Individual) KBRwyle	Occupation (for Individual) Aerospace 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
09	/	14	/	2017

Transaction ID : SA11AI.32319

Amount of Each Receipt this Period
25.00

Memo Item

C. Fisher, Max, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 910 N Calvert St

City Baltimore	State MD	Zip Code 21202
-------------------	-------------	-------------------

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

Name of Employer (for Individual) KBRwyle	Occupation (for Individual) Aerospace 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
10	/	14	/	2017

Transaction ID : SA11AI.32320

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 161 OF 688
	<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. Fisher, Max, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 910 N Calvert St

City Baltimore	State MD	Zip Code 21202
-------------------	-------------	-------------------

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

Name of Employer (for Individual) KBRwyle	Occupation (for Individual) Aerospace Engineer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

Transaction ID : SA11AI.32321

Amount of Each Receipt this Period
25.00

Memo Item

B. Fisher, Max, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 910 N Calvert St

City Baltimore	State MD	Zip Code 21202
-------------------	-------------	-------------------

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

Name of Employer (for Individual) KBRwyle	Occupation (for Individual) Aerospace 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
12	/	14	/	2017

Transaction ID : SA11AI.32322

Amount of Each Receipt this Period
25.00

Memo Item

C. Fitzpatrick, Gerald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 N Fry Rd #329

City Katy	State TX	Zip Code 77449
--------------	-------------	-------------------

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

Name of Employer (for Individual) Software Renovation Corp.	Occupation (for Individual) Consultant
--	---

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
08	/	26	/	2017

Transaction ID : SA11AI.32324

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 162 OF 688
	<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. Fitzpatrick, Gerald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 N Fry Rd #329

City Katy	State TX	Zip Code 77449
--------------	-------------	-------------------

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

Name of Employer (for Individual) Software Renovation Corp.	Occupation (for Individual) Consultant
--	---

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
09		26		2017

Transaction ID : SA11AI.32325

Amount of Each Receipt this Period
50.00

Memo Item

B. Fitzpatrick, Gerald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 N Fry Rd #329

City Katy	State TX	Zip Code 77449
--------------	-------------	-------------------

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

Name of Employer (for Individual) Software Renovation Corp.	Occupation (for Individual) Consultant
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : SA11AI.32326

Amount of Each Receipt this Period
50.00

Memo Item

C. Fitzpatrick, Gerald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 N Fry Rd #329

City Katy	State TX	Zip Code 77449
--------------	-------------	-------------------

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

Name of Employer (for Individual) Software Renovation Corp.	Occupation (for Individual) 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
11		26		2017

Transaction ID : SA11AI.32327

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 163 OF 688
	<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. Fitzpatrick, Gerald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1795 N Fry Rd #329
 City Katy State TX Zip Code 77449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Software Renovation Corp. Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **12 / 26 / 2017**
Transaction ID : SA11AI.32328
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Flannery, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Lisbon St Apt229
 City Lisbon State ME Zip Code 04250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 09 / 2017**
Transaction ID : SA11AI.32331
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Flannery, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Lisbon St Apt229
 City Lisbon State ME Zip Code 04250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 09 / 2017**
Transaction ID : SA11AI.32332
 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 164 OF 688
	<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. Flannery, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Lisbon St Apt229
 City Lisbon State ME Zip Code 04250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2017
Transaction ID : SA11AI.32333
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Flannery, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Lisbon St Apt229
 City Lisbon State ME Zip Code 04250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer
 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
 10 / 09 / 2017
Transaction ID : SA11AI.32334
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Flannery, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Lisbon St Apt229
 City Lisbon State ME Zip Code 04250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.32335
 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 165 OF 688
	<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, , ,

Mailing Address 244 Lisbon St Apt229

City Lisbon	State ME	Zip Code 04250
----------------	-------------	-------------------

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

Name of Employer (for Individual) Bath Iron Works	Occupation (for Individual) Marine Designer
--	--

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
12	/	09	/	2017

Transaction ID : SA11AI.32336

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Fleischer, Alex, , ,

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.32339

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Fleischer, Alex, , ,

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2017

Transaction ID : SA11AI.32340

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 166 OF 688
	<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. 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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2017

Transaction ID : SA11AI.32341

Amount of Each Receipt this Period
50.00

Memo Item

B. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2017

Transaction ID : SA11AI.32342

Amount of Each Receipt this Period
50.00

Memo Item

C. 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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2017

Transaction ID : SA11AI.32343

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 167 OF 688
	<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. Fleisch, 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2017
Transaction ID : SA11AI.32344
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Florian LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 279 Springridge Dr
 City North Salt Lake State UT Zip Code 84054
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017
Transaction ID : SA11AI.31405
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Florian LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 279 Springridge Dr
 City North Salt Lake State UT Zip Code 84054
 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
 10 / 25 / 2017
Transaction ID : SA11AI.31406
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 168 OF 688
	<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. Florian LLC

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

Mailing Address 279 Springridge Dr

City North Salt Lake	State UT	Zip Code 84054
-------------------------	-------------	-------------------

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 ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2017

Transaction ID : SA11AI.31407

Amount of Each Receipt this Period
25.00

Memo Item

B. Florian LLC

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

Mailing Address 279 Springridge Dr

City North Salt Lake	State UT	Zip Code 84054
-------------------------	-------------	-------------------

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
 12 / 25 / 2017

Transaction ID : SA11AI.31408

Amount of Each Receipt this Period
25.00

Memo Item

C. Ford, Sean, , ,

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

Mailing Address 2011 Hearst Ave.

City Berkeley	State CA	Zip Code 94709
------------------	-------------	-------------------

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 ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017

Transaction ID : SA11AI.32361

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 169 OF 688
	<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. Ford, Sean, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2017
Mailing Address 2011 Hearst Ave.			Transaction ID : SA11AI.32362
City Berkeley	State CA	Zip Code 94709	Amount of Each Receipt this Period 25.00
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 B. Ford, Sean, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2017
Mailing Address 2011 Hearst Ave.			Transaction ID : SA11AI.32363
City Berkeley	State CA	Zip Code 94709	Amount of Each Receipt this Period 25.00
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 ▼ 275.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ford, Sean, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2017
Mailing Address 2011 Hearst Ave.			Transaction ID : SA11AI.32364
City Berkeley	State CA	Zip Code 94709	Amount of Each Receipt this Period 25.00
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).....▶	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 170 OF 688
	<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. Foster, Deborah, , ,		Date of Receipt MM / DD / YYYY 09 / 03 / 2017 Transaction ID : SA11AI.32367
Mailing Address 36 Catherine St		Amount of Each Receipt this Period 25.00
City Middletown	State CT	Zip Code 06457
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not employed	Occupation (for Individual) Social Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Foster, Deborah, , ,		Date of Receipt MM / DD / YYYY 10 / 03 / 2017 Transaction ID : SA11AI.32368
Mailing Address 36 Catherine St		Amount of Each Receipt this Period 25.00
City Middletown	State CT	Zip Code 06457
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not employed	Occupation (for Individual) Social 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 C. Foster, Deborah, , ,		Date of Receipt MM / DD / YYYY 11 / 03 / 2017 Transaction ID : SA11AI.32369
Mailing Address 36 Catherine St		Amount of Each Receipt this Period 25.00
City Middletown	State CT	Zip Code 06457
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not employed	Occupation (for Individual) Social Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 275.00	

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 171 OF 688
	<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. Foster, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Catherine St
 City Middletown State CT Zip Code 06457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not employed Occupation (for Individual) Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 03 / 2017**
Transaction ID : SA11AI.32370
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Fontaine, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1846 Brown St
 City Brooklyn State NY Zip Code 11229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Student Occupation (for Individual) Virginia Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 20 / 2017**
Transaction ID : SA11AI.32377
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Francell, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2176
 City Fort Davis State TX Zip Code 79734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Landscape Design
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 17 / 2017**
Transaction ID : SA11AI.32380
 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: PAGE 172 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Francell, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2176
 City Fort Davis State TX Zip Code 79734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Landscape Design
 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
 10 / 17 / 2017
Transaction ID : SA11AI.32381
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Francell, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2176
 City Fort Davis State TX Zip Code 79734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Landscape Design
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.32382
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Francell, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2176
 City Fort Davis State TX Zip Code 79734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Landscape Design
 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
 12 / 17 / 2017
Transaction ID : SA11AI.32383
 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 173 OF 688
	<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. Freeman, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 Candlewood Dr

City Weaverville	State NC	Zip Code 28787
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Mission Health System	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2017

Transaction ID : SA11AI.32385

Amount of Each Receipt this Period
27.00

Memo Item

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

Mailing Address 55 Candlewood Dr

City Weaverville	State NC	Zip Code 28787
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Mission Health System	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2017

Transaction ID : SA11AI.32386

Amount of Each Receipt this Period
27.00

Memo Item

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

Mailing Address 55 Candlewood Dr

City Weaverville	State NC	Zip Code 28787
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Mission Health System	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2017

Transaction ID : SA11AI.32387

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 174 OF 688
	<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. Freeman, David, , ,		Date of Receipt MM / DD / YYYY 11 / 14 / 2017 Transaction ID : SA11AI.32390
Mailing Address 55 Candlewood Dr		Amount of Each Receipt this Period 27.00
City Weaverville	State NC	Zip Code 28787
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Mission Health System	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Freeman, David, , ,		Date of Receipt MM / DD / YYYY 12 / 14 / 2017 Transaction ID : SA11AI.32391
Mailing Address 55 Candlewood Dr		Amount of Each Receipt this Period 27.00
City Weaverville	State NC	Zip Code 28787
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Mission Health System	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Frisbie, Andrew, , ,		Date of Receipt MM / DD / YYYY 09 / 29 / 2017 Transaction ID : SA11AI.32394
Mailing Address 1339 Oakmont Street		Amount of Each Receipt this Period 27.00
City McPherson	State KS	Zip Code 67460
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Wal Mart	Occupation (for Individual) Cart Pusher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 175 OF 688
	<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. Frisbie, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1339 Oakmont Street
 City McPherson State KS Zip Code 67460
 Name of Employer (for Individual) Wal Mart Occupation (for Individual) Cart Pusher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.32395
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Frisbie, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1339 Oakmont Street
 City McPherson State KS Zip Code 67460
 Name of Employer (for Individual) Wal Mart Occupation (for Individual) Cart Pusher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 29 / 2017
Transaction ID : SA11AI.32396
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Frisbie, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1339 Oakmont Street
 City McPherson State KS Zip Code 67460
 Name of Employer (for Individual) Wal Mart Occupation (for Individual) Cart Pusher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 12 / 29 / 2017
Transaction ID : SA11AI.32397
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 176 OF 688
<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. Fuqua, Buford, , ,		Date of Receipt
Mailing Address 1304 Pine Rd		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City Corinth	State MS	Zip Code 38834-2323
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32400
Name of Employer (for Individual) Magnolia Regional Health Centre		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Public Safety Officer		<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. Fuqua, Buford, , ,		Date of Receipt
Mailing Address 1304 Pine Rd		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City Corinth	State MS	Zip Code 38834-2323
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32401
Name of Employer (for Individual) Magnolia Regional Health Centre		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Public Safety Officer		<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. Gaines, Ryan, , ,		Date of Receipt
Mailing Address 403 E Dewberry		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Omak	State WA	Zip Code 98841
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32405
Name of Employer (for Individual) Omak School District		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Custodian		<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="216.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="127.00"/>
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 177 OF 688
	<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. Gaines, Ryan, , ,		Date of Receipt MM / DD / YYYY 09 / 10 / 2017
Mailing Address 403 E Dewberry		Transaction ID : SA11AI.32406
City Omak	State WA	Zip Code 98841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Omak School District	Occupation (for Individual) Custodian	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gaines, Ryan, , ,		Date of Receipt MM / DD / YYYY 10 / 10 / 2017
Mailing Address 403 E Dewberry		Transaction ID : SA11AI.32407
City Omak	State WA	Zip Code 98841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Omak School District	Occupation (for Individual) Custodian	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Garcia, Leanne, , ,		Date of Receipt MM / DD / YYYY 10 / 20 / 2017
Mailing Address 4355 Seago Rd		Transaction ID : SA11AI.32416
City Hephzibah	State GA	Zip Code 30815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) self	Occupation (for Individual) dental lab owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

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 178 OF 688
	<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. Garcia, Leanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4355 Seago Rd

City Hephzibah	State GA	Zip Code 30815
-------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) dental lab 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
11	/	20	/	2017

Transaction ID : SA11AI.32417

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 4355 Seago Rd

City Hephzibah	State GA	Zip Code 30815
-------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) dental lab owner
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : SA11AI.32418

Amount of Each Receipt this Period
25.00

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	04	/	2017

Transaction ID : SA11AI.32419

Amount of Each Receipt this Period
100.00

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 179 OF 688
	<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. 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 ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2017

Transaction ID : SA11AI.32420

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 ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2017

Transaction ID : SA11AI.32421

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2017

Transaction ID : SA11AI.32422

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 180 OF 688
	<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. Garcia, Stephen, , ,		Date of Receipt MM / DD / YYYY 11 / 04 / 2017
Mailing Address 50 Dey St Loft 439		Transaction ID : SA11AI.32423
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 ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garcia, Stephen, , ,		Date of Receipt MM / DD / YYYY 12 / 04 / 2017
Mailing Address 50 Dey St Loft 439		Transaction ID : SA11AI.32424
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 ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Garza, Alfredo, , ,		Date of Receipt MM / DD / YYYY 08 / 08 / 2017
Mailing Address 607 Reggie Jackson Trl		Transaction ID : SA11AI.32426
City Round Rock	State TX	Zip Code 78665
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) ATT	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 ▼ 216.00	

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: (check only one)	PAGE 181 OF 688
	<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. Garza, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 607 Reggie Jackson Trl
 City Round Rock State TX Zip Code 78665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATT Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2017
Transaction ID : SA11AI.32427
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Garza, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 607 Reggie Jackson Trl
 City Round Rock State TX Zip Code 78665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATT Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2017
Transaction ID : SA11AI.32428
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Garza, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 607 Reggie Jackson Trl
 City Round Rock State TX Zip Code 78665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATT Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2017
Transaction ID : SA11AI.32429
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 182 OF 688
	<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

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. Garza, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 607 Reggie Jackson Trl
 City Round Rock State TX Zip Code 78665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATT Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 08 / 2017**
Transaction ID : SA11AI.32430
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Gehrman, Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2415 Ashby Ave
 City Berkeley State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Berkeley Occupation (for Individual) Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 12 / 2017**
Transaction ID : SA11AI.32432
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Gehrman, Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2415 Ashby Ave
 City Berkeley State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Berkeley Occupation (for Individual) Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 12 / 2017**
Transaction ID : SA11AI.32433
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 183 OF 688
	<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. Gehrman, Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2415 Ashby Ave
 City Berkeley State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Berkeley Occupation (for Individual) Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 12 / 2017**
Transaction ID : SA11AI.32434
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Gehrman, Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2415 Ashby Ave
 City Berkeley State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Berkeley Occupation (for Individual) Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 12 / 2017**
Transaction ID : SA11AI.32435
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Gehrman, Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2415 Ashby Ave
 City Berkeley State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Berkeley Occupation (for Individual) Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 12 / 2017**
Transaction ID : SA11AI.32436
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 184 OF 688
	<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. Gfeller, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 Elati St
 City Denver State CO Zip Code 80204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CrowdStrike Occupation (for Individual) Consultant
 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
 10 / 28 / 2017
Transaction ID : SA11AI.32440
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Gfeller, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 Elati St
 City Denver State CO Zip Code 80204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CrowdStrike Occupation (for Individual) Consultant
 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
 11 / 28 / 2017
Transaction ID : SA11AI.32441
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Gfeller, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 Elati St
 City Denver State CO Zip Code 80204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CrowdStrike Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2017
Transaction ID : SA11AI.32442
 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 185 OF 688
	<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. Ghoto, Sylvia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Flagler Ave
 City Jacksonville State FL Zip Code 32207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JPMChase Occupation (for Individual) MIS Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.32446
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Ghoto, Sylvia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Flagler Ave
 City Jacksonville State FL Zip Code 32207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JPMChase Occupation (for Individual) MIS Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2017
Transaction ID : SA11AI.32447
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Ghoto, Sylvia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 Flagler Ave
 City Jacksonville State FL Zip Code 32207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JPMChase Occupation (for Individual) MIS Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.32448
 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 186 OF 688
	<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. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2017
Transaction ID : SA11AI.32449
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017
Transaction ID : SA11AI.32450
 Amount of Each Receipt this Period 50.00
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2017
Transaction ID : SA11AI.32451
 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 187 OF 688
	<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. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2017
Transaction ID : SA11AI.32452
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.32453
 Amount of Each Receipt this Period
 50.00
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2017
Transaction ID : SA11AI.32454
 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 188 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Glover, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4045 Colorado St
 City Long Beach State CA Zip Code 90814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illumination Foundation Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 08 / 2017
Transaction ID : SA11AI.32459
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Glover, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4045 Colorado St
 City Long Beach State CA Zip Code 90814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illumination Foundation Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2017
Transaction ID : SA11AI.32460
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Glover, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4045 Colorado St
 City Long Beach State CA Zip Code 90814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illumination Foundation Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 08 / 2017
Transaction ID : SA11AI.32461
 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 189 OF 688
	<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. Glover, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4045 Colorado St
 City Long Beach State CA Zip Code 90814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illumination Foundation Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 08 / 2017
Transaction ID : SA11AI.32462
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Goldstein, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 Idlewild Cir
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 16 / 2017
Transaction ID : SA11AI.32466
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Gomez, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 Inwood Dr
 City Campbell State CA Zip Code 95008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Altex Technologies Occupation (for Individual) Mechanical Design Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 11 / 2017
Transaction ID : SA11AI.32469
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 190 OF 688
	<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. Gomez, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 Inwood Dr
 City Campbell State CA Zip Code 95008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Altex Technologies Occupation (for Individual) Mechanical Design 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
 10 / 11 / 2017
Transaction ID : SA11AI.32470
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Gomez, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 Inwood Dr
 City Campbell State CA Zip Code 95008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Altex Technologies Occupation (for Individual) Mechanical Design Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2017
Transaction ID : SA11AI.32471
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Gomez, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 Inwood Dr
 City Campbell State CA Zip Code 95008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Altex Technologies Occupation (for Individual) Mechanical Design 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
 12 / 11 / 2017
Transaction ID : SA11AI.32472
 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:	PAGE 191 OF 688
	(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. Gonzalez, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2017
Transaction ID : SA11AI.32475
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Gonzalez, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2017
Transaction ID : SA11AI.32476
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Gonzalez, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : SA11AI.32477
 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 192 OF 688
	<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. Gonzalez, Ronald, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2017 Transaction ID : SA11AI.32478
Mailing Address 318 Turtle Pond Pkwy		Amount of Each Receipt this Period 50.00
City Hyde Park	State MA	Zip Code 02136
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) USEPA	Occupation (for Individual) Attorney	
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 B. Gonzalez, Ronald, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017 Transaction ID : SA11AI.32479
Mailing Address 318 Turtle Pond Pkwy		Amount of Each Receipt this Period 75.00
City Hyde Park	State MA	Zip Code 02136
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) USEPA	Occupation (for Individual) Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Graham, Randal, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 13 / 2017 Transaction ID : SA11AI.32485
Mailing Address 4032 20th Ave		Amount of Each Receipt this Period 27.00
City Sacramento	State CA	Zip Code 95820
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) St. Hope Public Schools	Occupation (for Individual) Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional).....▶	152.00
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 193 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Graham, Randal, , ,

Mailing Address 4032 20th Ave

City Sacramento	State CA	Zip Code 95820
--------------------	-------------	-------------------

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

Name of Employer (for Individual) St. Hope Public Schools	Occupation (for Individual) Teacher
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : SA11AI.32486

Amount of Each Receipt this Period
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Greber, Joseph, , ,

Mailing Address PO Box 3177

City Tonopah	State NV	Zip Code 89049
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Kinross	Occupation (for Individual) ADR Plant Operator
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2017

Transaction ID : SA11AI.32497

Amount of Each Receipt this Period
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Greber, Joseph, , ,

Mailing Address PO Box 3177

City Tonopah	State NV	Zip Code 89049
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Kinross	Occupation (for Individual) ADR Plant Operator
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA11AI.32498

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 194 OF 688
	<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. Greber, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3177
 City Tonopah State NV Zip Code 89049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kinross Occupation (for Individual) ADR Plant Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2017
Transaction ID : SA11AI.32499
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Greber, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3177
 City Tonopah State NV Zip Code 89049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kinross Occupation (for Individual) ADR Plant Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.32500
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Greber, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3177
 City Tonopah State NV Zip Code 89049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kinross Occupation (for Individual) ADR Plant Operator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2017
Transaction ID : SA11AI.32501
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 195 OF 688
	<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. Green, Gretchen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Pico Blvd #5
 City Santa Monica State CA Zip Code 90405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rubin Postaer and Associates Occupation (for Individual) Digital Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 13 / 2017**
Transaction ID : SA11AI.32503
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Green, Gretchen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Pico Blvd #5
 City Santa Monica State CA Zip Code 90405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rubin Postaer and Associates Occupation (for Individual) Digital Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 13 / 2017**
Transaction ID : SA11AI.32504
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Green, Gretchen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Pico Blvd #5
 City Santa Monica State CA Zip Code 90405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rubin Postaer and Associates Occupation (for Individual) Digital Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **11 / 13 / 2017**
Transaction ID : SA11AI.32505
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 196 OF 688
	<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. Green, Gretchen, , ,

Mailing Address 1010 Pico Blvd #5

City Santa Monica	State CA	Zip Code 90405
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Rubin Postaer and Associates	Occupation (for Individual) Digital Producer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

Transaction ID : SA11AI.32506

Amount of Each Receipt this Period
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Guardado, Ludwin, , ,

Mailing Address 206 E 15th St

City Irving	State TX	Zip Code 75060
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Truck Driver
--	---

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
10	/	13	/	2017

Transaction ID : SA11AI.32519

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Guardado, Ludwin, , ,

Mailing Address 206 E 15th St

City Irving	State TX	Zip Code 75060
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Truck Driver
--	---

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
11	/	13	/	2017

Transaction ID : SA11AI.32520

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 197 OF 688
	<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. Guardado, Ludwin, , ,

Mailing Address 206 E 15th St

City Irving	State TX	Zip Code 75060
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Truck Driver
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

Transaction ID : SA11AI.32521

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Guta, Diane, , ,

Mailing Address 748 SE Lambert

City portland	State OR	Zip Code 97202
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Nurse
--	--------------------------------------

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
12		24		2017

Transaction ID : SA11AI.32535

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Hagewood, Tyson, , ,

Mailing Address 14851 Ingalls Ct

City Leesburg	State VA	Zip Code 20176
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) HVAC Tech
---	--

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
09		21		2017

Transaction ID : SA11AI.32539

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 198 OF 688
	<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. Hagewood, Tyson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14851 Ingalls Ct
 City Leesburg State VA Zip Code 20176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) HVAC Tech
 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
 10 / 21 / 2017
Transaction ID : SA11AI.32540
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Hagewood, Tyson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14851 Ingalls Ct
 City Leesburg State VA Zip Code 20176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) HVAC Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : SA11AI.32541
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Hagewood, Tyson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14851 Ingalls Ct
 City Leesburg State VA Zip Code 20176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) HVAC Tech
 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
 12 / 21 / 2017
Transaction ID : SA11AI.32542
 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 199 OF 688
	<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. Hale, Cyndl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 Matyland Ave #2
 City Oakmont State PA Zip Code 15139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trau-Loevner Occupation (for Individual) Wholesale/Online Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 13 / 2017
Transaction ID : SA11Al.32546
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Hale, Cyndl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 Matyland Ave #2
 City Oakmont State PA Zip Code 15139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trau-Loevner Occupation (for Individual) Wholesale/Online Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 10 / 13 / 2017
Transaction ID : SA11Al.32547
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Hale, Cyndl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 Matyland Ave #2
 City Oakmont State PA Zip Code 15139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trau-Loevner Occupation (for Individual) Wholesale/Online Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 13 / 2017
Transaction ID : SA11Al.32548
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 200 OF 688
	<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. Hale, Cyndl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 Matyland Ave #2
 City Oakmont State PA Zip Code 15139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trau-Loevner Occupation (for Individual) Wholesale/Online Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 12 / 13 / 2017
Transaction ID : SA11AI.32549
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Hanneken, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4603 Waterford Knoll Dr Apt 1835
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Horseshoe Solutions Occupation (for Individual) Software Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.32558
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Hanneken, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4603 Waterford Knoll Dr Apt 1835
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Horseshoe Solutions Occupation (for Individual) Software Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 17 / 2017
Transaction ID : SA11AI.32559
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 201 OF 688
	<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. Harbin, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5724 Northglen Rd
 City Cincinnati State OH Zip Code 45248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 13 / 2017**
Transaction ID : SA11AI.32561
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Harbin, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5724 Northglen Rd
 City Cincinnati State OH Zip Code 45248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 13 / 2017**
Transaction ID : SA11AI.32562
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Harbin, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5724 Northglen Rd
 City Cincinnati State OH Zip Code 45248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **11 / 13 / 2017**
Transaction ID : SA11AI.32563
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 202 OF 688
	<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

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. Harbin, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5724 Northglen Rd
 City Cincinnati State OH Zip Code 45248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **12 / 13 / 2017**
Transaction ID : SA11AI.32564
 Amount of Each Receipt this Period 27.00
 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 Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 08 / 2017**
Transaction ID : SA11AI.32570
 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 Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 08 / 2017**
Transaction ID : SA11AI.32571
 Amount of Each Receipt this Period 100.00
 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: (check only one)	PAGE 203 OF 688
	<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. 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 Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 08 / 2017
Transaction ID : SA11AI.32572
 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 Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2017
Transaction ID : SA11AI.32573
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Harriman, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7633 Adams
 City Forest Park State IL Zip Code 60130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Costco Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 23 / 2017
Transaction ID : SA11AI.32576
 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 204 OF 688
	<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. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2017
Transaction ID : SA11AI.32578
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2017
Transaction ID : SA11AI.32579
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2017
Transaction ID : SA11AI.32580
 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 205 OF 688
	<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. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : SA11AI.32581
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2017
Transaction ID : SA11AI.32582
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2017
Transaction ID : SA11AI.32583
 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 206 OF 688
	<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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2017
Transaction ID : SA11AI.32587
 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017
Transaction ID : SA11AI.32588
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Hays, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 SW Alder St.
 Apt. 409
 City Portland State OR Zip Code 97205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CorVel 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
 09 / 02 / 2017
Transaction ID : SA11AI.32603
 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 207 OF 688
	<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. Hays, Jonathan, , ,		Date of Receipt MM / DD / YYYY 10 / 02 / 2017 Transaction ID : SA11AI.32604
Mailing Address 1415 SW Alder St. Apt. 409		Amount of Each Receipt this Period 25.00
City Portland	State OR	Zip Code 97205
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CorVel	Occupation (for Individual) Software Engineer	
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. Hays, Jonathan, , ,		Date of Receipt MM / DD / YYYY 11 / 02 / 2017 Transaction ID : SA11AI.32605
Mailing Address 1415 SW Alder St. Apt. 409		Amount of Each Receipt this Period 25.00
City Portland	State OR	Zip Code 97205
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CorVel	Occupation (for Individual) Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hays, Jonathan, , ,		Date of Receipt MM / DD / YYYY 12 / 02 / 2017 Transaction ID : SA11AI.32606
Mailing Address 1415 SW Alder St. Apt. 409		Amount of Each Receipt this Period 25.00
City Portland	State OR	Zip Code 97205
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CorVel	Occupation (for Individual) Software Engineer	
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).....	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 208 OF 688
	<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. Hecht, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 E River Dr
 City Altus AFB State OK Zip Code 73521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAF Occupation (for Individual) Ssgt, Security Forces
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 29 / 2017
Transaction ID : SA11AI.32608
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Hecht, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 E River Dr
 City Altus AFB State OK Zip Code 73521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAF Occupation (for Individual) Ssgt, Security Forces
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 29 / 2017
Transaction ID : SA11AI.32609
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Hecht, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 E River Dr
 City Altus AFB State OK Zip Code 73521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAF Occupation (for Individual) Ssgt, Security Forces
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.32610
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 209 OF 688
	<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. Hecht, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 E River Dr
 City Altus AFB State OK Zip Code 73521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAF Occupation (for Individual) Ssgt, Security Forces
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 29 / 2017
Transaction ID : SA11AI.32611
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Hecht, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 E River Dr
 City Altus AFB State OK Zip Code 73521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAF Occupation (for Individual) Ssgt, Security Forces
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 29 / 2017
Transaction ID : SA11AI.32612
 Amount of Each Receipt this Period 27.00
 Memo Item

C. 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 ▼ 350.00

Date of Receipt 07 / 12 / 2017
Transaction ID : SA11AI.32613
 Amount of Each Receipt this Period 50.00
 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 210 OF 688
	<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. 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 ▼ 400.00

Date of Receipt **08 / 12 / 2017**
Transaction ID : SA11AI.32614
 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 ▼ 450.00

Date of Receipt **09 / 12 / 2017**
Transaction ID : SA11AI.32615
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 500.00

Date of Receipt **10 / 12 / 2017**
Transaction ID : SA11AI.32616
 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 211 OF 688
	<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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

Transaction ID : SA11AI.32617

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 ▼
600.00

Date of Receipt

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

Transaction ID : SA11AI.32618

Amount of Each Receipt this Period
50.00

Memo Item

C. Hernandez, Ramiro, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 N state highway 16

City Hebbronville	State TX	Zip Code 78361
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Jim Hogg County DA Office	Occupation (for Individual) Scanner Clerk
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2017

Transaction ID : SA11AI.32632

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 212 OF 688
	<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. Hernandez, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 N state highway 16
 City Hebronville State TX Zip Code 78361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jim Hogg County DA Office Occupation (for Individual) Scanner Clerk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 11 / 2017**
Transaction ID : SA11AI.32633
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Hernandez, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 N state highway 16
 City Hebronville State TX Zip Code 78361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jim Hogg County DA Office Occupation (for Individual) Scanner Clerk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 11 / 2017**
Transaction ID : SA11AI.32634
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Hernandez, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 N state highway 16
 City Hebronville State TX Zip Code 78361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jim Hogg County DA Office Occupation (for Individual) Scanner Clerk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 11 / 2017**
Transaction ID : SA11AI.32635
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 213 OF 688
	<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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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. Hernandez, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 N state highway 16
 City Hebronville State TX Zip Code 78361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jim Hogg County DA Office Occupation (for Individual) Scanner Clerk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 11 / 2017**
Transaction ID : SA11AI.32636
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Hernandez, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4354 Westhampton Place Ct
 City Saint Charles State MO Zip Code 63304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boone Hospital Center Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 27 / 2017**
Transaction ID : SA11AI.32638
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Hibbert, Cleveland, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 WEST 90TH STREET #10B
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Sky Studios Occupation (for Individual) Artist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 21 / 2017**
Transaction ID : SA11AI.32642
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	352.00
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 214 OF 688
	<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. Hibbert, Cleveland, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2017
Mailing Address 215 WEST 90TH STREET #10B		Transaction ID : SA11AI.32643
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Blue Sky Studios	Occupation (for Individual) Artist	<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 B. Hibbert, Cleveland, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2017
Mailing Address 215 WEST 90TH STREET #10B		Transaction ID : SA11AI.32644
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Blue Sky Studios	Occupation (for Individual) Artist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hibbert, Cleveland, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2017
Mailing Address 215 WEST 90TH STREET #10B		Transaction ID : SA11AI.32645
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Blue Sky Studios	Occupation (for Individual) Artist	<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).....▶	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 215 OF 688
	<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. 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **07 / 21 / 2017**
Transaction ID : SA11AI.32648
 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 22 / 2017**
Transaction ID : SA11AI.32649
 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **08 / 21 / 2017**
Transaction ID : SA11AI.32650
 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 216 OF 688
	<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. 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 22 / 2017
Transaction ID : SA11AI.32651
 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 21 / 2017
Transaction ID : SA11AI.32652
 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2017
Transaction ID : SA11AI.32653
 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 217 OF 688
	<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. 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 21 / 2017
Transaction ID : SA11AI.32654
 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2017
Transaction ID : SA11AI.32655
 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 21 / 2017
Transaction ID : SA11AI.32656
 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 218 OF 688
	<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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 22 / 2017
Transaction ID : SA11AI.32657
 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 21 / 2017
Transaction ID : SA11AI.32658
 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 22 / 2017
Transaction ID : SA11AI.32659
 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 219 OF 688
	<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
Hjerstedt, Amy, , ,

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2017

Transaction ID : SA11AI.32662

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hjerstedt, Amy, , ,

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2017

Transaction ID : SA11AI.32663

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hjerstedt, Amy, , ,

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2017

Transaction ID : SA11AI.32664

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 220 OF 688
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hjerstedt, Amy, , ,

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2017

Transaction ID : SA11AI.32665

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hjerstedt, Amy, , ,

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2017

Transaction ID : SA11AI.32666

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hjerstedt, Amy, , ,

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 ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2017

Transaction ID : SA11AI.32667

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 221 OF 688
	<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. Hoffman, Justin, , ,		Date of Receipt MM / DD / YYYY 07 / 03 / 2017 Transaction ID : SA11AI.32672
Mailing Address 144 La Barbaria Rd		Amount of Each Receipt this Period 100.00
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Naturopathic Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hoffman, Justin, , ,		Date of Receipt MM / DD / YYYY 08 / 03 / 2017 Transaction ID : SA11AI.32673
Mailing Address 144 La Barbaria Rd		Amount of Each Receipt this Period 100.00
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Naturopathic Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hoffman, Justin, , ,		Date of Receipt MM / DD / YYYY 09 / 03 / 2017 Transaction ID : SA11AI.32674
Mailing Address 144 La Barbaria Rd		Amount of Each Receipt this Period 100.00
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Naturopathic Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00	

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 222 OF 688
	<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. Hoffman, Justin, , ,
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2017
Transaction ID : SA11AI.32675
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Hoffman, Justin, , ,
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : SA11AI.32676
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Hoffman, Justin, , ,
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2017
Transaction ID : SA11AI.32677
 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 223 OF 688
	<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. hoogwater, michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2017
Mailing Address 321 E 18 St		Transaction ID : SA11AI.32696
City tucson	State AZ	Zip Code 85701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Howard, Dylan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2017
Mailing Address 3610 Breckenridge Ct Apt 8		Transaction ID : SA11AI.32704
City Fitchburg	State WI	Zip Code 53713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Epic Systems Inc	Occupation (for Individual) Software Developer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Howard, Dylan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2017
Mailing Address 3610 Breckenridge Ct Apt 8		Transaction ID : SA11AI.32705
City Fitchburg	State WI	Zip Code 53713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Epic Systems Inc	Occupation (for Individual) Software Developer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 243.00	

SUBTOTAL of Receipts This Page (optional).....▶	154.00
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 224 OF 688
	<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. Howard, Dylan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3610 Breckenridge Ct Apt 8

City Fitchburg	State WI	Zip Code 53713
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Epic Systems Inc	Occupation (for Individual) Software Developer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

Transaction ID : SA11AI.32706

Amount of Each Receipt this Period
27.00

Memo Item

B. Howard, Dylan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3610 Breckenridge Ct Apt 8

City Fitchburg	State WI	Zip Code 53713
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Epic Systems Inc	Occupation (for Individual) Software Developer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2017

Transaction ID : SA11AI.32707

Amount of Each Receipt this Period
27.00

Memo Item

C. Howard, Dylan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3610 Breckenridge Ct Apt 8

City Fitchburg	State WI	Zip Code 53713
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Epic Systems Inc	Occupation (for Individual) Software Developer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
324.00

Date of Receipt

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

Transaction ID : SA11AI.32708

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 225 OF 688
	<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. Howard, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Little Minah Ct
 City Henderson State NV Zip Code 89052-5909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fresenius Kidney Care Occupation (for Individual) RN
 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
 09 / 09 / 2017
Transaction ID : SA11AI.32713
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Howard, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Little Minah Ct
 City Henderson State NV Zip Code 89052-5909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fresenius Kidney Care Occupation (for Individual) RN
 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
 10 / 09 / 2017
Transaction ID : SA11AI.32714
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Howard, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Little Minah Ct
 City Henderson State NV Zip Code 89052-5909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fresenius Kidney Care Occupation (for Individual) RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.32715
 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 226 OF 688
	<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. Howard, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Little Minah Ct
 City Henderson State NV Zip Code 89052-5909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fresenius Kidney Care Occupation (for Individual) RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 09 / 2017**
Transaction ID : SA11AI.32716
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Hsu, Byron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 E Gate Rd
 City Danbury State CT Zip Code 06811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paragon One Occupation (for Individual) CTO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 10 / 2017**
Transaction ID : SA11AI.32720
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Hsu, Byron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 E Gate Rd
 City Danbury State CT Zip Code 06811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paragon One Occupation (for Individual) CTO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 10 / 2017**
Transaction ID : SA11AI.32721
 Amount of Each Receipt this Period 27.00
 Memo Item

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 227 OF 688
<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. Hsu, Byron, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2017
Mailing Address 35 E Gate Rd		Transaction ID : SA11AI.32722
City Danbury	State CT	Zip Code 06811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Paragon One	Occupation (for Individual) CTO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hsu, Byron, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2017
Mailing Address 35 E Gate Rd		Transaction ID : SA11AI.32723
City Danbury	State CT	Zip Code 06811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Paragon One	Occupation (for Individual) CTO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hsu, Byron, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2017
Mailing Address 35 E Gate Rd		Transaction ID : SA11AI.32724
City Danbury	State CT	Zip Code 06811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Paragon One	Occupation (for Individual) CTO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 324.00	

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 228 OF 688
	<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. Huggett, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 939 Adelaida Ct
 City Santa Cruz State CA Zip Code 95062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YMCA of Silicon Valley Occupation (for Individual) Senior Program Director
 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
 09 / 10 / 2017
Transaction ID : SA11AI.32733
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Ide, Mary Kay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Ransom Rd
 City Framingham State MA Zip Code 01702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EBSCO Occupation (for Individual) Sr. Technical Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2017
Transaction ID : SA11AI.32740
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Ide, Mary Kay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Ransom Rd
 City Framingham State MA Zip Code 01702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EBSCO Occupation (for Individual) Sr. Technical Product Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2017
Transaction ID : SA11AI.32741
 Amount of Each Receipt this Period 27.00
 Memo Item

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 229 OF 688
	<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. Ide, Mary Kay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Ransom Rd

City Framingham	State MA	Zip Code 01702
--------------------	-------------	-------------------

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

Name of Employer (for Individual) EBSCO	Occupation (for Individual) Sr. Technical Product Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

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

Transaction ID : SA11AI.32738

Amount of Each Receipt this Period
27.00

Memo Item

B. Ide, Mary Kay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Ransom Rd

City Framingham	State MA	Zip Code 01702
--------------------	-------------	-------------------

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

Name of Employer (for Individual) EBSCO	Occupation (for Individual) Sr. Technical Product Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : SA11AI.32742

Amount of Each Receipt this Period
27.00

Memo Item

C. Ide, Mary Kay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Ransom Rd

City Framingham	State MA	Zip Code 01702
--------------------	-------------	-------------------

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

Name of Employer (for Individual) EBSCO	Occupation (for Individual) Sr. Technical Product Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2017

Transaction ID : SA11AI.32743

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 230 OF 688
	<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. Ide, Mary Kay, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2017 Transaction ID : SA11AI.32744
Mailing Address 22 Ransom Rd			Amount of Each Receipt this Period 27.00
City Framingham	State MA	Zip Code 01702	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) EBSCO		Occupation (for Individual) Sr. Technical Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 351.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Iossi, Graham, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2017 Transaction ID : SA11AI.32752
Mailing Address 1300 Larchmont Pl			Amount of Each Receipt this Period 25.00
City Salisbury	State NC	Zip Code 28144	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) MemoryBank		Occupation (for Individual) IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Iossi, Graham, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2017 Transaction ID : SA11AI.32753
Mailing Address 1300 Larchmont Pl			Amount of Each Receipt this Period 25.00
City Salisbury	State NC	Zip Code 28144	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) MemoryBank		Occupation (for Individual) IT	
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).....▶	77.00
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 231 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. lossi, Graham, , ,

Mailing Address 1300 Larchmont Pl

City Salisbury State NC Zip Code 28144

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

Name of Employer (for Individual) MemoryBank Occupation (for Individual) IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2017
Transaction ID : SA11AI.32754

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. lossi, Graham, , ,

Mailing Address 1300 Larchmont Pl

City Salisbury State NC Zip Code 28144

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

Name of Employer (for Individual) MemoryBank Occupation (for Individual) IT

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
 11 / 27 / 2017
Transaction ID : SA11AI.32755

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. lossi, Graham, , ,

Mailing Address 1300 Larchmont Pl

City Salisbury State NC Zip Code 28144

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

Name of Employer (for Individual) MemoryBank Occupation (for Individual) IT

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
 12 / 27 / 2017
Transaction ID : SA11AI.32756

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: PAGE 232 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 ▼ 350.00

Date of Receipt 07 / 23 / 2017
Transaction ID : SA11AI.32759
 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 ▼ 400.00

Date of Receipt 08 / 23 / 2017
Transaction ID : SA11AI.32760
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 450.00

Date of Receipt 09 / 23 / 2017
Transaction ID : SA11AI.32761
 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 233 OF 688
	<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. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017
Transaction ID : SA11AI.32762
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2017
Transaction ID : SA11AI.32763
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2017
Transaction ID : SA11AI.32764
 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 234 OF 688
	<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. Jacob, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Rose Ln
 City New Hyde Park State NY Zip Code 11040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau BOCES Occupation (for Individual) Consultant
 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
 09 / 21 / 2017
Transaction ID : SA11AI.32769
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Jacob, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Rose Ln
 City New Hyde Park State NY Zip Code 11040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau BOCES Occupation (for Individual) Consultant
 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
 10 / 21 / 2017
Transaction ID : SA11AI.32770
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Jacob, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Rose Ln
 City New Hyde Park State NY Zip Code 11040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau BOCES Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : SA11AI.32771
 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 235 OF 688
	<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. Jacob, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Rose Ln
 City New Hyde Park State NY Zip Code 11040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nassau BOCES Occupation (for Individual) Consultant
 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
 12 / 21 / 2017
Transaction ID : SA11AI.32772
 Amount of Each Receipt this Period
 25.00
 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2017
Transaction ID : SA11AI.32773
 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2017
Transaction ID : SA11AI.32774
 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 236 OF 688
	<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. 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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : SA11AI.32775

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2017

Transaction ID : SA11AI.32776

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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2017

Transaction ID : SA11AI.32777

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 237 OF 688
	<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. Jenkins, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 Windsor Ridge Dr
 City Westborough State MA Zip Code 01581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ball State University Occupation (for Individual) Adjunct Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 10 / 2017
Transaction ID : SA11AI.32781
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Jenkins, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 Windsor Ridge Dr
 City Westborough State MA Zip Code 01581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ball State University Occupation (for Individual) Adjunct Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 10 / 2017
Transaction ID : SA11AI.32782
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Jenkins, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 Windsor Ridge Dr
 City Westborough State MA Zip Code 01581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ball State University Occupation (for Individual) Adjunct Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 10 / 2017
Transaction ID : SA11AI.32783
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 238 OF 688
	<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. Jenkins, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 807 Windsor Ridge Dr

City Westborough	State MA	Zip Code 01581
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Ball State University	Occupation (for Individual) Adjunct Professor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

Transaction ID : SA11AI.32784

Amount of Each Receipt this Period
27.00

Memo Item

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

Mailing Address 807 Windsor Ridge Dr

City Westborough	State MA	Zip Code 01581
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Ball State University	Occupation (for Individual) Adjunct Professor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.32785

Amount of Each Receipt this Period
27.00

Memo Item

C. Johnson, Arthur B., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 374

City Timberon	State NM	Zip Code 88350
------------------	-------------	-------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2017

Transaction ID : SA11AI.32791

Amount of Each Receipt this Period
25.00

Memo Item

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 239 OF 688
	<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. Johnson, Arthur B., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 374
 City Timberon State NM Zip Code 88350
 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
 12 / 25 / 2017
Transaction ID : SA11AI.32792
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Johnson, Felix, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99-015 Kalaloa St Unit 607
 City Honolulu State HI Zip Code 96701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hawaiian Airlines Occupation (for Individual) Business Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2017
Transaction ID : SA11AI.32794
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Johnson, Felix, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99-015 Kalaloa St Unit 607
 City Honolulu State HI Zip Code 96701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hawaiian Airlines Occupation (for Individual) Business Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.32795
 Amount of Each Receipt this Period
 27.00
 Memo Item

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 240 OF 688
	<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. Johnson, Felix, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2017 Transaction ID : SA11AI.32796
Mailing Address 99-015 Kalaloa St Unit 607		Amount of Each Receipt this Period 27.00
City Honolulu	State HI Zip Code 96701	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	Name of Employer (for Individual) Hawaiian Airlines	Aggregate Year-to-Date 270.00
Occupation (for Individual) Business Analyst	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. Johnson, Felix, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017 Transaction ID : SA11AI.32797
Mailing Address 99-015 Kalaloa St Unit 607		Amount of Each Receipt this Period 27.00
City Honolulu	State HI Zip Code 96701	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	Name of Employer (for Individual) Hawaiian Airlines	Aggregate Year-to-Date 297.00
Occupation (for Individual) Business Analyst	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. Jones, Lawrence, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2017 Transaction ID : SA11AI.32805
Mailing Address 7920 Briarbrook Dr		Amount of Each Receipt this Period 25.00
City Ypsilanti	State MI Zip Code 48197	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	Name of Employer (for Individual) University of Michigan	Aggregate Year-to-Date 225.00
Occupation (for Individual) Assistant Registrar	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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 241 OF 688
	<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. Jones, Lawrence, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2017
Mailing Address 7920 Briarbrook Dr		Transaction ID : SA11AI.32806
City Ypsilanti	State MI	Zip Code 48197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) University of Michigan	Occupation (for Individual) Assistant Registrar	<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 B. Jones, Lawrence, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2017
Mailing Address 7920 Briarbrook Dr		Transaction ID : SA11AI.32807
City Ypsilanti	State MI	Zip Code 48197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) University of Michigan	Occupation (for Individual) Assistant Registrar	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jones, Lawrence, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2017
Mailing Address 7920 Briarbrook Dr		Transaction ID : SA11AI.32808
City Ypsilanti	State MI	Zip Code 48197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) University of Michigan	Occupation (for Individual) Assistant Registrar	<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).....▶	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 242 OF 688
	<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. Jordan, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Garson DR NE
 APT 4102
 City Atlanta State GA Zip Code 30324
 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 ▼ 225.00

Date of Receipt 11 / 22 / 2017
Transaction ID : SA11AI.32815
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Jordan, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Garson DR NE
 APT 4102
 City Atlanta State GA Zip Code 30324
 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 12 / 22 / 2017
Transaction ID : SA11AI.32816
 Amount of Each Receipt this Period 25.00
 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) Occupation (for Individual)
 Nuvasive Inc Customer Service Rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 02 / 2017
Transaction ID : SA11AI.32817
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 243 OF 688
	<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. 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 ▼ 400.00

Date of Receipt 08 / 02 / 2017
Transaction ID : SA11AI.32818
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 450.00

Date of Receipt 09 / 02 / 2017
Transaction ID : SA11AI.32819
 Amount of Each Receipt this Period 50.00
 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 ▼ 500.00

Date of Receipt 10 / 02 / 2017
Transaction ID : SA11AI.32820
 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 244 OF 688
	<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. 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 ▼ 550.00

Date of Receipt 11 / 02 / 2017
Transaction ID : SA11AI.32821
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 600.00

Date of Receipt 12 / 02 / 2017
Transaction ID : SA11AI.32822
 Amount of Each Receipt this Period 50.00
 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 ▼ 700.00

Date of Receipt 07 / 04 / 2017
Transaction ID : SA11AI.32825
 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 245 OF 688
	<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. Jurecka, Jason, , ,		Date of Receipt
Mailing Address 6813 Maple Leaf Dr		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2017"/>
City Carlsbad	State CA	Zip Code 92011
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32826
Name of Employer (for Individual) Blizzard		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Programmer		<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="800.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jurecka, Jason, , ,		Date of Receipt
Mailing Address 6813 Maple Leaf Dr		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2017"/>
City Carlsbad	State CA	Zip Code 92011
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32827
Name of Employer (for Individual) Blizzard		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Programmer		<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="900.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jurecka, Jason, , ,		Date of Receipt
Mailing Address 6813 Maple Leaf Dr		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2017"/>
City Carlsbad	State CA	Zip Code 92011
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32828
Name of Employer (for Individual) Blizzard		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Programmer		<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="1000.00"/>	

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 246 OF 688
	<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. 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2017
Transaction ID : SA11AI.32829
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2017
Transaction ID : SA11AI.32830
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Jurma, Anna Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1943 N. Stillwater Rd
 City Arlington Heights State IL Zip Code 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Omnicare Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017
Transaction ID : SA11AI.32834
 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: (check only one)	PAGE 247 OF 688
	<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. Jurma, Anna Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1943 N. Stillwater Rd
 City Arlington Heights State IL Zip Code 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Omnicare Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.32835
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Jurma, Anna Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1943 N. Stillwater Rd
 City Arlington Heights State IL Zip Code 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Omnicare Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.32836
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Jurma, Anna Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1943 N. Stillwater Rd
 City Arlington Heights State IL Zip Code 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Omnicare Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.32837
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 248 OF 688
	<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. Jurma, Anna Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1943 N. Stillwater Rd
 City Arlington Heights State IL Zip Code 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Omnicare Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 09 / 2017**
Transaction ID : SA11AI.32838
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Kabchef, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31848 Road 138
 City Visalia State CA Zip Code 93292
 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 ▼ 210.00

Date of Receipt **10 / 04 / 2017**
Transaction ID : SA11AI.32840
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Kabchef, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31848 Road 138
 City Visalia State CA Zip Code 93292
 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 ▼ 240.00

Date of Receipt **11 / 04 / 2017**
Transaction ID : SA11AI.32841
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	87.00
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 249 OF 688
	<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. Kabchef, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31848 Road 138
 City Visalia State CA Zip Code 93292
 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 ▼ 270.00

Date of Receipt **12 / 04 / 2017**
Transaction ID : SA11AI.32842
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Kemp, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 W Farnum Ave #214
 City Royal Oak State MI Zip Code 48067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Giffels Webster Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 16 / 2017**
Transaction ID : SA11AI.32876
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kemp, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 W Farnum Ave #214
 City Royal Oak State MI Zip Code 48067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Giffels Webster Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **10 / 16 / 2017**
Transaction ID : SA11AI.32877
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 250 OF 688
	<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. Kemp, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 W Farnum Ave #214
 City Royal Oak State MI Zip Code 48067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Giffels Webster Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 16 / 2017
Transaction ID : SA11AI.32878
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kemp, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 W Farnum Ave #214
 City Royal Oak State MI Zip Code 48067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Giffels Webster Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2017
Transaction ID : SA11AI.32879
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kennedy, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10731 177th Ct NE
 City redmond State WA Zip Code 98052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Microsoft Occupation (for Individual) Software Tester
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 15 / 2017
Transaction ID : SA11AI.32881
 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 251 OF 688
	<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. Kennedy, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10731 177th Ct NE
 City redmond State WA Zip Code 98052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Microsoft Occupation (for Individual) Software Tester
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.32882
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Kennedy, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10731 177th Ct NE
 City redmond State WA Zip Code 98052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Microsoft Occupation (for Individual) Software Tester
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2017
Transaction ID : SA11AI.32883
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2017
Transaction ID : SA11AI.32888
 Amount of Each Receipt this Period
 50.00
 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 252 OF 688
	<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 ▼ 400.00

Date of Receipt
 08 / 09 / 2017
Transaction ID : SA11AI.32889
 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 ▼ 450.00

Date of Receipt
 09 / 09 / 2017
Transaction ID : SA11AI.32890
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 500.00

Date of Receipt
 10 / 09 / 2017
Transaction ID : SA11AI.32891
 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 253 OF 688
	<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. 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 ▼ 550.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.32892
 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 ▼ 600.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11AI.32893
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Khoury, Kari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5216 Los Cerritos Dr
 City Stockton State CA Zip Code 95212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self. Occupation (for Individual) Community Organizer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.32896
 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 254 OF 688
	<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. Khoury, Kari, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2017
Mailing Address 5216 Los Cerritos Dr		Transaction ID : SA11AI.32897
City Stockton	State CA	Zip Code 95212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Self.	Occupation (for Individual) Community Organizer	<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 B. Khoury, Kari, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017
Mailing Address 5216 Los Cerritos Dr		Transaction ID : SA11AI.32898
City Stockton	State CA	Zip Code 95212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Self.	Occupation (for Individual) Community Organizer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kiester, Mark, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2017
Mailing Address 118 NW 21st St		Transaction ID : SA11AI.32899
City Gainesville	State FL	Zip Code 32603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Alachua County Tax Collector	Occupation (for Individual) Accountant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....	100.00
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 255 OF 688
	<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. 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2017
Transaction ID : SA11AI.32900
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2017
Transaction ID : SA11AI.32901
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2017
Transaction ID : SA11AI.32911
 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 256 OF 688
	<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. Kleewein, 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) Occupation (for Individual)
 Trisept Technology 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
 08 / 24 / 2017
Transaction ID : SA11AI.32912
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Kleewein, 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) Occupation (for Individual)
 Trisept Technology Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2017
Transaction ID : SA11AI.32913
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Kleewein, 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) Occupation (for Individual)
 Trisept Technology 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
 10 / 24 / 2017
Transaction ID : SA11AI.32914
 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 257 OF 688
	<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. Kleewein, 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) Occupation (for Individual)
 Trisept Technology Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2017
Transaction ID : SA11AI.32915
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Kleewein, 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) Occupation (for Individual)
 Trisept Technology Software Engineer
 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
 12 / 24 / 2017
Transaction ID : SA11AI.32916
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Klovo, Minela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Sherman Ave
 City Carlisle State PA Zip Code 17013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 TE Connectivity Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2017
Transaction ID : SA11AI.32920
 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 258 OF 688
	<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. Klovo, Minela, , ,		Date of Receipt
Mailing Address 324 Sherman Ave		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Carlisle	State PA	Zip Code 17013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32921
Name of Employer (for Individual) TE Connectivity		Occupation (for Individual) Account Manager
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="27.00"/>
<input type="text" value="243.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Klovo, Minela, , ,		Date of Receipt
Mailing Address 324 Sherman Ave		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Carlisle	State PA	Zip Code 17013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32922
Name of Employer (for Individual) TE Connectivity		Occupation (for Individual) Account Manager
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="27.00"/>
<input type="text" value="270.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Klovo, Minela, , ,		Date of Receipt
Mailing Address 324 Sherman Ave		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Carlisle	State PA	Zip Code 17013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.32923
Name of Employer (for Individual) TE Connectivity		Occupation (for Individual) Account Manager
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="27.00"/>
<input type="text" value="297.00"/>		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 259 OF 688
	<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. Klovo, Minela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Sherman Ave
 City Carlisle State PA Zip Code 17013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TE Connectivity Occupation (for Individual) Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 10 / 2017**
Transaction ID : SA11AI.32924
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Kodama, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45-622 Paholei St
 City Kaneohe State HI Zip Code 96744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Honolulu Board of Water Supply Occupation (for Individual) Assistant Construction Inspector
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 31 / 2017**
Transaction ID : SA11AI.32934
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Kodama, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45-622 Paholei St
 City Kaneohe State HI Zip Code 96744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Honolulu Board of Water Supply Occupation (for Individual) Assistant Construction Inspector
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 30 / 2017**
Transaction ID : SA11AI.32935
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 260 OF 688
	<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. Kraft, Damon, , ,		Date of Receipt MM / DD / YYYY 09 / 23 / 2017
Mailing Address 1315 POE ST		Transaction ID : SA11AI.32951
City WENATCHEE	State WA	Zip Code 98801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Max Glide LLC	Occupation (for Individual) Computer Programmer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kraft, Damon, , ,		Date of Receipt MM / DD / YYYY 10 / 23 / 2017
Mailing Address 1315 POE ST		Transaction ID : SA11AI.32952
City WENATCHEE	State WA	Zip Code 98801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Max Glide LLC	Occupation (for Individual) Computer Programmer	<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. Kraft, Damon, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2017
Mailing Address 1315 POE ST		Transaction ID : SA11AI.32953
City WENATCHEE	State WA	Zip Code 98801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Max Glide LLC	Occupation (for Individual) Computer Programmer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 275.00	

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 261 OF 688
	<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. Kraft, Damon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 POE ST
 City WENATCHEE State WA Zip Code 98801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Max Glide LLC Occupation (for Individual) Computer Programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2017
Transaction ID : SA11AI.32954
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Kramer, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 492 Bournemouth Rd
 City Grosse Pointe Farms State MI Zip Code 48236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 07 / 2017
Transaction ID : SA11AI.32962
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Kreisman, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 N Bowling Green Way
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Writer/Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 21 / 2017
Transaction ID : SA11AI.32966
 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 262 OF 688
	<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. Kreisman, Stuart, , ,			Date of Receipt
Mailing Address 228 N Bowling Green Way			<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Los Angeles	State CA	Zip Code 90049	Transaction ID : SA11AI.32967
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Writer/Producer	<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 B. Kreisman, Stuart, , ,			Date of Receipt
Mailing Address 228 N Bowling Green Way			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Los Angeles	State CA	Zip Code 90049	Transaction ID : SA11AI.32968
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Writer/Producer	<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="275.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kreisman, Stuart, , ,			Date of Receipt
Mailing Address 228 N Bowling Green Way			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Los Angeles	State CA	Zip Code 90049	Transaction ID : SA11AI.32969
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Writer/Producer	<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="75.00"/>
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 263 OF 688
	<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. 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 ▼ 350.00

Date of Receipt 07 / 12 / 2017
Transaction ID : SA11AI.32981
 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 ▼ 400.00

Date of Receipt 08 / 12 / 2017
Transaction ID : SA11AI.32982
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 450.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.32983
 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 264 OF 688
	<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
Krzak, Michael, , ,

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

Transaction ID : SA11AI.32984

Amount of Each Receipt this Period
50.00

Memo Item

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

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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2017

Transaction ID : SA11AI.32985

Amount of Each Receipt this Period
50.00

Memo Item

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

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 ▼
600.00

Date of Receipt

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

Transaction ID : SA11AI.32986

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 265 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. 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) Occupation (for Individual)
 Braun Intertec Software Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2017
Transaction ID : SA11AI.32987
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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) Occupation (for Individual)
 Braun Intertec Software 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
 09 / 12 / 2017
Transaction ID : SA11AI.32988
 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) Occupation (for Individual)
 Braun Intertec Software Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2017
Transaction ID : SA11AI.32989
 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 266 OF 688
	<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. 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) Occupation (for Individual)
 Braun Intertec Software Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 12 / 2017
Transaction ID : SA11AI.32990
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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) Occupation (for Individual)
 Braun Intertec Software Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 12 / 12 / 2017
Transaction ID : SA11AI.32991
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kwame, Nana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14806 Dolphin Way
 City Bowie State MD Zip Code 20721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 None None
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 07 / 20 / 2017
Transaction ID : SA11AI.32999
 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 267 OF 688
	<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. Kwame, Nana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14806 Dolphin Way
 City Bowie State MD Zip Code 20721
 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 08 / 20 / 2017
Transaction ID : SA11AI.33000
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kwame, Nana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14806 Dolphin Way
 City Bowie State MD Zip Code 20721
 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 ▼ 450.00

Date of Receipt 09 / 20 / 2017
Transaction ID : SA11AI.33001
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kwame, Nana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14806 Dolphin Way
 City Bowie State MD Zip Code 20721
 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 10 / 20 / 2017
Transaction ID : SA11AI.33002
 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 268 OF 688
	<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. Kwame, Nana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14806 Dolphin Way
 City Bowie State MD Zip Code 20721
 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 ▼ 550.00

Date of Receipt 11 / 20 / 2017
Transaction ID : SA11AI.33003
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kwame, Nana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14806 Dolphin Way
 City Bowie State MD Zip Code 20721
 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 12 / 20 / 2017
Transaction ID : SA11AI.33004
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Lahanas, Jordan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Central Ave Unit C
 City Ayer State MA Zip Code 01432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MIT Lincoln Laboratory Occupation (for Individual) Assistant Tech Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 25 / 2017
Transaction ID : SA11AI.33022
 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: PAGE 269 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Lahanas, Jordan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Central Ave Unit C
 City Ayer State MA Zip Code 01432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MIT Lincoln Laboratory Occupation (for Individual) Assistant Tech Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 25 / 2017**
Transaction ID : SA11AI.33023
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Lahanas, Jordan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Central Ave Unit C
 City Ayer State MA Zip Code 01432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MIT Lincoln Laboratory Occupation (for Individual) Assistant Tech Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 25 / 2017**
Transaction ID : SA11AI.33024
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Lahanas, Jordan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Central Ave Unit C
 City Ayer State MA Zip Code 01432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MIT Lincoln Laboratory Occupation (for Individual) Assistant Tech Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 25 / 2017**
Transaction ID : SA11AI.33025
 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 270 OF 688
	<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. Lam, Ip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17543 SE 186th Way
 City Renton State WA Zip Code 98058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CISC Occupation (for Individual) Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 05 / 2017**
Transaction ID : SA11AI.33027
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Lamarre, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9584 Hiker Hill Rd
 City San Diego State CA Zip Code 92129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CCAD, LLC Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 24 / 2017**
Transaction ID : SA11AI.33030
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Lamarre, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9584 Hiker Hill Rd
 City San Diego State CA Zip Code 92129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CCAD, LLC Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 24 / 2017**
Transaction ID : SA11AI.33031
 Amount of Each Receipt this Period 25.00
 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 271 OF 688
	<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. Lamarre, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9584 Hiker Hill Rd
 City San Diego State CA Zip Code 92129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CCAD, LLC Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2017
Transaction ID : SA11AI.33032
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Lamarre, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9584 Hiker Hill Rd
 City San Diego State CA Zip Code 92129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CCAD, LLC 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
 12 / 24 / 2017
Transaction ID : SA11AI.33033
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Lambert, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3162 Mariola Rd
 City Sebastopol State CA Zip Code 95472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humboldt State University Occupation (for Individual) Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.33035
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 272 OF 688
	<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. Lambert, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3162 Mariola Rd
 City Sebastopol State CA Zip Code 95472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humboldt State University Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.33036
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Lambert, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3162 Mariola Rd
 City Sebastopol State CA Zip Code 95472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humboldt State University Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.33037
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Lancaster, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 E Park Ave
 City Santa Maria State CA Zip Code 93454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEN Occupation (for Individual) Maintenance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 13 / 2017
Transaction ID : SA11AI.33039
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 273 OF 688
	(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

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. Lancaster, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 E Park Ave
 City Santa Maria State CA Zip Code 93454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEN Occupation (for Individual) Maintenance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2017
Transaction ID : SA11AI.33040
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Lancaster, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 E Park Ave
 City Santa Maria State CA Zip Code 93454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEN Occupation (for Individual) Maintenance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2017
Transaction ID : SA11AI.33041
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Lancaster, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 E Park Ave
 City Santa Maria State CA Zip Code 93454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEN Occupation (for Individual) Maintenance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2017
Transaction ID : SA11AI.33042
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 274 OF 688
	<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. Lancaster, Matthew, , ,

Mailing Address 209 E Park Ave

City Santa Maria	State CA	Zip Code 93454
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NEN	Occupation (for Individual) Maintenance
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

Transaction ID : SA11AI.33043

Amount of Each Receipt this Period
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Landholm, Joseph, , ,

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2017

Transaction ID : SA11AI.33045

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Lane, Patrick, , ,

Mailing Address 132 Brickyard Road

City Southampton	State MA	Zip Code 01073
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Disabled Veteran
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2017

Transaction ID : SA11AI.33047

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 275 OF 688
	<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. Lane, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Brickyard Road
 City Southampton State MA Zip Code 01073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Disabled Veteran
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.33048
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Lane, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Brickyard Road
 City Southampton State MA Zip Code 01073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Disabled Veteran
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.33049
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Lane, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Brickyard Road
 City Southampton State MA Zip Code 01073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Disabled Veteran
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.33050
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 276 OF 688
	<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. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2017
Transaction ID : SA11AI.33051
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2017
Transaction ID : SA11AI.33052
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2017
Transaction ID : SA11AI.33053
 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 277 OF 688
	<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

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 10 / 13 / 2017
Mailing Address 4750 N Clarendon Ave Apt 1005		Transaction ID : SA11AI.33054
City Chicago	State IL	Zip Code 60640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Amtrak	Occupation (for Individual) Sr. Mgr. Equip. 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 ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LaPosta, Marie, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2017
Mailing Address 4750 N Clarendon Ave Apt 1005		Transaction ID : SA11AI.33055
City Chicago	State IL	Zip Code 60640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Amtrak	Occupation (for Individual) Sr. Mgr. Equip. 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 ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. LaPosta, Marie, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2017
Mailing Address 4750 N Clarendon Ave Apt 1005		Transaction ID : SA11AI.33056
City Chicago	State IL	Zip Code 60640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Amtrak	Occupation (for Individual) Sr. Mgr. Equip. 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 ▼ 600.00	

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: PAGE 278 OF 688 (check only one)
<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Laundy, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 SE Glen Echo Rd
 City Pullman State WA Zip Code 99163
 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 ▼ 214.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2017
Transaction ID : SA11AI.33057
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Laundy, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 SE Glen Echo Rd
 City Pullman State WA Zip Code 99163
 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 ▼ 241.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2017
Transaction ID : SA11AI.33058
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Laundy, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 SE Glen Echo Rd
 City Pullman State WA Zip Code 99163
 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 ▼ 268.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2017
Transaction ID : SA11AI.33059
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 279 OF 688
	<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. Laundy, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 SE Glen Echo Rd
 City Pullman State WA Zip Code 99163
 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 ▼ 295.00

Date of Receipt **11 / 13 / 2017**
Transaction ID : SA11AI.33060
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Laundy, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 SE Glen Echo Rd
 City Pullman State WA Zip Code 99163
 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 ▼ 322.00

Date of Receipt **12 / 13 / 2017**
Transaction ID : SA11AI.33061
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Leach, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6146 S 28th St
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leach Camper Sales Occupation (for Individual) Service Person
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 20 / 2017**
Transaction ID : SA11AI.33065
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 280 OF 688
	<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. Leach, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6146 S 28th St
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leach Camper Sales Occupation (for Individual) Service Person
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 20 / 2017
Transaction ID : SA11AI.33066
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Leach, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6146 S 28th St
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leach Camper Sales Occupation (for Individual) Service Person
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 20 / 2017
Transaction ID : SA11AI.33067
 Amount of Each Receipt this Period 27.00
 Memo Item

C. LeBlanc, Johnny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8507 Bell Mountain Drive
 City Austin State TX Zip Code 78730
 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 ▼ 225.00

Date of Receipt 09 / 07 / 2017
Transaction ID : SA11AI.33072
 Amount of Each Receipt this Period 25.00
 Memo Item

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 281 OF 688
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LeBlanc, Johnny, , ,		Date of Receipt
Mailing Address 8507 Bell Mountain Drive		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2017"/>
City Austin	State TX	Zip Code 78730
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33073
Name of Employer (for Individual) Retired		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Retired		<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 B. LeBlanc, Johnny, , ,		Date of Receipt
Mailing Address 8507 Bell Mountain Drive		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2017"/>
City Austin	State TX	Zip Code 78730
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33074
Name of Employer (for Individual) Retired		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Retired		<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="275.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. LeBlanc, Johnny, , ,		Date of Receipt
Mailing Address 8507 Bell Mountain Drive		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2017"/>
City Austin	State TX	Zip Code 78730
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33075
Name of Employer (for Individual) Retired		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Retired		<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="75.00"/>
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 282 OF 688
	<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. Leiby, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 24th St
 City Brigantine State NJ Zip Code 08203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blackbaud Occupation (for Individual) Software Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 13 / 2017**
Transaction ID : SA11AI.33082
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Leiby, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 24th St
 City Brigantine State NJ Zip Code 08203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blackbaud Occupation (for Individual) Software Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 13 / 2017**
Transaction ID : SA11AI.33083
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Lemberg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 B Evergreen Way
 City Nantucket State MA Zip Code 02554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nantucket Appliance Service Occupation (for Individual) Service Tech
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 30 / 2017**
Transaction ID : SA11AI.33088
 Amount of Each Receipt this Period 25.00
 Memo Item

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 283 OF 688
	<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. Lemberg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 B Evergreen Way
 City Nantucket State MA Zip Code 02554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nantucket Appliance Service Occupation (for Individual) Service Tech
 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
 11 / 30 / 2017
Transaction ID : SA11AI.33089
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Lemberg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 B Evergreen Way
 City Nantucket State MA Zip Code 02554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nantucket Appliance Service Occupation (for Individual) Service Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2017
Transaction ID : SA11AI.33090
 Amount of Each Receipt this Period 25.00
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2017
Transaction ID : SA11AI.33097
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 284 OF 688
	<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. 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 ▼ 400.00

Date of Receipt 08 / 29 / 2017
Transaction ID : SA11AI.33098
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 450.00

Date of Receipt 09 / 29 / 2017
Transaction ID : SA11AI.33099
 Amount of Each Receipt this Period 50.00
 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 ▼ 500.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.33100
 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 285 OF 688
	<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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017
Transaction ID : SA11AI.33101
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : SA11AI.33102
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2017
Transaction ID : SA11AI.33103
 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 286 OF 688
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
lilly, carly, , ,

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2017
Transaction ID : SA11AI.33104

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
lilly, carly, , ,

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2017
Transaction ID : SA11AI.33105

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
lilly, carly, , ,

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017
Transaction ID : SA11AI.33106

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 287 OF 688
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
lilly, carly, , ,

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 ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2017

Transaction ID : SA11AI.33107

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
lilly, carly, , ,

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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2017

Transaction ID : SA11AI.33108

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Linder, John n, , ,

Mailing Address 320 W 17th St 5fe

City New york	State ID NY	Zip Code 10011
------------------	----------------	-------------------

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 ▼
216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017

Transaction ID : SA11AI.33114

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 288 OF 688
	<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. Linder, John n, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 W 17th St 5fe
 City New york State NY Zip Code 10011
 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 ▼ 243.00

Date of Receipt **11 / 26 / 2017**
Transaction ID : SA11Al.33115
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Livingston, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3451 NE Alameda
 City Portland State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Transfer Online Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 09 / 2017**
Transaction ID : SA11Al.33129
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Livingston, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3451 NE Alameda
 City Portland State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Transfer Online Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 09 / 2017**
Transaction ID : SA11Al.33130
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 289 OF 688
	<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. Livingston, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3451 NE Alameda
 City Portland State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Transfer Online CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2017
Transaction ID : SA11Al.33131
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Livingston, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3451 NE Alameda
 City Portland State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Transfer Online CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11Al.33132
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Livingston, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3451 NE Alameda
 City Portland State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Transfer Online CEO
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2017
Transaction ID : SA11Al.33133
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 290 OF 688
	<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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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. 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2017
Transaction ID : SA11AI.33136
 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2017
Transaction ID : SA11AI.33137
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Lopez, John Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 De Long St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Filmmaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017
Transaction ID : SA11AI.33144
 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: (check only one)	PAGE 291 OF 688
	<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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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. Lopez, John Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 De Long St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Filmmaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2017
Transaction ID : SA11AI.33145
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Lopez, John Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 De Long St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Filmmaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2017
Transaction ID : SA11AI.33146
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Lopez, John Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 De Long St
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Filmmaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.33147
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 292 OF 688
	<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. Lopez, John Chris, , ,		Date of Receipt
Mailing Address 160 De Long St		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City San Francisco	State CA	Zip Code 94112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33148
Name of Employer (for Individual) Self-Employed		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Filmmaker		<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="324.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lopez, Martin, , ,		Date of Receipt
Mailing Address 7951 E. Siesta Ln.		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2017"/>
City Prescott Valley	State AZ	Zip Code 86314
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33150
Name of Employer (for Individual) On-line Electronics		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Assembly		<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="216.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lopez, Martin, , ,		Date of Receipt
Mailing Address 7951 E. Siesta Ln.		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2017"/>
City Prescott Valley	State AZ	Zip Code 86314
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33151
Name of Employer (for Individual) On-line Electronics		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Assembly		<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="243.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 293 OF 688
	<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. Lopez, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7951 E. Siesta Ln.
 City Prescott Valley State AZ Zip Code 86314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) On-line Electronics Occupation (for Individual) Assembly
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 14 / 2017**
Transaction ID : SA11AI.33152
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Lopez, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7951 E. Siesta Ln.
 City Prescott Valley State AZ Zip Code 86314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) On-line Electronics Occupation (for Individual) Assembly
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 14 / 2017**
Transaction ID : SA11AI.33153
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Lopez, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7951 E. Siesta Ln.
 City Prescott Valley State AZ Zip Code 86314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) On-line Electronics Occupation (for Individual) Assembly
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 14 / 2017**
Transaction ID : SA11AI.33154
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 294 OF 688
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lotkowicz, Victoria, , ,

Mailing Address 18 Sturgis Rd

City Edison	State NJ	Zip Code 08817
----------------	-------------	-------------------

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

Name of Employer (for Individual) Vitech Systems Group	Occupation (for Individual) Office Coordinator
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

Transaction ID : SA11AI.33158

Amount of Each Receipt this Period
27.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lotkowicz, Victoria, , ,

Mailing Address 18 Sturgis Rd

City Edison	State NJ	Zip Code 08817
----------------	-------------	-------------------

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

Name of Employer (for Individual) Vitech Systems Group	Occupation (for Individual) Office Coordinator
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : SA11AI.33159

Amount of Each Receipt this Period
27.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lotkowicz, Victoria, , ,

Mailing Address 18 Sturgis Rd

City Edison	State NJ	Zip Code 08817
----------------	-------------	-------------------

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

Name of Employer (for Individual) Vitech Systems Group	Occupation (for Individual) Office Coordinator
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2017

Transaction ID : SA11AI.33160

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 295 OF 688
	(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. Lotkowitz, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Sturgis Rd
 City Edison State NJ Zip Code 08817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vitech Systems Group Occupation (for Individual) Office Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 29 / 2017
Transaction ID : SA11Al.33161
 Amount of Each Receipt this Period 27.00
 Memo Item

B. lowe, linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 braeburn Ln
 City ashland State MA Zip Code 01721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 26 / 2017
Transaction ID : SA11Al.33167
 Amount of Each Receipt this Period 30.00
 Memo Item

C. lowe, linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 braeburn Ln
 City ashland State MA Zip Code 01721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11Al.33168
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	82.00
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 296 OF 688
	<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. lowe, linda, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 braeburn Ln

City ashland	State MA	Zip Code 01721
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

Transaction ID : SA11AI.33169

Amount of Each Receipt this Period
30.00

Memo Item

B. lowe, linda, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 braeburn Ln

City ashland	State MA	Zip Code 01721
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : SA11AI.33170

Amount of Each Receipt this Period
25.00

Memo Item

C. lowe, linda, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 braeburn Ln

City ashland	State MA	Zip Code 01721
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

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
11	/	26	/	2017

Transaction ID : SA11AI.33171

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	85.00
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 297 OF 688
	<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. lowe, linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 braeburn Ln
 City ashland State MA Zip Code 01721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2017
Transaction ID : SA11AI.33172
 Amount of Each Receipt this Period 25.00
 Memo Item

B. lowe, linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 braeburn Ln
 City ashland State MA Zip Code 01721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2017
Transaction ID : SA11AI.33173
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Luckenbach, Judy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 N Milam #141
 City Fredericksburg State TX Zip Code 78624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Interior Design
 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
 11 / 04 / 2017
Transaction ID : SA11AI.33176
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 298 OF 688
	<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. Luckenbach, Judy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 110 N Milam #141

City Fredericksburg	State TX	Zip Code 78624
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Self		Occupation (for Individual) Interior Design
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2017
Transaction ID : SA11AI.33177

Amount of Each Receipt this Period
25.00

Memo Item

B. Lutcavich, Randy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 8629 Grape St

City Los Angeles	State CA	Zip Code 90002
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) AT&T		Occupation (for Individual) Mobile Software Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2017
Transaction ID : SA11AI.33181

Amount of Each Receipt this Period
27.00

Memo Item

C. Lutcavich, Randy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 8629 Grape St

City Los Angeles	State CA	Zip Code 90002
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) AT&T		Occupation (for Individual) Mobile Software Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 243.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2017
Transaction ID : SA11AI.33182

Amount of Each Receipt this Period
27.00

Memo Item

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 299 OF 688
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lutcavich, Randy, , ,

Mailing Address 8629 Grape St

City Los Angeles	State CA	Zip Code 90002
---------------------	-------------	-------------------

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

Name of Employer (for Individual) AT&T	Occupation (for Individual) Mobile Software Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2017

Transaction ID : SA11AI.33183

Amount of Each Receipt this Period
27.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lutcavich, Randy, , ,

Mailing Address 8629 Grape St

City Los Angeles	State CA	Zip Code 90002
---------------------	-------------	-------------------

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

Name of Employer (for Individual) AT&T	Occupation (for Individual) Mobile Software Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2017

Transaction ID : SA11AI.33184

Amount of Each Receipt this Period
27.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lutcavich, Randy, , ,

Mailing Address 8629 Grape St

City Los Angeles	State CA	Zip Code 90002
---------------------	-------------	-------------------

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

Name of Employer (for Individual) AT&T	Occupation (for Individual) Mobile Software Engineer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2017

Transaction ID : SA11AI.33185

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 300 OF 688
	<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. Madison, Jesse, , ,		Date of Receipt
Mailing Address 19561 Jersey Ave		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Lakeville	State MN	Zip Code 55044
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33188
Name of Employer (for Individual) Self		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Fiber Technician		<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. Madison, Jesse, , ,		Date of Receipt
Mailing Address 19561 Jersey Ave		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Lakeville	State MN	Zip Code 55044
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33189
Name of Employer (for Individual) Self		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Fiber Technician		<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. Madison, Jesse, , ,		Date of Receipt
Mailing Address 19561 Jersey Ave		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Lakeville	State MN	Zip Code 55044
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33190
Name of Employer (for Individual) Self		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Fiber Technician		<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"/>	

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 301 OF 688
	<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. 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2017
Transaction ID : SA11AI.33191
 Amount of Each Receipt this Period 25.00
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2017
Transaction ID : SA11AI.33192
 Amount of Each Receipt this Period 25.00
 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 ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : SA11AI.33193
 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 302 OF 688
	<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. Madison, Jesse, , ,		Date of Receipt
Mailing Address 19561 Jersey Ave		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2017"/>
City Lakeville	State MN	Zip Code 55044
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33194
Name of Employer (for Individual) Self		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Fiber Technician		<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"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Malik, Arsalan, , ,		Date of Receipt
Mailing Address 2730 Wilshire Blvd Ste 630		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Santa Monica	State CA	Zip Code 90403
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33199
Name of Employer (for Individual) Arsalan Malik MD Inc		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Physician		<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 C. Malik, Arsalan, , ,		Date of Receipt
Mailing Address 2730 Wilshire Blvd Ste 630		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Santa Monica	State CA	Zip Code 90403
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33200
Name of Employer (for Individual) Arsalan Malik MD Inc		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Physician		<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="125.00"/>
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 303 OF 688
	<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 ▼ 450.00

Date of Receipt **09 / 09 / 2017**
Transaction ID : SA11AI.33201
 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 ▼ 500.00

Date of Receipt **10 / 09 / 2017**
Transaction ID : SA11AI.33202
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 550.00

Date of Receipt **11 / 09 / 2017**
Transaction ID : SA11AI.33203
 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 304 OF 688
	<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. 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 ▼ 600.00

Date of Receipt **12 / 09 / 2017**
Transaction ID : SA11AI.33204
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 350.00

Date of Receipt **07 / 28 / 2017**
Transaction ID : SA11AI.33207
 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 ▼ 400.00

Date of Receipt **08 / 28 / 2017**
Transaction ID : SA11AI.33208
 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 305 OF 688
	<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 ▼ 450.00

Date of Receipt 09 / 28 / 2017
Transaction ID : SA11AI.33209
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt 10 / 28 / 2017
Transaction ID : SA11AI.33210
 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 ▼ 550.00

Date of Receipt 11 / 28 / 2017
Transaction ID : SA11AI.33211
 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 306 OF 688
	<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 ▼ 600.00

Date of Receipt 12 / 28 / 2017
Transaction ID : SA11AI.33212
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mathews, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1126 Mesaba Ave #214
 City Duluth State MN Zip Code 55811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 06 / 2017
Transaction ID : SA11AI.33247
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Mathews, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1126 Mesaba Ave #214
 City Duluth State MN Zip Code 55811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2017
Transaction ID : SA11AI.33248
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 307 OF 688
	<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. Mathews, Mary, , ,

Mailing Address 1126 Mesaba Ave #214

City Duluth	State MN	Zip Code 55811
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

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

Transaction ID : SA11AI.33249

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. May, Jessica, , ,

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

Transaction ID : SA11AI.33258

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. May, Jessica, , ,

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2017

Transaction ID : SA11AI.33259

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 308 OF 688
	<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. 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
 Date of Receipt: 09 / 30 / 2017
Transaction ID : SA11AI.33260
 Amount of Each Receipt this Period: 50.00
 Memo Item

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: 450.00

B. Mazloomi, Farzad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 634 Sycamore St
 Apt 4R
 City Cincinnati State OH Zip Code 45202
 Date of Receipt: 09 / 26 / 2017
Transaction ID : SA11AI.33263
 Amount of Each Receipt this Period: 25.00
 Memo Item

FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual) TriHealth Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 225.00

C. Mazloomi, Farzad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 634 Sycamore St
 Apt 4R
 City Cincinnati State OH Zip Code 45202
 Date of Receipt: 10 / 26 / 2017
Transaction ID : SA11AI.33264
 Amount of Each Receipt this Period: 25.00
 Memo Item

FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual) TriHealth Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 250.00

SUBTOTAL of Receipts This Page (optional)..... 100.00
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 309 OF 688
	<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. Mazloomi, Farzad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 634 Sycamore St
 Apt 4R
 City Cincinnati State OH Zip Code 45202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TriHealth Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 11 / 26 / 2017
Transaction ID : SA11AI.33265
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Mazloomi, Farzad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 634 Sycamore St
 Apt 4R
 City Cincinnati State OH Zip Code 45202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TriHealth Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 12 / 26 / 2017
Transaction ID : SA11AI.33266
 Amount of Each Receipt this Period 25.00
 Memo Item

C. McCamant, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8916 Rose Ln
 City Raytown State MO Zip Code 64133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KCPL Occupation (for Individual) Clerk
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 12 / 2017
Transaction ID : SA11AI.33284
 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 310 OF 688
	<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. McCamnant, Greg, , ,		Date of Receipt
Mailing Address 8916 Rose Ln		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Raytown	State MO	Zip Code 64133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33285
Name of Employer (for Individual) KCPL		Occupation (for Individual) Clerk
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="25.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCamnant, Greg, , ,		Date of Receipt
Mailing Address 8916 Rose Ln		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Raytown	State MO	Zip Code 64133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33286
Name of Employer (for Individual) KCPL		Occupation (for Individual) Clerk
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McCamnant, Greg, , ,		Date of Receipt
Mailing Address 8916 Rose Ln		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Raytown	State MO	Zip Code 64133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33287
Name of Employer (for Individual) KCPL		Occupation (for Individual) Clerk
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="25.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
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 311 OF 688
	<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
Mailing Address 203 Tuttle Hill Rd		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Livingston Manor	State NY	Zip Code 12758
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33288
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 ▼ <input type="text" value="350.00"/>	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. McCann-Smith, Kathleen, , ,		Date of Receipt
Mailing Address 203 Tuttle Hill Rd		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Livingston Manor	State NY	Zip Code 12758
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33289
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 ▼ <input type="text" value="400.00"/>	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. McCann-Smith, Kathleen, , ,		Date of Receipt
Mailing Address 203 Tuttle Hill Rd		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Livingston Manor	State NY	Zip Code 12758
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33290
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 ▼ <input type="text" value="450.00"/>	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 312 OF 688
	<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. McCann-Smith, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Tuttle Hill Rd
 City Livingston Manor State NY Zip Code 12758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Liberty Central School Dist. Occupation (for Individual) Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2017
Transaction ID : SA11AI.33291
 Amount of Each Receipt this Period 50.00
 Memo Item

B. McCann-Smith, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Tuttle Hill Rd
 City Livingston Manor State NY Zip Code 12758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Liberty Central School Dist. Occupation (for Individual) Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 03 / 2017
Transaction ID : SA11AI.33292
 Amount of Each Receipt this Period 50.00
 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 ▼ 700.00

Date of Receipt 07 / 11 / 2017
Transaction ID : SA11AI.33300
 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:	PAGE 313 OF 688
	(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McDade, Mathew, , ,			Date of Receipt
Mailing Address 854 Arbor Rd Apt B			<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SA11AI.33301
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) Stanford Hospital		Occupation (for Individual) Nurse	<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="800.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McDade, Mathew, , ,			Date of Receipt
Mailing Address 854 Arbor Rd Apt B			<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SA11AI.33302
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) Stanford Hospital		Occupation (for Individual) Nurse	<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="900.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McDade, Mathew, , ,			Date of Receipt
Mailing Address 854 Arbor Rd Apt B			<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SA11AI.33303
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) Stanford Hospital		Occupation (for Individual) Nurse	<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="1000.00"/>		

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 314 OF 688
	<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. 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 ▼
1100.00

Date of Receipt

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

Transaction ID : SA11AI.33304

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

Transaction ID : SA11AI.33305

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 4 Newport St

City Barnegat	State NJ	Zip Code 08005
------------------	-------------	-------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) School Administrator
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2017

Transaction ID : SA11AI.33309

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: (check only one)	PAGE 315 OF 688
	<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. McEvoy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Newport St
 City Barnegat State NJ Zip Code 08005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) School Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : SA11AI.33310
 Amount of Each Receipt this Period 27.00
 Memo Item

B. McEvoy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Newport St
 City Barnegat State NJ Zip Code 08005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) School Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2017
Transaction ID : SA11AI.33311
 Amount of Each Receipt this Period 27.00
 Memo Item

C. McEvoy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Newport St
 City Barnegat State NJ Zip Code 08005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) School Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2017
Transaction ID : SA11AI.33312
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 316 OF 688
	<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. McEvoy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Newport St
 City Barnegat State NJ Zip Code 08005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) School Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 11 / 2017**
Transaction ID : SA11AI.33313
 Amount of Each Receipt this Period 27.00
 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 ▼ 350.00

Date of Receipt **07 / 16 / 2017**
Transaction ID : SA11AI.33314
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 400.00

Date of Receipt **08 / 16 / 2017**
Transaction ID : SA11AI.33315
 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:	PAGE 317 OF 688
	(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. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2017
Transaction ID : SA11AI.33316
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2017
Transaction ID : SA11AI.33317
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2017
Transaction ID : SA11AI.33318
 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 318 OF 688
	<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 ▼ 600.00

Date of Receipt **12 / 16 / 2017**
Transaction ID : SA11AI.33319
 Amount of Each Receipt this Period 50.00
 Memo Item

B. McGregor, Scot, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2674 N Park Ln Apt 412
 City Fitchburg State WI Zip Code 53711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Epic Systems Corporation Occupation (for Individual) Business Intelligence Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 16 / 2017**
Transaction ID : SA11AI.33328
 Amount of Each Receipt this Period 25.00
 Memo Item

C. McGregor, Scot, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2674 N Park Ln Apt 412
 City Fitchburg State WI Zip Code 53711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Epic Systems Corporation Occupation (for Individual) Business Intelligence Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 16 / 2017**
Transaction ID : SA11AI.33329
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 319 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. McGregor, Scot, , ,

Mailing Address 2674 N Park Ln
Apt 412

City Fitchburg State WI Zip Code 53711

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

Name of Employer (for Individual) Epic Systems Corporation Occupation (for Individual) Business Intelligence Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 16 / 2017

Transaction ID : **SA11AI.33330**

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. McGregor, Scot, , ,

Mailing Address 2674 N Park Ln
Apt 412

City Fitchburg State WI Zip Code 53711

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

Name of Employer (for Individual) Epic Systems Corporation Occupation (for Individual) Business Intelligence Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 16 / 2017

Transaction ID : **SA11AI.33331**

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. McIntyre, Alan, , ,

Mailing Address 280 Jeremy Dr

City Colbert State GA Zip Code 30628

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

Name of Employer (for Individual) CodeReclaimers, LLC Occupation (for Individual) Software Engineer

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
216.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 23 / 2017

Transaction ID : **SA11AI.33333**

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.00

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 320 OF 688
	<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
-----------------------------	-----------------------------	-----------------------------

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. McIntyre, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 Jeremy Dr
 City Colbert State GA Zip Code 30628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CodeReclaimers, LLC Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2017
Transaction ID : SA11AI.33334
 Amount of Each Receipt this Period 27.00
 Memo Item

B. McIntyre, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 Jeremy Dr
 City Colbert State GA Zip Code 30628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CodeReclaimers, LLC Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017
Transaction ID : SA11AI.33335
 Amount of Each Receipt this Period 27.00
 Memo Item

C. McIntyre, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 Jeremy Dr
 City Colbert State GA Zip Code 30628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CodeReclaimers, LLC Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2017
Transaction ID : SA11AI.33336
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 321 OF 688
	<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. McIntyre, Alan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2017
Mailing Address 280 Jeremy Dr		Transaction ID : SA11AI.33337
City Colbert	State GA	Zip Code 30628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) CodeReclaimers, LLC	Occupation (for Individual) Software 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 ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McKerracher, Stephen, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2017
Mailing Address 2826 Apache St		Transaction ID : SA11AI.33338
City Santa Rosa	State CA	Zip Code 95403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Manly Hyundai	Occupation (for Individual) Sales Manager	<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. McKerracher, Stephen, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 20 / 2017
Mailing Address 2826 Apache St		Transaction ID : SA11AI.33339
City Santa Rosa	State CA	Zip Code 95403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Manly Hyundai	Occupation (for Individual) Sales Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

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 322 OF 688
	<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. 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 ▼ 400.00

Date of Receipt **09 / 20 / 2017**
Transaction ID : SA11AI.33340
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 450.00

Date of Receipt **10 / 20 / 2017**
Transaction ID : SA11AI.33341
 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 ▼ 500.00

Date of Receipt **11 / 20 / 2017**
Transaction ID : SA11AI.33342
 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 323 OF 688
	<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. 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 ▼ 550.00

Date of Receipt **12 / 20 / 2017**
Transaction ID : SA11AI.33343
 Amount of Each Receipt this Period 50.00
 Memo Item

B. McLendon, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2212 Dixon St
 City Chico State CA Zip Code 95926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Save Mart Occupation (for Individual) Meat Clerk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 14 / 2017**
Transaction ID : SA11AI.33347
 Amount of Each Receipt this Period 27.00
 Memo Item

C. McLendon, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2212 Dixon St
 City Chico State CA Zip Code 95926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Save Mart Occupation (for Individual) Meat Clerk
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 14 / 2017**
Transaction ID : SA11AI.33348
 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 324 OF 688
	<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. McLendon, Tim, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2212 Dixon St

City Chico	State CA	Zip Code 95926
---------------	-------------	-------------------

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

Name of Employer (for Individual) Save Mart	Occupation (for Individual) Meat Clerk
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2017

Transaction ID : SA11AI.33349

Amount of Each Receipt this Period
27.00

Memo Item

B. McLendon, Tim, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2212 Dixon St

City Chico	State CA	Zip Code 95926
---------------	-------------	-------------------

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

Name of Employer (for Individual) Save Mart	Occupation (for Individual) Meat Clerk
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2017

Transaction ID : SA11AI.33350

Amount of Each Receipt this Period
27.00

Memo Item

C. McLendon, Tim, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2212 Dixon St

City Chico	State CA	Zip Code 95926
---------------	-------------	-------------------

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

Name of Employer (for Individual) Save Mart	Occupation (for Individual) Meat Clerk
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2017

Transaction ID : SA11AI.33351

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 325 OF 688
	<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. Mehta, Suraj, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2017
Mailing Address 19784 Oakhaven drive		Transaction ID : SA11AI.33363
City Saratoga	State CA	Zip Code 95070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	<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 B. Mehta, Suraj, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 16 / 2017
Mailing Address 19784 Oakhaven drive		Transaction ID : SA11AI.33364
City Saratoga	State CA	Zip Code 95070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	<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. Mehta, Suraj, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2017
Mailing Address 19784 Oakhaven drive		Transaction ID : SA11AI.33365
City Saratoga	State CA	Zip Code 95070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

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 326 OF 688
	<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. Mehta, Suraj, , ,

Mailing Address 19784 Oakhaven drive

City Saratoga	State CA	Zip Code 95070
------------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

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
10	/	16	/	2017

Transaction ID : SA11AI.33366

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Meleth, Sreelatha, , ,

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2017

Transaction ID : SA11AI.33370

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Meleth, Sreelatha, , ,

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2017

Transaction ID : SA11AI.33371

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 327 OF 688
	<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. Meleth, Sreelatha, , ,		Date of Receipt MM / DD / YYYY 09 / 09 / 2017 Transaction ID : SA11AI.33372
Mailing Address 4406 Chowningg Way		Amount of Each Receipt this Period 50.00
City Atlanta	State GA	Zip Code 30338
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) RTI International	Occupation (for Individual) Research Statistician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Meleth, Sreelatha, , ,		Date of Receipt MM / DD / YYYY 10 / 09 / 2017 Transaction ID : SA11AI.33373
Mailing Address 4406 Chowningg Way		Amount of Each Receipt this Period 50.00
City Atlanta	State GA	Zip Code 30338
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) RTI International	Occupation (for Individual) Research Statistician	
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. Meleth, Sreelatha, , ,		Date of Receipt MM / DD / YYYY 11 / 09 / 2017 Transaction ID : SA11AI.33374
Mailing Address 4406 Chowningg Way		Amount of Each Receipt this Period 50.00
City Atlanta	State GA	Zip Code 30338
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) RTI International	Occupation (for Individual) Research Statistician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 550.00	

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 328 OF 688
	<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 Chowning 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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2017

Transaction ID : SA11AI.33375

Amount of Each Receipt this Period
50.00

Memo Item

B. 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2017

Transaction ID : SA11AI.33376

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2017

Transaction ID : SA11AI.33377

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 329 OF 688
	<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. 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 ▼ 450.00

Date of Receipt 09 / 03 / 2017
Transaction ID : SA11AI.33378
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt 10 / 03 / 2017
Transaction ID : SA11AI.33379
 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 ▼ 550.00

Date of Receipt 11 / 03 / 2017
Transaction ID : SA11AI.33380
 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 330 OF 688
	<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. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2017
Transaction ID : SA11AI.33381
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Mellen, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 Tapok Dr Apt 301
 City Manassas State VA Zip Code 20110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Air Force Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017
Transaction ID : SA11AI.33383
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Mellen, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 Tapok Dr Apt 301
 City Manassas State VA Zip Code 20110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Air Force Occupation (for Individual) Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2017
Transaction ID : SA11AI.33384
 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 331 OF 688
	<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. Mellen, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 Tapok Dr Apt 301
 City Manassas State VA Zip Code 20110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Air Force Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 09 / 2017**
Transaction ID : SA11AI.33385
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Mellen, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 Tapok Dr Apt 301
 City Manassas State VA Zip Code 20110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Air Force Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 09 / 2017**
Transaction ID : SA11AI.33386
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Mellen, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 Tapok Dr Apt 301
 City Manassas State VA Zip Code 20110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Air Force Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 09 / 2017**
Transaction ID : SA11AI.33387
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 332 OF 688
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
mello, gina, , ,

Mailing Address 4207 kekuanaoa

City princeville State HI Zip Code 96722

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 ▼
225.00

Date of Receipt
10 / 05 / 2017
Transaction ID : SA11AI.33391

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
mello, gina, , ,

Mailing Address 4207 kekuanaoa

City princeville State HI Zip Code 96722

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
11 / 05 / 2017
Transaction ID : SA11AI.33392

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
mello, gina, , ,

Mailing Address 4207 kekuanaoa

City princeville State HI Zip Code 96722

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 ▼
275.00

Date of Receipt
12 / 05 / 2017
Transaction ID : SA11AI.33393

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 333 OF 688
<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. Merget, Daniel, , ,		Date of Receipt
Mailing Address 698 Santa Ynez St		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2017"/>
City Sunnyvale	State CA	Zip Code 94085
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33398
Name of Employer (for Individual) NVIDIA		Amount of Each Receipt this Period <input type="text" value="50.00"/>
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="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Merget, Daniel, , ,		Date of Receipt
Mailing Address 698 Santa Ynez St		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2017"/>
City Sunnyvale	State CA	Zip Code 94085
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33399
Name of Employer (for Individual) NVIDIA		Amount of Each Receipt this Period <input type="text" value="50.00"/>
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="350.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Merget, Daniel, , ,		Date of Receipt
Mailing Address 698 Santa Ynez St		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2017"/>
City Sunnyvale	State CA	Zip Code 94085
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33400
Name of Employer (for Individual) NVIDIA		Amount of Each Receipt this Period <input type="text" value="50.00"/>
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="400.00"/>	

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 334 OF 688
	<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. 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) NVIDIA Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2017
Transaction ID : SA11AI.33401
 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) NVIDIA 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
 09 / 23 / 2017
Transaction ID : SA11AI.33402
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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) NVIDIA Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2017
Transaction ID : SA11AI.33403
 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 335 OF 688
<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. Merget, Daniel, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2017
Mailing Address 698 Santa Ynez St		Transaction ID : SA11AI.33404
City Sunnyvale	State CA	Zip Code 94085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) NVIDIA	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 ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Merget, Daniel, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2017
Mailing Address 698 Santa Ynez St		Transaction ID : SA11AI.33405
City Sunnyvale	State CA	Zip Code 94085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) NVIDIA	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 ▼ 650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Merget, Daniel, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2017
Mailing Address 698 Santa Ynez St		Transaction ID : SA11AI.33406
City Sunnyvale	State CA	Zip Code 94085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) NVIDIA	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 ▼ 700.00	

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 336 OF 688
<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. 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) NVIDIA Occupation (for Individual) Engineer
 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
 12 / 14 / 2017
Transaction ID : SA11AI.33407
 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) NVIDIA Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2017
Transaction ID : SA11AI.33408
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Merino, Oscar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 North St
 City Pine Bush State NY Zip Code 12566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LK Comstock Occupation (for Individual) Union Electrician
 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
 09 / 08 / 2017
Transaction ID : SA11AI.33411
 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 337 OF 688
	<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. Merino, Oscar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 North St
 City Pine Bush State NY Zip Code 12566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LK Comstock Occupation (for Individual) Union Electrician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 08 / 2017**
Transaction ID : SA11AI.33412
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Merino, Oscar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 North St
 City Pine Bush State NY Zip Code 12566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LK Comstock Occupation (for Individual) Union Electrician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 08 / 2017**
Transaction ID : SA11AI.33413
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Merino, Oscar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 North St
 City Pine Bush State NY Zip Code 12566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LK Comstock Occupation (for Individual) Union Electrician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 08 / 2017**
Transaction ID : SA11AI.33414
 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 338 OF 688
	<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 ▼ 350.00

Date of Receipt 07 / 29 / 2017
Transaction ID : SA11AI.33415
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 400.00

Date of Receipt 08 / 29 / 2017
Transaction ID : SA11AI.33416
 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) Northeastern University Occupation (for Individual) Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 29 / 2017
Transaction ID : SA11AI.33417
 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 339 OF 688
	<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. Mickler, Ryan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2017
Mailing Address 28 Houghton St		Transaction ID : SA11AI.33418
City Somerville	State MA	Zip Code 02143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Northeastern University	Occupation (for Individual) Student	<input type="checkbox"/> Memo Item
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 B. Mickler, Ryan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2017
Mailing Address 28 Houghton St		Transaction ID : SA11AI.33419
City Somerville	State MA	Zip Code 02143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Northeastern University	Occupation (for Individual) Student	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mickler, Ryan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2017
Mailing Address 28 Houghton St		Transaction ID : SA11AI.33420
City Somerville	State MA	Zip Code 02143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Northeastern University	Occupation (for Individual) Student	<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	

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 340 OF 688
<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. Middleton, Travis, , ,		Date of Receipt
Mailing Address 101 Lambs Way		<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City Knoxville	State GA	Zip Code 31050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33422
Name of Employer (for Individual) Acuity Brands		Amount of Each Receipt this Period <input type="text" value="27.00"/>
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="216.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Middleton, Travis, , ,		Date of Receipt
Mailing Address 101 Lambs Way		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City Knoxville	State GA	Zip Code 31050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33423
Name of Employer (for Individual) Acuity Brands		Amount of Each Receipt this Period <input type="text" value="27.00"/>
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="243.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Middleton, Travis, , ,		Date of Receipt
Mailing Address 101 Lambs Way		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City Knoxville	State GA	Zip Code 31050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33424
Name of Employer (for Individual) Acuity Brands		Amount of Each Receipt this Period <input type="text" value="27.00"/>
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="270.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 341 OF 688
	<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. Middleton, Travis, , ,		Date of Receipt
Mailing Address 101 Lambs Way		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City Knoxville	State GA	Zip Code 31050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33425
Name of Employer (for Individual) Acuity Brands		Amount of Each Receipt this Period <input type="text" value="27.00"/>
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="297.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Middleton, Travis, , ,		Date of Receipt
Mailing Address 101 Lambs Way		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City Knoxville	State GA	Zip Code 31050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33426
Name of Employer (for Individual) Acuity Brands		Amount of Each Receipt this Period <input type="text" value="27.00"/>
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="324.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Milder, Nathaniel, , ,		Date of Receipt
Mailing Address 314 Prettyman Dr		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33428
Name of Employer (for Individual) Intergraph		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Software 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="216.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 342 OF 688
	<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. Milder, Nathaniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 Prettyman Dr
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intergraph Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2017
Transaction ID : SA11AI.33429
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Milder, Nathaniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 Prettyman Dr
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intergraph Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2017
Transaction ID : SA11AI.33430
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Milder, Nathaniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 Prettyman Dr
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intergraph Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.33431
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 343 OF 688
	<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. Milder, Nathaniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 Prettyman Dr
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intergraph Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11AI.33432
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Mills, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 259 Ministerial Rd
 City Wakefield State RI Zip Code 02879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kineteks LLC Occupation (for Individual) Design Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.33437
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Mills, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 259 Ministerial Rd
 City Wakefield State RI Zip Code 02879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kineteks LLC Occupation (for Individual) Design Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.33438
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 344 OF 688
	<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. Mills, Jack, , ,		Date of Receipt MM / DD / YYYY 11 / 12 / 2017 Transaction ID : SA11AI.33439
Mailing Address 259 Ministerial Rd		Amount of Each Receipt this Period 25.00
City Wakefield	State RI	Zip Code 02879
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Kineteks LLC	Occupation (for Individual) Design Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mills, Jack, , ,		Date of Receipt MM / DD / YYYY 12 / 12 / 2017 Transaction ID : SA11AI.33440
Mailing Address 259 Ministerial Rd		Amount of Each Receipt this Period 25.00
City Wakefield	State RI	Zip Code 02879
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Kineteks LLC	Occupation (for Individual) Design 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 C. Minke, Kevin, , ,		Date of Receipt MM / DD / YYYY 08 / 29 / 2017 Transaction ID : SA11AI.33449
Mailing Address 1313 Camino Ct		Amount of Each Receipt this Period 27.00
City Leander	State TX	Zip Code 78641
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) SCCI	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 345 OF 688
	<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. Minke, Kevin, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2017
Mailing Address 1313 Camino Ct		Transaction ID : SA11AI.33450
City Leander	State TX	Zip Code 78641
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) SCCI	Occupation (for Individual) Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Minke, Kevin, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2017
Mailing Address 1313 Camino Ct		Transaction ID : SA11AI.33451
City Leander	State TX	Zip Code 78641
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) SCCI	Occupation (for Individual) Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Minke, Kevin, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2017
Mailing Address 1313 Camino Ct		Transaction ID : SA11AI.33452
City Leander	State TX	Zip Code 78641
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) SCCI	Occupation (for Individual) Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 297.00	

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 346 OF 688
<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. Minke, Kevin, , ,		Date of Receipt
Mailing Address 1313 Camino Ct		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Leander	State TX	Zip Code 78641
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33453
Name of Employer (for Individual) SCCI		Occupation (for Individual) Manager
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="27.00"/>
<input type="text" value="324.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miranda, Marina, , ,		Date of Receipt
Mailing Address 6949 Exeter Ct Apt 203		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City Frederick	State MD	Zip Code 21703
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33454
Name of Employer (for Individual) Western Services Corporation		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="700.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Miranda, Marina, , ,		Date of Receipt
Mailing Address 6949 Exeter Ct Apt 203		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City Frederick	State MD	Zip Code 21703
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33455
Name of Employer (for Individual) Western Services Corporation		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="800.00"/>		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="227.00"/>
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 347 OF 688
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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 ▼ 900.00

Date of Receipt **09 / 17 / 2017**
Transaction ID : SA11AI.33456
 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 ▼ 1000.00

Date of Receipt **10 / 17 / 2017**
Transaction ID : SA11AI.33457
 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 ▼ 1100.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.33458
 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 348 OF 688
	<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. Miranda, Marina, , ,		Date of Receipt MM / DD / YYYY 12 / 17 / 2017
Mailing Address 6949 Exeter Ct Apt 203		Transaction ID : SA11AI.33459
City Frederick	State MD	Zip Code 21703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Western Services Corporation	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 ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mirly, Alan, , ,		Date of Receipt MM / DD / YYYY 09 / 18 / 2017
Mailing Address 2621 Sonoma St		Transaction ID : SA11AI.33462
City Pocatello	State ID	Zip Code 83201-2302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Pocatello ENT	Occupation (for Individual) Physician Assistant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mirly, Alan, , ,		Date of Receipt MM / DD / YYYY 10 / 18 / 2017
Mailing Address 2621 Sonoma St		Transaction ID : SA11AI.33463
City Pocatello	State ID	Zip Code 83201-2302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Pocatello ENT	Occupation (for Individual) Physician Assistant	<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	

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 349 OF 688
	<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 1310 Blue Sage Dr
 City Steamboat Springs State CO Zip Code 80487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GSE Environmental Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt **07 / 06 / 2017**
Transaction ID : SA11AI.33466
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Mitchell, Clayton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 Blue Sage Dr
 City Steamboat Springs State CO Zip Code 80487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GSE Environmental Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt **08 / 06 / 2017**
Transaction ID : SA11AI.33467
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Mitchell, Clayton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 Blue Sage Dr
 City Steamboat Springs State CO Zip Code 80487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GSE Environmental Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt **09 / 06 / 2017**
Transaction ID : SA11AI.33468
 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 350 OF 688
	<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 1310 Blue Sage Dr

City Steamboat Springs	State CO	Zip Code 80487
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) GSE Environmental	Occupation (for Individual) Analyst
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

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

Transaction ID : SA11AI.33469

Amount of Each Receipt this Period
25.00

Memo Item

B. Mitchell, Clayton, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 Blue Sage Dr

City Steamboat Springs	State CO	Zip Code 80487
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) GSE Environmental	Occupation (for Individual) Analyst
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

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

Transaction ID : SA11AI.33470

Amount of Each Receipt this Period
25.00

Memo Item

C. Mitchell, Clayton, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 Blue Sage Dr

City Steamboat Springs	State CO	Zip Code 80487
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) GSE Environmental	Occupation (for Individual) Analyst
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1150.00

Date of Receipt

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

Transaction ID : SA11AI.33471

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 351 OF 688
	<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. Mizell, Jeremy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1994 S Ivory Ct

City Aurora	State CO	Zip Code 80013
----------------	-------------	-------------------

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

Name of Employer (for Individual) Alert Logic	Occupation (for Individual) System Administrator
--	---

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
12	/	27	/	2017

Transaction ID : SA11AI.33475

Amount of Each Receipt this Period
200.00

Memo Item

B. Mjelde, Gretchen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4901 Fairwood Blvd NE Apt 159

City Tacoma	State WA	Zip Code 98422
----------------	-------------	-------------------

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

Name of Employer (for Individual) Healthpoint	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2017

Transaction ID : SA11AI.33477

Amount of Each Receipt this Period
27.00

Memo Item

C. Mjelde, Gretchen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4901 Fairwood Blvd NE Apt 159

City Tacoma	State WA	Zip Code 98422
----------------	-------------	-------------------

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

Name of Employer (for Individual) Healthpoint	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.33478

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.00
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 352 OF 688
	<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. Mjelde, Gretchen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4901 Fairwood Blvd NE Apt 159

City Tacoma	State WA	Zip Code 98422
----------------	-------------	-------------------

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

Name of Employer (for Individual) Healthpoint	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2017

Transaction ID : SA11AI.33479

Amount of Each Receipt this Period
27.00

Memo Item

B. Mjelde, Gretchen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4901 Fairwood Blvd NE Apt 159

City Tacoma	State WA	Zip Code 98422
----------------	-------------	-------------------

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

Name of Employer (for Individual) Healthpoint	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

Transaction ID : SA11AI.33480

Amount of Each Receipt this Period
27.00

Memo Item

C. Montesdeoca, Oscar, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4015 N Kedzie Ave

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

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

Name of Employer (for Individual) Alytical Instruments	Occupation (for Individual) Engineer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2017

Transaction ID : SA11AI.33494

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 353 OF 688
	<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. Montesdeoca, Oscar, , ,

Mailing Address 4015 N Kedzie Ave

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

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

Name of Employer (for Individual) Alytical Instruments	Occupation (for Individual) Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA11AI.33495

Amount of Each Receipt this Period
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Moore, Cristal, , ,

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) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2017

Transaction ID : SA11AI.33496

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Moore, Cristal, , ,

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) Not Employed	Occupation (for Individual) Not Employed
---	---

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
09		16		2017

Transaction ID : SA11AI.33497

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 354 OF 688
	<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. 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 16 / 2017
Transaction ID : SA11AI.33498
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2017
Transaction ID : SA11AI.33499
 Amount of Each Receipt this Period 50.00
 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 ▼ 700.00

Date of Receipt 07 / 10 / 2017
Transaction ID : SA11AI.33500
 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 355 OF 688
	<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, 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2017
Transaction ID : SA11AI.33501
 Amount of Each Receipt this Period
 100.00
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2017
Transaction ID : SA11AI.33502
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2017
Transaction ID : SA11AI.33503
 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 356 OF 688
	<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. 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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

Transaction ID : SA11AI.33504

Amount of Each Receipt this Period
100.00

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.33505

Amount of Each Receipt this Period
100.00

Memo Item

C. Moore, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1531 E Woodbrook Dr

City Fayetteville	State AR	Zip Code 72703
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Client Focused Counseling	Occupation (for Individual) Psychotherapist
--	--

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
09	/	01	/	2017

Transaction ID : SA11AI.33508

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 357 OF 688
	<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. Moore, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1531 E Woodbrook Dr

City Fayetteville	State AR	Zip Code 72703
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Client Focused Counseling	Occupation (for Individual) Psychotherapist
--	--

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
10	/	01	/	2017

Transaction ID : SA11AI.33509

Amount of Each Receipt this Period
50.00

Memo Item

B. Moore, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1531 E Woodbrook Dr

City Fayetteville	State AR	Zip Code 72703
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Client Focused Counseling	Occupation (for Individual) Psychotherapist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : SA11AI.33510

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 162 E College Ave

City Monticello	State AR	Zip Code 71655
--------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Arkansas	Occupation (for Individual) Financial Aid Analyst
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2017

Transaction ID : SA11AI.33514

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: PAGE 358 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Morgan, Quinton, , ,

Mailing Address 162 E College Ave

City Monticello State AR Zip Code 71655

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

Name of Employer (for Individual) University of Arkansas Occupation (for Individual) Financial Aid Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **243.00**

Date of Receipt **09 / 19 / 2017**

Transaction ID : SA11AI.33515

Amount of Each Receipt this Period **27.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Morgan, Quinton, , ,

Mailing Address 162 E College Ave

City Monticello State AR Zip Code 71655

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

Name of Employer (for Individual) University of Arkansas Occupation (for Individual) Financial Aid Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **10 / 19 / 2017**

Transaction ID : SA11AI.33516

Amount of Each Receipt this Period **27.00**

Memo Item

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

Mailing Address 162 E College Ave

City Monticello State AR Zip Code 71655

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

Name of Employer (for Individual) University of Arkansas Occupation (for Individual) Financial Aid Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **297.00**

Date of Receipt **11 / 19 / 2017**

Transaction ID : SA11AI.33517

Amount of Each Receipt this Period **27.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **81.00**

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 359 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Morgan, Quinton, , ,

Mailing Address 162 E College Ave

City Monticello State AR Zip Code 71655

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

Name of Employer (for Individual) University of Arkansas Occupation (for Individual) Financial Aid Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2017

Transaction ID : SA11AI.33518

Amount of Each Receipt this Period
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Morris, Rusty, , ,

Mailing Address 9189 Maple Sst

City Stoutsville State OH Zip Code 43154

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

Name of Employer (for Individual) VA Medical Center Occupation (for Individual) Retired Health Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 10 / 2017

Transaction ID : SA11AI.33522

Amount of Each Receipt this Period
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Morris, Rusty, , ,

Mailing Address 9189 Maple Sst

City Stoutsville State OH Zip Code 43154

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

Name of Employer (for Individual) VA Medical Center Occupation (for Individual) Retired Health Tech

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2017

Transaction ID : SA11AI.33523

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00

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 360 OF 688
	<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. Morris, Rusty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9189 Maple Sst
 City Stoutsville State OH Zip Code 43154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Medical Center Occupation (for Individual) Retired Health Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 10 / 2017**
Transaction ID : SA11AI.33524
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Morris, Rusty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9189 Maple Sst
 City Stoutsville State OH Zip Code 43154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Medical Center Occupation (for Individual) Retired Health Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 10 / 2017**
Transaction ID : SA11AI.33525
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Morris, Rusty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9189 Maple Sst
 City Stoutsville State OH Zip Code 43154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Medical Center Occupation (for Individual) Retired Health Tech
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.33526
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 361 OF 688
	<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. Moya, Jacki, , ,		Date of Receipt
Mailing Address 2153 Baywood Dr		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City Fullerton	State CA	Zip Code 92833
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33529
Name of Employer (for Individual) Real Estate Valuations, Inc.		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) President		<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="216.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moya, Jacki, , ,		Date of Receipt
Mailing Address 2153 Baywood Dr		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City Fullerton	State CA	Zip Code 92833
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33530
Name of Employer (for Individual) Real Estate Valuations, Inc.		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) President		<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="243.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Moya, Jacki, , ,		Date of Receipt
Mailing Address 2153 Baywood Dr		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City Fullerton	State CA	Zip Code 92833
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33531
Name of Employer (for Individual) Real Estate Valuations, Inc.		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) President		<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="270.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 362 OF 688
	<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. Moya, Jacki, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2153 Baywood Dr

City Fullerton	State CA	Zip Code 92833
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Real Estate Valuations, Inc.	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

Transaction ID : SA11AI.33532

Amount of Each Receipt this Period
27.00

Memo Item

B. Moya, Jacki, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2153 Baywood Dr

City Fullerton	State CA	Zip Code 92833
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Real Estate Valuations, Inc.	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.33533

Amount of Each Receipt this Period
27.00

Memo Item

C. Mueller, Erik, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 850 Quincy St NW Apt 205

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

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

Name of Employer (for Individual) National Transportation Safety Board	Occupation (for Individual) Materials Research 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
09	/	29	/	2017

Transaction ID : SA11AI.33536

Amount of Each Receipt this Period
25.00

Memo Item

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: PAGE 363 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Mueller, Erik, , ,

Mailing Address 850 Quincy St NW Apt 205

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

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

Name of Employer (for Individual) National Transportation Safety Board	Occupation (for Individual) Materials Research 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
 10 / 29 / 2017

Transaction ID : SA11AI.33537

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Mueller, Erik, , ,

Mailing Address 850 Quincy St NW Apt 205

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

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

Name of Employer (for Individual) National Transportation Safety Board	Occupation (for Individual) Materials Research Engineer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017

Transaction ID : SA11AI.33538

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Mueller, Erik, , ,

Mailing Address 850 Quincy St NW Apt 205

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

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

Name of Employer (for Individual) National Transportation Safety Board	Occupation (for Individual) Materials Research 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
 12 / 29 / 2017

Transaction ID : SA11AI.33539

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:	PAGE 364 OF 688
	(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. Mullin, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 Monroe St
 City Onalaska State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaplan Professional Education Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 10 / 2017**
Transaction ID : SA11AI.33541
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Mullin, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 Monroe St
 City Onalaska State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaplan Professional Education Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 10 / 2017**
Transaction ID : SA11AI.33542
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Mullin, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 Monroe St
 City Onalaska State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaplan Professional Education Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 10 / 2017**
Transaction ID : SA11AI.33543
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 365 OF 688
	<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. Mullin, Adam, , ,			Date of Receipt
Mailing Address 831 Monroe St			<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Onalaska	State WI	Zip Code 54650	Transaction ID : SA11AI.33544
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Kaplan Professional Education		Occupation (for Individual) Software 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="297.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mullin, Adam, , ,			Date of Receipt
Mailing Address 831 Monroe St			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Onalaska	State WI	Zip Code 54650	Transaction ID : SA11AI.33545
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Kaplan Professional Education		Occupation (for Individual) Software 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="324.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Murphy, Colin, , ,			Date of Receipt
Mailing Address 820 Santa Fe Highlands Dr			<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Ramona	State CA	Zip Code 92065	Transaction ID : SA11AI.33548
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) NEXTTracker, Inc.		Occupation (for Individual) Software 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="350.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.00"/>
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 366 OF 688
	<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. Murphy, Colin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

Transaction ID : SA11AI.33549

Amount of Each Receipt this Period
50.00

Memo Item

B. Murphy, Colin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
450.00

Date of Receipt

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

Transaction ID : SA11AI.33550

Amount of Each Receipt this Period
50.00

Memo Item

C. Murphy, Colin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

Transaction ID : SA11AI.33551

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 367 OF 688
	<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. Murphy, Colin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) NEXTracker, Inc. Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.33552
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Murphy, Colin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) NEXTracker, Inc. Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11AI.33553
 Amount of Each Receipt this Period 50.00
 Memo Item

C. murphy, nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 Walnut St
 City De Soto State IA Zip Code 50069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wells Fargo Home Mortgage Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 27 / 2017
Transaction ID : SA11AI.33554
 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 368 OF 688
	<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. Murray, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 Arundale Ln
 City Matthews State NC Zip Code 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nvidia Occupation (for Individual) 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
 09 / 17 / 2017
Transaction ID : SA11AI.33557
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Murray, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 Arundale Ln
 City Matthews State NC Zip Code 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nvidia 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
 10 / 17 / 2017
Transaction ID : SA11AI.33558
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Murray, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 Arundale Ln
 City Matthews State NC Zip Code 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nvidia Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.33559
 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 369 OF 688
	<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. Murray, Robert, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 17 / 2017
Mailing Address 2001 Arundale Ln		Transaction ID : SA11AI.33560
City Matthews	State NC	Zip Code 28104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Nvidia	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 ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Naughton, Paul, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 09 / 2017
Mailing Address 739 N Un		Transaction ID : SA11AI.33567
City Fremont	State NE	Zip Code 68025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Midland University	Occupation (for Individual) Professor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Naughton, Paul, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2017
Mailing Address 739 N Un		Transaction ID : SA11AI.33568
City Fremont	State NE	Zip Code 68025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Midland University	Occupation (for Individual) Professor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 243.00	

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 370 OF 688
	<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. Naughton, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 739 N Un

City Fremont	State NE	Zip Code 68025
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Midland University	Occupation (for Individual) Professor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

Transaction ID : SA11AI.33569

Amount of Each Receipt this Period
27.00

Memo Item

B. Naughton, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 739 N Un

City Fremont	State NE	Zip Code 68025
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Midland University	Occupation (for Individual) Professor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2017

Transaction ID : SA11AI.33570

Amount of Each Receipt this Period
27.00

Memo Item

C. Naughton, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 739 N Un

City Fremont	State NE	Zip Code 68025
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Midland University	Occupation (for Individual) Professor
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2017

Transaction ID : SA11AI.33571

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 371 OF 688
	<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. Neuls, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 E Pineview Dr
 City Round Lake Park State IL Zip Code 60073-3461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Discover Financial Services Occupation (for Individual) Senior IT Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.33573
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Neuls, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 E Pineview Dr
 City Round Lake Park State IL Zip Code 60073-3461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Discover Financial Services Occupation (for Individual) Senior IT Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 17 / 2017
Transaction ID : SA11AI.33574
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Neuls, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 E Pineview Dr
 City Round Lake Park State IL Zip Code 60073-3461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Discover Financial Services Occupation (for Individual) Senior IT Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 17 / 2017
Transaction ID : SA11AI.33575
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 372 OF 688
	<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. Neuls, Susan, , ,		Date of Receipt MM / DD / YYYY 11 / 17 / 2017 Transaction ID : SA11AI.33576
Mailing Address 224 E Pineview Dr		Amount of Each Receipt this Period 27.00
City Round Lake Park	State IL	Zip Code 60073-3461
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Discover Financial Services	Occupation (for Individual) Senior IT Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Neuls, Susan, , ,		Date of Receipt MM / DD / YYYY 12 / 17 / 2017 Transaction ID : SA11AI.33577
Mailing Address 224 E Pineview Dr		Amount of Each Receipt this Period 27.00
City Round Lake Park	State IL	Zip Code 60073-3461
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Discover Financial Services	Occupation (for Individual) Senior IT Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Newsom, Nicholas, , ,		Date of Receipt MM / DD / YYYY 07 / 01 / 2017 Transaction ID : SA11AI.33580
Mailing Address 2208 Leadenhall Way		Amount of Each Receipt this Period 100.00
City Raleigh	State NC	Zip Code 27603
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Rival Health	Occupation (for Individual) Systems Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....	154.00
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 373 OF 688
	<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. 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2017
Transaction ID : SA11AI.33581
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2017
Transaction ID : SA11AI.33582
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2017
Transaction ID : SA11AI.33583
 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 374 OF 688
	<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. 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 ▼ 1100.00

Date of Receipt
 11 / 01 / 2017
Transaction ID : SA11AI.33584
 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 ▼ 1200.00

Date of Receipt
 12 / 01 / 2017
Transaction ID : SA11AI.33585
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Nicholas, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 Squaw Trl
 City Andover State NJ Zip Code 07821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 4S Technologies LLC Occupation (for Individual) Software Architect
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 03 / 2017
Transaction ID : SA11AI.33588
 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 375 OF 688
	<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. Nicholas, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 Squaw Trl
 City Andover State NJ Zip Code 07821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 4S Technologies LLC Occupation (for Individual) Software 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
 10 / 03 / 2017
Transaction ID : SA11AI.33589
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Nicholas, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 Squaw Trl
 City Andover State NJ Zip Code 07821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 4S Technologies LLC Occupation (for Individual) Software Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : SA11AI.33590
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Nicholas, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 Squaw Trl
 City Andover State NJ Zip Code 07821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 4S Technologies LLC Occupation (for Individual) Software Architect
 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
 12 / 03 / 2017
Transaction ID : SA11AI.33591
 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 376 OF 688
	<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. Nichols, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1009 Anza St

City San Francisco	State CA	Zip Code 94118
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Protransport-1	Occupation (for Individual) EMT
---	------------------------------------

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
09		09		2017

Transaction ID : SA11AI.33594

Amount of Each Receipt this Period
25.00

Memo Item

B. Nichols, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1009 Anza St

City San Francisco	State CA	Zip Code 94118
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Protransport-1	Occupation (for Individual) EMT
---	------------------------------------

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
10		09		2017

Transaction ID : SA11AI.33595

Amount of Each Receipt this Period
25.00

Memo Item

C. Nichols, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1009 Anza St

City San Francisco	State CA	Zip Code 94118
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Protransport-1	Occupation (for Individual) EMT
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2017

Transaction ID : SA11AI.33596

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 377 OF 688
	<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. Nichols, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 Anza St
 City San Francisco State CA Zip Code 94118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Protransport-1 Occupation (for Individual) EMT
 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
 12 / 09 / 2017
Transaction ID : SA11AI.33597
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Nissen, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Sparta Court
 City South Amboy State NJ Zip Code 08879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ShowdMe Occupation (for Individual) Application Developer
 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
 09 / 30 / 2017
Transaction ID : SA11AI.33600
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Nissen, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Sparta Court
 City South Amboy State NJ Zip Code 08879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ShowdMe Occupation (for Individual) Application 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
 10 / 31 / 2017
Transaction ID : SA11AI.33601
 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 378 OF 688
	<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. Nissen, Bryan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Sparta Court

City South Amboy	State NJ	Zip Code 08879
---------------------	-------------	-------------------

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

Name of Employer (for Individual) ShowdMe	Occupation (for Individual) Application Developer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11AI.33602

Amount of Each Receipt this Period
25.00

Memo Item

B. Nissen, Bryan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Sparta Court

City South Amboy	State NJ	Zip Code 08879
---------------------	-------------	-------------------

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

Name of Employer (for Individual) ShowdMe	Occupation (for Individual) Application 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
12	/	31	/	2017

Transaction ID : SA11AI.33603

Amount of Each Receipt this Period
25.00

Memo Item

C. NULL, SHEILA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1264 MAGNOLIA Dr

City Clearwater	State FL	Zip Code 33756
--------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Homemaker
--	--

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
09	/	28	/	2017

Transaction ID : SA11AI.33613

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 379 OF 688
	<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. NULL, SHEILA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1264 MAGNOLIA Dr
City Clearwater State FL Zip Code 33756
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker
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
10 / 28 / 2017
Transaction ID : SA11AI.33614
Amount of Each Receipt this Period 25.00
 Memo Item

B. NULL, SHEILA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1264 MAGNOLIA Dr
City Clearwater State FL Zip Code 33756
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2017
Transaction ID : SA11AI.33615
Amount of Each Receipt this Period 25.00
 Memo Item

C. NULL, SHEILA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1264 MAGNOLIA Dr
City Clearwater State FL Zip Code 33756
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker
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
12 / 28 / 2017
Transaction ID : SA11AI.33616
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 380 OF 688
	<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. Nunn, John, , ,		Date of Receipt MM / DD / YYYY 08 / 23 / 2017 Transaction ID : SA11AI.33618
Mailing Address 14715 Red Hill Ave		Amount of Each Receipt this Period 27.00
City Tustin	State CA	Zip Code 92780
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Newport Corporation	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nunn, John, , ,		Date of Receipt MM / DD / YYYY 09 / 23 / 2017 Transaction ID : SA11AI.33619
Mailing Address 14715 Red Hill Ave		Amount of Each Receipt this Period 27.00
City Tustin	State CA	Zip Code 92780
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Newport Corporation	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Nunn, John, , ,		Date of Receipt MM / DD / YYYY 10 / 23 / 2017 Transaction ID : SA11AI.33620
Mailing Address 14715 Red Hill Ave		Amount of Each Receipt this Period 27.00
City Tustin	State CA	Zip Code 92780
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Newport Corporation	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 381 OF 688
	<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. Nunn, John, , ,		Date of Receipt
Mailing Address 14715 Red Hill Ave		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City Tustin	State CA	Zip Code 92780
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33621
Name of Employer (for Individual) Newport Corporation		Amount of Each Receipt this Period <input type="text" value="27.00"/>
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="297.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nunn, John, , ,		Date of Receipt
Mailing Address 14715 Red Hill Ave		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City Tustin	State CA	Zip Code 92780
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33622
Name of Employer (for Individual) Newport Corporation		Amount of Each Receipt this Period <input type="text" value="27.00"/>
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="324.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Oberg, Jennifer, , ,		Date of Receipt
Mailing Address 5 Second St		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City Tidioute	State PA	Zip Code 16351
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33626
Name of Employer (for Individual) Not Employed		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Not Employed		<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="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="79.00"/>
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 382 OF 688
<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. Oberg, Jennifer, , ,		Date of Receipt MM / DD / YYYY 11 / 13 / 2017 Transaction ID : SA11AI.33627
Mailing Address 5 Second St		Amount of Each Receipt this Period 25.00
City Tidioute	State PA	Zip Code 16351
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
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. Oberg, Jennifer, , ,		Date of Receipt MM / DD / YYYY 12 / 13 / 2017 Transaction ID : SA11AI.33628
Mailing Address 5 Second St		Amount of Each Receipt this Period 25.00
City Tidioute	State PA	Zip Code 16351
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Oghoghomeh, Oteri, , ,		Date of Receipt MM / DD / YYYY 09 / 25 / 2017 Transaction ID : SA11AI.33639
Mailing Address 864 NE 62nd Ave Apt. K		Amount of Each Receipt this Period 25.00
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Intel	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

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 383 OF 688
	<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
Oghoghomeh, Oteri, , ,

Mailing Address 864 NE 62nd Ave Apt. K

City Hillsboro	State OR	Zip Code 97124
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Intel	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
10	/	25	/	2017

Transaction ID : SA11AI.33640

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oghoghomeh, Oteri, , ,

Mailing Address 864 NE 62nd Ave Apt. K

City Hillsboro	State OR	Zip Code 97124
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2017

Transaction ID : SA11AI.33641

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oghoghomeh, Oteri, , ,

Mailing Address 864 NE 62nd Ave Apt. K

City Hillsboro	State OR	Zip Code 97124
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Intel	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
12	/	25	/	2017

Transaction ID : SA11AI.33642

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:	PAGE 384 OF 688
	(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. Ohkami, Youki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2017
Transaction ID : SA11AI.33649
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Ohkami, Youki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2017
Transaction ID : SA11AI.33650
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ohkami, Youki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2017
Transaction ID : SA11AI.33651
 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 385 OF 688
	<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. Ohkami, Youki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2017
Transaction ID : SA11AI.33652
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Ohkami, Youki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017
Transaction ID : SA11AI.33653
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Ohkami, Youki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : SA11AI.33654
 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 386 OF 688
	<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. Osofsky, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11462 S Hidden Valley Blvd
 City Sandy State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guaranteed Rate Occupation (for Individual) Mortgage Originator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 08 / 18 / 2017
Transaction ID : SA11AI.33671
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Osofsky, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11462 S Hidden Valley Blvd
 City Sandy State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guaranteed Rate Occupation (for Individual) Mortgage Originator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 09 / 18 / 2017
Transaction ID : SA11AI.33672
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Osofsky, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11462 S Hidden Valley Blvd
 City Sandy State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guaranteed Rate Occupation (for Individual) Mortgage Originator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 10 / 18 / 2017
Transaction ID : SA11AI.33673
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 387 OF 688
	<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. Osofsky, Dave, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 11462 S Hidden Valley Blvd
City Sandy State UT Zip Code 84092
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Guaranteed Rate Occupation (for Individual) Mortgage Originator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 297.00

Date of Receipt
11 / 18 / 2017
Transaction ID : SA11AI.33674
Amount of Each Receipt this Period 27.00
 Memo Item

B. Osofsky, Dave, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 11462 S Hidden Valley Blvd
City Sandy State UT Zip Code 84092
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Guaranteed Rate Occupation (for Individual) Mortgage Originator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 324.00

Date of Receipt
12 / 18 / 2017
Transaction ID : SA11AI.33675
Amount of Each Receipt this Period 27.00
 Memo Item

C. Overman, Dane, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4608 S 179th E Ave
City Tulsa State OK Zip Code 74134
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Hulcher Occupation (for Individual) Operator
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
10 / 25 / 2017
Transaction ID : SA11AI.33679
Amount of Each Receipt this Period 25.00
 Memo Item

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 388 OF 688
	<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. Overman, Dane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4608 S 179th E Ave
 City Tulsa State OK Zip Code 74134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hulcher Occupation (for Individual) Operator
 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
 11 / 25 / 2017
Transaction ID : SA11AI.33680
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Overman, Dane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4608 S 179th E Ave
 City Tulsa State OK Zip Code 74134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hulcher Occupation (for Individual) Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2017
Transaction ID : SA11AI.33681
 Amount of Each Receipt this Period
 25.00
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2017
Transaction ID : SA11AI.33682
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 389 OF 688
	<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. 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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2017

Transaction ID : SA11AI.33683

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2017

Transaction ID : SA11AI.33684

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2017

Transaction ID : SA11AI.33685

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 390 OF 688
	<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. 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 ▼ 550.00

Date of Receipt **11 / 08 / 2017**
Transaction ID : SA11AI.33686
 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 ▼ 600.00

Date of Receipt **12 / 08 / 2017**
Transaction ID : SA11AI.33687
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ozkan, Ozgur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 5th Ave #3r
 City Brooklyn State NY Zip Code 11217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 01 / 2017**
Transaction ID : SA11AI.33690
 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 391 OF 688
	<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. Ozkan, Ozgur, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2017 Transaction ID : SA11AI.33691		
Mailing Address 74 5th Ave #3r			Amount of Each Receipt this Period 25.00		
City Brooklyn	State NY	Zip Code 11217	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) NYU		Occupation (for Individual) Professor			
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. Ozkan, Ozgur, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2017 Transaction ID : SA11AI.33692		
Mailing Address 74 5th Ave #3r			Amount of Each Receipt this Period 25.00		
City Brooklyn	State NY	Zip Code 11217	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) NYU		Occupation (for Individual) Professor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ozkan, Ozgur, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2017 Transaction ID : SA11AI.33693		
Mailing Address 74 5th Ave #3r			Amount of Each Receipt this Period 25.00		
City Brooklyn	State NY	Zip Code 11217	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) NYU		Occupation (for Individual) Professor			
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).....▶	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 392 OF 688
<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. Padilla, DJ, , ,		Date of Receipt MM / DD / YYYY 07 / 09 / 2017 Transaction ID : SA11AI.33694
Mailing Address 4791 Mangrove Dr		Amount of Each Receipt this Period 50.00
City Dublin	State CA	Zip Code 94568
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Workday	Occupation (for Individual) Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Padilla, DJ, , ,		Date of Receipt MM / DD / YYYY 08 / 09 / 2017 Transaction ID : SA11AI.33695
Mailing Address 4791 Mangrove Dr		Amount of Each Receipt this Period 50.00
City Dublin	State CA	Zip Code 94568
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Workday	Occupation (for Individual) Software Engineer	
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 C. Padron, Jose, , ,		Date of Receipt MM / DD / YYYY 07 / 09 / 2017 Transaction ID : SA11AI.33696
Mailing Address 3002 Heritage Creek Ter		Amount of Each Receipt this Period 100.00
City Houston	State TX	Zip Code 77008
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Business Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 700.00	

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 393 OF 688
	<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. 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 ▼ 800.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.33697
 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 ▼ 900.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.33698
 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 ▼ 1000.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.33699
 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:	PAGE 394 OF 688
	(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. 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 ▼ 1100.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.33700
 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 ▼ 1200.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11AI.33701
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Panos, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11820 S Mapleridge Cir
 City Sandy State UT Zip Code 84094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Professor of Social Work
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 03 / 2017
Transaction ID : SA11AI.33708
 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 395 OF 688
	<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. Panos, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11820 S Mapleridge Cir
 City Sandy State UT Zip Code 84094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Professor of Social Work
 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
 10 / 03 / 2017
Transaction ID : SA11AI.33709
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Panos, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11820 S Mapleridge Cir
 City Sandy State UT Zip Code 84094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Professor of Social Work
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : SA11AI.33710
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Panos, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11820 S Mapleridge Cir
 City Sandy State UT Zip Code 84094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Professor of Social Work
 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
 12 / 03 / 2017
Transaction ID : SA11AI.33711
 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 396 OF 688
	<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. 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 ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2017
Transaction ID : SA11AI.33719
 Amount of Each Receipt this Period
 35.00
 Memo Item

B. 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 ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2017
Transaction ID : SA11AI.33720
 Amount of Each Receipt this Period
 35.00
 Memo Item

C. 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 ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.33721
 Amount of Each Receipt this Period
 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 397 OF 688
	<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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2017
Transaction ID : SA11AI.33722
 Amount of Each Receipt this Period
 35.00
 Memo Item

B. 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 ▼ 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.33723
 Amount of Each Receipt this Period
 35.00
 Memo Item

C. 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2017
Transaction ID : SA11AI.33724
 Amount of Each Receipt this Period
 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 398 OF 688
	<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. Patterson, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4306 Salem St

City Witchita	State KS	Zip Code 67220
------------------	-------------	-------------------

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

Name of Employer (for Individual) T-Mobile	Occupation (for Individual) Message Specialist
---	---

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
09	/	10	/	2017

Transaction ID : SA11AI.33727

Amount of Each Receipt this Period
25.00

Memo Item

B. Patterson, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4306 Salem St

City Witchita	State KS	Zip Code 67220
------------------	-------------	-------------------

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

Name of Employer (for Individual) T-Mobile	Occupation (for Individual) Message Specialist
---	---

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
10	/	10	/	2017

Transaction ID : SA11AI.33728

Amount of Each Receipt this Period
25.00

Memo Item

C. Patterson, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4306 Salem St

City Witchita	State KS	Zip Code 67220
------------------	-------------	-------------------

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

Name of Employer (for Individual) T-Mobile	Occupation (for Individual) Message Specialist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

Transaction ID : SA11AI.33729

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 399 OF 688
	<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. Patterson, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4306 Salem St
 City Witchita State KS Zip Code 67220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) T-Mobile Occupation (for Individual) Message Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 10 / 2017**
Transaction ID : SA11AI.33730
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Pavlovic, Marko, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 Greenhaven Dr #189
 City Sacramento State CA Zip Code 95831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FCMAT/CSIS Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 20 / 2017**
Transaction ID : SA11AI.33735
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Pavlovic, Marko, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 Greenhaven Dr #189
 City Sacramento State CA Zip Code 95831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FCMAT/CSIS Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 20 / 2017**
Transaction ID : SA11AI.33736
 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 400 OF 688
	<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. Pavlovic, Marko, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 Greenhaven Dr #189
 City Sacramento State CA Zip Code 95831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FCMAT/CSIS Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2017
Transaction ID : SA11AI.33737
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Pavlovic, Marko, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 Greenhaven Dr #189
 City Sacramento State CA Zip Code 95831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FCMAT/CSIS 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
 12 / 20 / 2017
Transaction ID : SA11AI.33738
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Pedroza, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 Shoreline Dr #303
 City Alameda State CA Zip Code 94501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Department of Corrections Occupation (for Individual) Clinical Social Worker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2017
Transaction ID : SA11AI.33744
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 401 OF 688
	<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. Pedroza, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 Shoreline Dr #303
 City Alameda State CA Zip Code 94501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Department of Corrections Occupation (for Individual) Clinical Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 18 / 2017
Transaction ID : SA11Al.33745
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Pedroza, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 Shoreline Dr #303
 City Alameda State CA Zip Code 94501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Department of Corrections Occupation (for Individual) Clinical Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 18 / 2017
Transaction ID : SA11Al.33746
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Pedroza, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 Shoreline Dr #303
 City Alameda State CA Zip Code 94501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Department of Corrections Occupation (for Individual) Clinical Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 18 / 2017
Transaction ID : SA11Al.33747
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 402 OF 688
	<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. Pedroza, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 Shoreline Dr #303
 City Alameda State CA Zip Code 94501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Department of Corrections Occupation (for Individual) Clinical Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 18 / 2017**
Transaction ID : SA11AI.33748
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Person, Julia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1129 Cavandish Dr
 City Carmel State IN Zip Code 46032
 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 ▼ 225.00

Date of Receipt **09 / 01 / 2017**
Transaction ID : SA11AI.33754
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Person, Julia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1129 Cavandish Dr
 City Carmel State IN Zip Code 46032
 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 **10 / 01 / 2017**
Transaction ID : SA11AI.33755
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 403 OF 688
	<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. Person, Julia, , ,		Date of Receipt
Mailing Address 1129 Cavandish Dr		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Carmel	State IN	Zip Code 46032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33756
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="25.00"/>
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="275.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Person, Julia, , ,		Date of Receipt
Mailing Address 1129 Cavandish Dr		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Carmel	State IN	Zip Code 46032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33757
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="25.00"/>
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"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. peters, therese, , ,		Date of Receipt
Mailing Address 4 ajax Pl		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City berkeley	State CA	Zip Code 94708
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33759
Name of Employer (for Individual) n/a		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Student		<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="216.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="77.00"/>
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 404 OF 688
	<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. peters, therese, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 ajax Pl

City berkeley	State CA	Zip Code 94708
------------------	-------------	-------------------

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 ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Transaction ID : SA11AI.33760

Amount of Each Receipt this Period
27.00

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2017

Transaction ID : SA11AI.33761

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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2017

Transaction ID : SA11AI.33762

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 405 OF 688
	<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. Phelps, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9761Royal Woods Drive North

City	State	Zip Code
Mobile	AL	36608

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

Name of Employer (for Individual)	Occupation (for Individual)
Not Employed	Not Employed

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
10		31		2017

Transaction ID : SA11Al.33765

Amount of Each Receipt this Period
25.00

Memo Item

B. Phelps, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9761Royal Woods Drive North

City	State	Zip Code
Mobile	AL	36608

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

Name of Employer (for Individual)	Occupation (for Individual)
Not Employed	Not Employed

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
11		30		2017

Transaction ID : SA11Al.33766

Amount of Each Receipt this Period
25.00

Memo Item

C. Phelps, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9761Royal Woods Drive North

City	State	Zip Code
Mobile	AL	36608

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

Name of Employer (for Individual)	Occupation (for Individual)
Not Employed	Not Employed

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

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

Transaction ID : SA11Al.33767

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 406 OF 688
	<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. Phillips, Christopher, , ,			Date of Receipt		
Mailing Address 731 Belmont St Apt. 2			MM / DD / YYYY 08 / 09 / 2017		
City Belmont		State MA	Zip Code 02478		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.33771		
Name of Employer (for Individual) UMass Lowell			Occupation (for Individual) Educator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 27.00			
			<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Phillips, Christopher, , ,			Date of Receipt		
Mailing Address 731 Belmont St Apt. 2			MM / DD / YYYY 09 / 09 / 2017		
City Belmont		State MA	Zip Code 02478		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.33772		
Name of Employer (for Individual) UMass Lowell			Occupation (for Individual) Educator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 27.00			
			<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Phillips, Christopher, , ,			Date of Receipt		
Mailing Address 731 Belmont St Apt. 2			MM / DD / YYYY 10 / 09 / 2017		
City Belmont		State MA	Zip Code 02478		
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.33773		
Name of Employer (for Individual) UMass Lowell			Occupation (for Individual) Educator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 27.00			
			<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....	81.00
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 407 OF 688
	<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. Phillips, Christopher, , ,		Date of Receipt MM / DD / YYYY 11 / 09 / 2017 Transaction ID : SA11AI.33774
Mailing Address 731 Belmont St Apt. 2		Amount of Each Receipt this Period 27.00
City Belmont	State MA	Zip Code 02478
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UMass Lowell	Occupation (for Individual) Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Phillips, Christopher, , ,		Date of Receipt MM / DD / YYYY 12 / 09 / 2017 Transaction ID : SA11AI.33775
Mailing Address 731 Belmont St Apt. 2		Amount of Each Receipt this Period 27.00
City Belmont	State MA	Zip Code 02478
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UMass Lowell	Occupation (for Individual) Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Phillips, Trevor, , ,		Date of Receipt MM / DD / YYYY 09 / 14 / 2017 Transaction ID : SA11AI.33778
Mailing Address 4915 Chauncey Ct SE		Amount of Each Receipt this Period 25.00
City Salem	State OR	Zip Code 97302
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) SEPS	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

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 408 OF 688
	<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. Phillips, Trevor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4915 Chauncey Ct SE
 City Salem State OR Zip Code 97302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEPS 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
 10 / 14 / 2017
Transaction ID : SA11AI.33779
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Phillips, Trevor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4915 Chauncey Ct SE
 City Salem State OR Zip Code 97302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEPS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2017
Transaction ID : SA11AI.33780
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Phillips, Trevor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4915 Chauncey Ct SE
 City Salem State OR Zip Code 97302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEPS 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
 12 / 14 / 2017
Transaction ID : SA11AI.33781
 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: PAGE 409 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Pierce, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11501 Hudson St
 City Thornton State CO Zip Code 80233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Computer Tech
 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
 09 / 11 / 2017
Transaction ID : SA11AI.33784
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Pierce, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11501 Hudson St
 City Thornton State CO Zip Code 80233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Computer Tech
 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
 10 / 11 / 2017
Transaction ID : SA11AI.33785
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Pierce, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11501 Hudson St
 City Thornton State CO Zip Code 80233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Computer Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2017
Transaction ID : SA11AI.33786
 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 410 OF 688
	<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. Pierce, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11501 Hudson St
 City Thornton State CO Zip Code 80233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Computer Tech
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt **12 / 11 / 2017**
Transaction ID : SA11AI.33787
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Pierce, Maxwell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 Duvall Ave apt f614
 City Renton State WA Zip Code 98059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) microsoft Occupation (for Individual) Programmer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 225.00

Date of Receipt **09 / 09 / 2017**
Transaction ID : SA11AI.33790
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Pierce, Maxwell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 Duvall Ave apt f614
 City Renton State WA Zip Code 98059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) microsoft Occupation (for Individual) Programmer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **10 / 09 / 2017**
Transaction ID : SA11AI.33791
 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 411 OF 688
	<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. Pierce, Maxwell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 Duvall Ave apt f614
 City Renton State WA Zip Code 98059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) microsoft Occupation (for Individual) Programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.33792
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Pierce, Maxwell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 Duvall Ave apt f614
 City Renton State WA Zip Code 98059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) microsoft 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
 12 / 09 / 2017
Transaction ID : SA11AI.33793
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Poole, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Tahoe Rd
 City Wilmington State NC Zip Code 28412-3149
 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 ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2017
Transaction ID : SA11AI.33802
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 412 OF 688
	<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. Poole, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Tahoe Rd
 City Wilmington State NC Zip Code 28412-3149
 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 ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2017
Transaction ID : SA11AI.33803
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Poole, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Tahoe Rd
 City Wilmington State NC Zip Code 28412-3149
 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2017
Transaction ID : SA11AI.33804
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Poole, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Tahoe Rd
 City Wilmington State NC Zip Code 28412-3149
 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 ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2017
Transaction ID : SA11AI.33805
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 413 OF 688
	<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. Poole, Tammy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 Tahoe Rd

City Wilmington	State NC	Zip Code 28412-3149
--------------------	-------------	------------------------

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 ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

Transaction ID : SA11AI.33806

Amount of Each Receipt this Period
27.00

Memo Item

B. Powers, Ian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 Rawson Rd

City quincy	State MA	Zip Code 02170
----------------	-------------	-------------------

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

Name of Employer (for Individual) Foster healthcare	Occupation (for Individual) Nurse
--	--------------------------------------

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
11	/	20	/	2017

Transaction ID : SA11AI.33819

Amount of Each Receipt this Period
25.00

Memo Item

C. Powers, Ian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 Rawson Rd

City quincy	State MA	Zip Code 02170
----------------	-------------	-------------------

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

Name of Employer (for Individual) Foster healthcare	Occupation (for Individual) Nurse
--	--------------------------------------

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
12	/	20	/	2017

Transaction ID : SA11AI.33820

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 414 OF 688
	<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. promislow, isaac, , ,		Date of Receipt
Mailing Address 1884 penobscot Dr		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Okemos	State MI	Zip Code 48864
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33826
Name of Employer (for Individual) Not Employed		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Not Employed		<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="216.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. promislow, isaac, , ,		Date of Receipt
Mailing Address 1884 penobscot Dr		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Okemos	State MI	Zip Code 48864
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33827
Name of Employer (for Individual) Not Employed		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Not Employed		<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="243.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. promislow, isaac, , ,		Date of Receipt
Mailing Address 1884 penobscot Dr		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Okemos	State MI	Zip Code 48864
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.33828
Name of Employer (for Individual) Not Employed		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Not Employed		<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="270.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 415 OF 688
	<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
promislow, isaac, , ,

Mailing Address 1884 penobscot Dr

City Okemos	State MI	Zip Code 48864
----------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

Transaction ID : SA11AI.33829

Amount of Each Receipt this Period
27.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
promislow, isaac, , ,

Mailing Address 1884 penobscot Dr

City Okemos	State MI	Zip Code 48864
----------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt

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

Transaction ID : SA11AI.33830

Amount of Each Receipt this Period
27.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raghavan, Ashwin, , ,

Mailing Address 51 Jarman Pl

City Bridgewater	State NJ	Zip Code 08807
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Solaris Pharma Inc.	Occupation (for Individual) Research Scientist
--	---

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
09	/	26	/	2017

Transaction ID : SA11AI.33835

Amount of Each Receipt this Period
25.00

Memo Item

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 416 OF 688
	<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. Raghavan, Ashwin, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2017
Mailing Address 51 Jarman PI		Transaction ID : SA11AI.33836
City Bridgewater	State NJ	Zip Code 08807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Solaris Pharma Inc.	Occupation (for Individual) Research 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 ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Raghavan, Ashwin, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2017
Mailing Address 51 Jarman PI		Transaction ID : SA11AI.33837
City Bridgewater	State NJ	Zip Code 08807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Solaris Pharma Inc.	Occupation (for Individual) Research 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 ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Raghavan, Ashwin, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2017
Mailing Address 51 Jarman PI		Transaction ID : SA11AI.33838
City Bridgewater	State NJ	Zip Code 08807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Solaris Pharma Inc.	Occupation (for Individual) Research 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 ▼ 300.00	

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 417 OF 688
	<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 ▼ 350.00

Date of Receipt 07 / 30 / 2017
Transaction ID : SA11AI.33839
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 400.00

Date of Receipt 08 / 30 / 2017
Transaction ID : SA11AI.33840
 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 ▼ 450.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.33841
 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 418 OF 688
	<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. 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 ▼ 500.00

Date of Receipt 10 / 30 / 2017
Transaction ID : SA11AI.33842
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 550.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.33843
 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 ▼ 600.00

Date of Receipt 12 / 30 / 2017
Transaction ID : SA11AI.33844
 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 419 OF 688
	<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. Richter, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Manayunk Ave
 City Philadelphia State PA Zip Code 19128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M Cohen & Sons Occupation (for Individual) Project Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.33871
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Richter, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Manayunk Ave
 City Philadelphia State PA Zip Code 19128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M Cohen & Sons Occupation (for Individual) Project Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.33872
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Richter, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Manayunk Ave
 City Philadelphia State PA Zip Code 19128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M Cohen & Sons Occupation (for Individual) Project Designer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.33873
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 420 OF 688
	<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. Richter, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Manayunk Ave
 City Philadelphia State PA Zip Code 19128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M Cohen & Sons Occupation (for Individual) Project Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.33874
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Richter, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Manayunk Ave
 City Philadelphia State PA Zip Code 19128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M Cohen & Sons Occupation (for Individual) Project Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.33875
 Amount of Each Receipt this Period 27.00
 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 ▼ 350.00

Date of Receipt 07 / 29 / 2017
Transaction ID : SA11AI.33876
 Amount of Each Receipt this Period 50.00
 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 421 OF 688
	<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. 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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

Transaction ID : SA11AI.33877

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : SA11AI.33878

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2017

Transaction ID : SA11AI.33879

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 422 OF 688
	<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. 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 ▼ 550.00

Date of Receipt **11 / 29 / 2017**
Transaction ID : SA11AI.33880
 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 ▼ 600.00

Date of Receipt **12 / 29 / 2017**
Transaction ID : SA11AI.33881
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ricotta, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Rosell Ct.
 City Lagrangeville State NY Zip Code 12540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 09 / 2017**
Transaction ID : SA11AI.33883
 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 423 OF 688
	<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. Ricotta, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Rosell Ct.
 City Lagrangeville State NY Zip Code 12540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2017
Transaction ID : SA11AI.33884
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Ricotta, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Rosell Ct.
 City Lagrangeville State NY Zip Code 12540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2017
Transaction ID : SA11AI.33885
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Ricotta, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Rosell Ct.
 City Lagrangeville State NY Zip Code 12540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.33886
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 424 OF 688
	<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. Ricotta, Vincent, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Rosell Ct.

City Lagrangeville	State NY	Zip Code 12540
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2017

Transaction ID : SA11AI.33887

Amount of Each Receipt this Period
27.00

Memo Item

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

Mailing Address 175 Jordan Rd

City Buckfield	State ME	Zip Code 04220
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rlnck Advertising, Inc.	Occupation (for Individual) CEO
--	------------------------------------

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
12		09		2017

Transaction ID : SA11AI.33895

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 41 Duncan Avenue

City Cornwall-on-Hudson	State NY	Zip Code 12520
----------------------------	-------------	-------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : SA11AI.31421

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 425 OF 688
	<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. ritalk
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 41 Duncan Avenue

City Cornwall-on-Hudson	State NY	Zip Code 12520
----------------------------	-------------	-------------------

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
10	/	25	/	2017

Transaction ID : SA11Al.31422

Amount of Each Receipt this Period
25.00

Memo Item

B. ritalk
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 41 Duncan Avenue

City Cornwall-on-Hudson	State NY	Zip Code 12520
----------------------------	-------------	-------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2017

Transaction ID : SA11Al.31423

Amount of Each Receipt this Period
25.00

Memo Item

C. ritalk
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 41 Duncan Avenue

City Cornwall-on-Hudson	State NY	Zip Code 12520
----------------------------	-------------	-------------------

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
12	/	25	/	2017

Transaction ID : SA11Al.31424

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 426 OF 688
	<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. 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 ▼ 350.00

Date of Receipt **07 / 02 / 2017**
Transaction ID : SA11AI.33912
 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 ▼ 400.00

Date of Receipt **08 / 02 / 2017**
Transaction ID : SA11AI.33913
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 450.00

Date of Receipt **09 / 02 / 2017**
Transaction ID : SA11AI.33914
 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 427 OF 688
	<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. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2017
Transaction ID : SA11AI.33915
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017
Transaction ID : SA11AI.33916
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2017
Transaction ID : SA11AI.33917
 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 428 OF 688
	<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. Robertson, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24198 So Fork Rd
 City Twain Harte State CA Zip Code 95383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NA Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 12 / 2017
Transaction ID : SA11AI.33919
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Robertson, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24198 So Fork Rd
 City Twain Harte State CA Zip Code 95383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NA Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.33920
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Robertson, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24198 So Fork Rd
 City Twain Harte State CA Zip Code 95383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NA Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.33921
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 429 OF 688
	<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. Robertson, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24198 So Fork Rd
 City Twain Harte State CA Zip Code 95383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NA Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.33922
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Rodgers, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 EAST RUST TRAIL
 City WILLOW SPRINGS State IL Zip Code 60480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.33927
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Rodgers, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 EAST RUST TRAIL
 City WILLOW SPRINGS State IL Zip Code 60480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.33928
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 430 OF 688
	<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. Rodgers, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 EAST RUST TRAIL
 City WILLOW SPRINGS State IL Zip Code 60480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2017
Transaction ID : SA11AI.33929
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Rodgers, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 EAST RUST TRAIL
 City WILLOW SPRINGS State IL Zip Code 60480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.33930
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Rodgers, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 EAST RUST TRAIL
 City WILLOW SPRINGS State IL Zip Code 60480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2017
Transaction ID : SA11AI.33931
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 431 OF 688
	<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. Rodriguez, Favio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11730 SW 11th St
 City Davie State FL Zip Code 33325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lan Infotech Occupation (for Individual) Systems Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 23 / 2017**
Transaction ID : SA11AI.33934
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Rodriguez, Favio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11730 SW 11th St
 City Davie State FL Zip Code 33325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lan Infotech Occupation (for Individual) Systems Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 23 / 2017**
Transaction ID : SA11AI.33935
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Rodriguez, Favio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11730 SW 11th St
 City Davie State FL Zip Code 33325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lan Infotech Occupation (for Individual) Systems Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 23 / 2017**
Transaction ID : SA11AI.33936
 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 432 OF 688
	<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. Rodriguez, Favio, , ,

Mailing Address 11730 SW 11th St

City Davie	State FL	Zip Code 33325
---------------	-------------	-------------------

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

Name of Employer (for Individual) Lan Infotech	Occupation (for Individual) Systems 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
12	/	23	/	2017

Transaction ID : SA11AI.33937

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Romero, Jesus, , ,

Mailing Address 2452 Bermuda Ave

City SAN Leandro	State CA	Zip Code 94577
---------------------	-------------	-------------------

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

Name of Employer (for Individual) County of Alameda	Occupation (for Individual) Eligibility Services Tech
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2017

Transaction ID : SA11AI.33941

Amount of Each Receipt this Period
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Romero, Jesus, , ,

Mailing Address 2452 Bermuda Ave

City SAN Leandro	State CA	Zip Code 94577
---------------------	-------------	-------------------

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

Name of Employer (for Individual) County of Alameda	Occupation (for Individual) Eligibility Services Tech
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2017

Transaction ID : SA11AI.33942

Amount of Each Receipt this Period
27.00

Memo Item

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 433 OF 688
	<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. Rosario, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21206 Barker Canyon Ln
 City Katy State TX Zip Code 77450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Contractor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 225.00

Date of Receipt **09 / 09 / 2017**
Transaction ID : SA11AI.33947
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Rosario, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21206 Barker Canyon Ln
 City Katy State TX Zip Code 77450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Contractor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **10 / 09 / 2017**
Transaction ID : SA11AI.33948
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Rosario, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21206 Barker Canyon Ln
 City Katy State TX Zip Code 77450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Contractor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 275.00

Date of Receipt **11 / 09 / 2017**
Transaction ID : SA11AI.33949
 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 434 OF 688
	<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. Rosario, Carlos, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21206 Barker Canyon Ln

City Katy	State TX	Zip Code 77450
--------------	-------------	-------------------

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

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

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
12	/	09	/	2017

Transaction ID : SA11AI.33950

Amount of Each Receipt this Period
25.00

Memo Item

B. Rowsey, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 198 Foundry St

City Morgantown	State WV	Zip Code 26505
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Steel Drum Tuner/Craftsman
--	---

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
09	/	20	/	2017

Transaction ID : SA11AI.33959

Amount of Each Receipt this Period
25.00

Memo Item

C. Rubens, Jim, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Laramie Road

City Etna	State NH	Zip Code 03750
--------------	-------------	-------------------

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

Name of Employer (for Individual) Crotix	Occupation (for Individual) 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
12	/	05	/	2017

Transaction ID : SA11AI.33960

Amount of Each Receipt this Period
250.00

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 435 OF 688
	<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. Rumbel, LeAnne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5122 N Denver Ave

City Portland	State OR	Zip Code 97217
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Social Media Marketer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2017

Transaction ID : SA11AI.33963

Amount of Each Receipt this Period
27.00

Memo Item

B. Rumbel, LeAnne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5122 N Denver Ave

City Portland	State OR	Zip Code 97217
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Social Media Marketer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

Transaction ID : SA11AI.33964

Amount of Each Receipt this Period
27.00

Memo Item

C. Rumbel, LeAnne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5122 N Denver Ave

City Portland	State OR	Zip Code 97217
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Social Media Marketer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2017

Transaction ID : SA11AI.33965

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 436 OF 688
	<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. Rumbel, LeAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5122 N Denver Ave
 City Portland State OR Zip Code 97217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Social Media Marketer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 14 / 2017
Transaction ID : SA11AI.33966
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Rumbel, LeAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5122 N Denver Ave
 City Portland State OR Zip Code 97217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Social Media Marketer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 14 / 2017
Transaction ID : SA11AI.33967
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Russell-Achurch, Sidney C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1768 NE 65th Ave
 City Hillsboro State OR Zip Code 97124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Office Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 20 / 2017
Transaction ID : SA11AI.33972
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 437 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Russell-Achurch, Sidney C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1768 NE 65th Ave
 City Hillsboro State OR Zip Code 97124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Office Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2017
Transaction ID : SA11AI.33973
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Russell-Achurch, Sidney C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1768 NE 65th Ave
 City Hillsboro State OR Zip Code 97124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Office Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2017
Transaction ID : SA11AI.33974
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Russell-Achurch, Sidney C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1768 NE 65th Ave
 City Hillsboro State OR Zip Code 97124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Office Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2017
Transaction ID : SA11AI.33975
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 438 OF 688
	<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. Russell-Achurch, Sidney C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1768 NE 65th Ave
 City Hillsboro State OR Zip Code 97124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Office Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 20 / 2017
Transaction ID : SA11AI.33976
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Salazar, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Lincoln Blvd
 City Muscatine State IA Zip Code 52761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ES3/MUSCATINE LOGISTICS Occupation (for Individual) Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 10 / 2017
Transaction ID : SA11AI.33992
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Salazar, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Lincoln Blvd
 City Muscatine State IA Zip Code 52761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ES3/MUSCATINE LOGISTICS Occupation (for Individual) Operations Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2017
Transaction ID : SA11AI.33993
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 77.00
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 439 OF 688
	<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. Salazar, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Lincoln Blvd
 City Muscatine State IA Zip Code 52761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ES3/MUSCATINE LOGISTICS Occupation (for Individual) Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 10 / 2017**
Transaction ID : SA11AI.33994
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Salazar, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Lincoln Blvd
 City Muscatine State IA Zip Code 52761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ES3/MUSCATINE LOGISTICS Occupation (for Individual) Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 10 / 2017**
Transaction ID : SA11AI.33995
 Amount of Each Receipt this Period 25.00
 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 ▼ 14000.00

Date of Receipt **07 / 09 / 2017**
Transaction ID : SA11AI.34000
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2050.00
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 440 OF 688
	<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 ▼
16000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

Transaction ID : SA11AI.34001

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 ▼
18000.00

Date of Receipt

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

Transaction ID : SA11AI.34002

Amount of Each Receipt this Period
2000.00

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 ▼
20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

Transaction ID : SA11AI.34003

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 441 OF 688
	<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 ▼
22000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2017

Transaction ID : SA11AI.34004

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 ▼
24000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2017

Transaction ID : SA11AI.34005

Amount of Each Receipt this Period
2000.00

Memo Item

C. Sanders, Russell, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 Colegio Dr

City Dana Point	State CA	Zip Code 92629
--------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) Physician Assistant
---	--

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
08	/	04	/	2017

Transaction ID : SA11AI.34009

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 442 OF 688
	<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. Sanders, Russell, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 Colegio Dr

City Dana Point	State CA	Zip Code 92629
--------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) Physician 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
09	/	04	/	2017

Transaction ID : SA11AI.34010

Amount of Each Receipt this Period
50.00

Memo Item

B. Sanders, Russell, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 Colegio Dr

City Dana Point	State CA	Zip Code 92629
--------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) Physician Assistant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

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

Transaction ID : SA11AI.34011

Amount of Each Receipt this Period
50.00

Memo Item

C. Sanders, Russell, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 Colegio Dr

City Dana Point	State CA	Zip Code 92629
--------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) Physician 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
11	/	04	/	2017

Transaction ID : SA11AI.34012

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 443 OF 688
	<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. Sanders, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33762 Colegio Dr
 City Dana Point State CA Zip Code 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Physician Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2017
Transaction ID : SA11AI.34013
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2017
Transaction ID : SA11AI.34014
 Amount of Each Receipt this Period
 50.00
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017
Transaction ID : SA11AI.34015
 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 444 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 ▼ 450.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.34016
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.34017
 Amount of Each Receipt this Period 50.00
 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 ▼ 550.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.34018
 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 445 OF 688
	<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. 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 ▼ 600.00

Date of Receipt **12 / 09 / 2017**
Transaction ID : SA11AI.34019
 Amount of Each Receipt this Period 50.00
 Memo Item

B. SanMarco, Eduardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 W Wrangler Way
 City Queen Creek State AZ Zip Code 85142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Endurance International Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 08 / 2017**
Transaction ID : SA11AI.34021
 Amount of Each Receipt this Period 27.00
 Memo Item

C. SanMarco, Eduardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 W Wrangler Way
 City Queen Creek State AZ Zip Code 85142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Endurance International Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 08 / 2017**
Transaction ID : SA11AI.34022
 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 446 OF 688
	<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. SanMarco, Eduardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 W Wrangler Way
 City Queen Creek State AZ Zip Code 85142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Endurance International Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 08 / 2017
Transaction ID : SA11AI.34023
 Amount of Each Receipt this Period 27.00
 Memo Item

B. SanMarco, Eduardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 W Wrangler Way
 City Queen Creek State AZ Zip Code 85142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Endurance International Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 08 / 2017
Transaction ID : SA11AI.34024
 Amount of Each Receipt this Period 27.00
 Memo Item

C. SanMarco, Eduardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 W Wrangler Way
 City Queen Creek State AZ Zip Code 85142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Endurance International Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 08 / 2017
Transaction ID : SA11AI.34025
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 447 OF 688
	<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. Santiago, Maria, , ,		Date of Receipt
Mailing Address 21W070 22nd St		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34029
Name of Employer (for Individual) Self		Amount of Each Receipt this Period
Occupation (for Individual) Clinical Social Worker		<input type="text" value="27.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="216.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Santiago, Maria, , ,		Date of Receipt
Mailing Address 21W070 22nd St		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34030
Name of Employer (for Individual) Self		Amount of Each Receipt this Period
Occupation (for Individual) Clinical Social Worker		<input type="text" value="27.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="243.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Santiago, Maria, , ,		Date of Receipt
Mailing Address 21W070 22nd St		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34031
Name of Employer (for Individual) Self		Amount of Each Receipt this Period
Occupation (for Individual) Clinical Social Worker		<input type="text" value="27.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="270.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 448 OF 688
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Santiago, Maria, , ,		Date of Receipt
Mailing Address 21W070 22nd St		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34032
Name of Employer (for Individual) Self		Amount of Each Receipt this Period
Occupation (for Individual) Clinical Social Worker		<input type="text" value="27.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
	<input type="text" value="297.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Santiago, Maria, , ,		Date of Receipt
Mailing Address 21W070 22nd St		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34033
Name of Employer (for Individual) Self		Amount of Each Receipt this Period
Occupation (for Individual) Clinical Social Worker		<input type="text" value="27.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
	<input type="text" value="324.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SASLOW, BARBARA, , ,		Date of Receipt
Mailing Address 135 W 79th St apt 8a		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34034
Name of Employer (for Individual) self		Amount of Each Receipt this Period
Occupation (for Individual) Clinical Social Worker		<input type="text" value="27.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
	<input type="text" value="214.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 449 OF 688
	<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. SASLOW, BARBARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 W 79th St
apt 8a

City New York State NY Zip Code 10024

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

Name of Employer (for Individual) self Occupation (for Individual) Clinical Social Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 241.00

Date of Receipt **08 / 21 / 2017**

Transaction ID : SA11AI.34035

Amount of Each Receipt this Period 27.00

Memo Item

B. SASLOW, BARBARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 W 79th St
apt 8a

City New York State NY Zip Code 10024

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

Name of Employer (for Individual) self Occupation (for Individual) Clinical Social Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 268.00

Date of Receipt **09 / 21 / 2017**

Transaction ID : SA11AI.34036

Amount of Each Receipt this Period 27.00

Memo Item

C. SASLOW, BARBARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 W 79th St
apt 8a

City New York State NY Zip Code 10024

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

Name of Employer (for Individual) self Occupation (for Individual) Clinical Social Worker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 295.00

Date of Receipt **10 / 21 / 2017**

Transaction ID : SA11AI.34037

Amount of Each Receipt this Period 27.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00

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 450 OF 688
	<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

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

Mailing Address 135 W 79th St
apt 8a

City New York State NY Zip Code 10024

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

Name of Employer (for Individual) self Occupation (for Individual) Clinical Social Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt **11 / 21 / 2017**
Transaction ID : **SA11AI.34038**

Amount of Each Receipt this Period 27.00

Memo Item

B. SASLOW, BARBARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 W 79th St
apt 8a

City New York State NY Zip Code 10024

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

Name of Employer (for Individual) self Occupation (for Individual) Clinical Social Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt **12 / 21 / 2017**
Transaction ID : **SA11AI.34039**

Amount of Each Receipt this Period 27.00

Memo Item

C. Saya, Cody, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1622 golden gate ave

City Los angeles State CA Zip Code 90026

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

Name of Employer (for Individual) Self Occupation (for Individual) Graphic Designer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 16 / 2017**
Transaction ID : **SA11AI.34044**

Amount of Each Receipt this Period 25.00

Memo Item

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 451 OF 688
	<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. Saya, Cody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1622 golden gate ave
 City Los angeles State CA Zip Code 90026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Graphic Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 16 / 2017**
Transaction ID : SA11AI.34045
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Saya, Cody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1622 golden gate ave
 City Los angeles State CA Zip Code 90026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Graphic Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 16 / 2017**
Transaction ID : SA11AI.34046
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Saya, Cody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1622 golden gate ave
 City Los angeles State CA Zip Code 90026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Graphic Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 16 / 2017**
Transaction ID : SA11AI.34047
 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 452 OF 688
	<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

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. Schafer, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 St. Paul Ln
 City Ofallon State MO Zip Code 63366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mo Dept of Transportation Occupation (for Individual) Senior Signal Electrician
 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
 09 / 22 / 2017
Transaction ID : SA11AI.34050
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Schafer, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 St. Paul Ln
 City Ofallon State MO Zip Code 63366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mo Dept of Transportation Occupation (for Individual) Senior Signal 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
 10 / 22 / 2017
Transaction ID : SA11AI.34051
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Schafer, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 St. Paul Ln
 City Ofallon State MO Zip Code 63366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mo Dept of Transportation Occupation (for Individual) Senior Signal Electrician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2017
Transaction ID : SA11AI.34052
 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 453 OF 688
	<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. Schafer, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 St. Paul Ln
 City Ofallon State MO Zip Code 63366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mo Dept of Transportation Occupation (for Individual) Senior Signal 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
 12 / 22 / 2017
Transaction ID : SA11AI.34053
 Amount of Each Receipt this Period
 25.00
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2017
Transaction ID : SA11AI.34054
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017
Transaction ID : SA11AI.34055
 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 454 OF 688
	<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. 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 ▼ 450.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.34056
 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 ▼ 500.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.34057
 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 ▼ 550.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.34058
 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 455 OF 688
<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. 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 ▼ 600.00

Date of Receipt **12 / 09 / 2017**
Transaction ID : SA11AI.34059
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Schlosser, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3452 Pilgrim Dr
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McKinney ISD Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 09 / 2017**
Transaction ID : SA11AI.34070
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Schlosser, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3452 Pilgrim Dr
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McKinney ISD Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 09 / 2017**
Transaction ID : SA11AI.34071
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 456 OF 688
	<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. Schlosser, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3452 Pilgrim Dr
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McKinney ISD Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.34072
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Schlosser, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3452 Pilgrim Dr
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McKinney ISD Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11AI.34073
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 350.00

Date of Receipt 07 / 11 / 2017
Transaction ID : SA11AI.31425
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 457 OF 688
	<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 ▼
400.00

Date of Receipt
08 / 11 / 2017
Transaction ID : SA11AI.31426

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 ▼
450.00

Date of Receipt
09 / 11 / 2017
Transaction ID : SA11AI.31427

Amount of Each Receipt this Period
50.00

Memo Item

C. 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 ▼
500.00

Date of Receipt
10 / 11 / 2017
Transaction ID : SA11AI.31428

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 458 OF 688
<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

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 ▼
550.00

Date of Receipt
11 / 11 / 2017
Transaction ID : SA11AI.31429

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 ▼
600.00

Date of Receipt
12 / 11 / 2017
Transaction ID : SA11AI.31430

Amount of Each Receipt this Period
50.00

Memo Item

C. Semivan, Jeanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1 Richdale Ave
Unit 13

City Cambridge	State MA	Zip Code 02140
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)
Social Security Admin Attorney

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 20 / 2017
Transaction ID : SA11AI.34102

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 459 OF 688
	<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. Semivan, Jeanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Richdale Ave
 Unit 13
 City Cambridge State MA Zip Code 02140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Social Security Admin 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
 10 / 20 / 2017
Transaction ID : SA11AI.34103
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Semivan, Jeanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Richdale Ave
 Unit 13
 City Cambridge State MA Zip Code 02140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Social Security Admin Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2017
Transaction ID : SA11AI.34104
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Semivan, Jeanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Richdale Ave
 Unit 13
 City Cambridge State MA Zip Code 02140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Social Security Admin 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
 12 / 20 / 2017
Transaction ID : SA11AI.34105
 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 460 OF 688
	<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. Shamshoian, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18765 Tuggle Ave
 City Cupertino State CA Zip Code 95014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Integrated Building Design Eng Occupation (for Individual) Mechanical Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 20 / 2017**
Transaction ID : SA11AI.34107
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Shamshoian, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18765 Tuggle Ave
 City Cupertino State CA Zip Code 95014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Integrated Building Design Eng Occupation (for Individual) Mechanical Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 20 / 2017**
Transaction ID : SA11AI.34108
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Shamshoian, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18765 Tuggle Ave
 City Cupertino State CA Zip Code 95014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Integrated Building Design Eng Occupation (for Individual) Mechanical Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 20 / 2017**
Transaction ID : SA11AI.34109
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 461 OF 688
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Shamshoian, Gary, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2017
Mailing Address 18765 Tuggle Ave		Transaction ID : SA11AI.34110
City Cupertino	State CA	
Zip Code 95014		Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Integrated Building Design Eng	Occupation (for Individual) Mechanical Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Shamshoian, Gary, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2017
Mailing Address 18765 Tuggle Ave		Transaction ID : SA11AI.34111
City Cupertino	State CA	
Zip Code 95014		Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Integrated Building Design Eng	Occupation (for Individual) Mechanical Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sharma, Allison, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2017
Mailing Address 46 Kingswood Rd		Transaction ID : SA11AI.34117
City Auburndale	State MA	
Zip Code 02466		Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self-employed	Occupation (for Individual) IT Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 462 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Sharma, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Kingswood Rd
 City Auburndale State MA Zip Code 02466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) IT Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.34118
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Sharma, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Kingswood Rd
 City Auburndale State MA Zip Code 02466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) IT Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017
Transaction ID : SA11AI.34119
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Sharma, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Kingswood Rd
 City Auburndale State MA Zip Code 02466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) IT Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.34120
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 463 OF 688
	<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. Sharma, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Kingswood Rd
 City Auburndale State MA Zip Code 02466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) IT Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.34121
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Shen, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Wilton St
 City Waltham State MA Zip Code 02453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yale University Occupation (for Individual) Graduate Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2017
Transaction ID : SA11AI.34123
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Shen, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Wilton St
 City Waltham State MA Zip Code 02453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yale University Occupation (for Individual) Graduate Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.34124
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 464 OF 688
	<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. Shen, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Wilton St
 City Waltham State MA Zip Code 02453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yale University Graduate Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2017
Transaction ID : SA11AI.34125
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Shen, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Wilton St
 City Waltham State MA Zip Code 02453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yale University Graduate Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2017
Transaction ID : SA11AI.34126
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Sheridan, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 322 Green Lawn Pl
 City Neptune State NJ Zip Code 07753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Public Service Electric & Gas
 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
 07 / 21 / 2017
Transaction ID : SA11AI.34127
 Amount of Each Receipt this Period
 25.00
 Memo Item

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 465 OF 688
	<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. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2017
Transaction ID : SA11AI.34128
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2017
Transaction ID : SA11AI.34129
 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) Southern Graphics Systems Occupation (for Individual) Print Quality Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2017
Transaction ID : SA11AI.34130
 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 466 OF 688
(check only one)

<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. 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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017

Transaction ID : SA11AI.34131

Amount of Each Receipt this Period
50.00

Memo Item

B. 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 ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2017

Transaction ID : SA11AI.34132

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) Southern Graphics Systems	Occupation (for Individual) Print Quality Manager
--	--

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
 12 / 26 / 2017

Transaction ID : SA11AI.34133

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 467 OF 688
<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. Shorts, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4243 Sweet Leaf Ln

City Edgewater	State MD	Zip Code 21037
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Department of State	Occupation (for Individual) Tech
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2017

Transaction ID : SA11AI.34137

Amount of Each Receipt this Period
27.00

Memo Item

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

Mailing Address 4243 Sweet Leaf Ln

City Edgewater	State MD	Zip Code 21037
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Department of State	Occupation (for Individual) Tech
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Transaction ID : SA11AI.34138

Amount of Each Receipt this Period
27.00

Memo Item

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

Mailing Address 4243 Sweet Leaf Ln

City Edgewater	State MD	Zip Code 21037
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Department of State	Occupation (for Individual) Tech
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

Transaction ID : SA11AI.34139

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 468 OF 688
	<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. Shorts, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4243 Sweet Leaf Ln

City Edgewater	State MD	Zip Code 21037
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Department of State	Occupation (for Individual) Tech
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : SA11Al.34140

Amount of Each Receipt this Period
27.00

Memo Item

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

Mailing Address 4243 Sweet Leaf Ln

City Edgewater	State MD	Zip Code 21037
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Department of State	Occupation (for Individual) Tech
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2017

Transaction ID : SA11Al.34141

Amount of Each Receipt this Period
27.00

Memo Item

C. Shutt, Mike, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4100 Top of Texas Trl

City Austin	State TX	Zip Code 78735
----------------	-------------	-------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2017

Transaction ID : SA11Al.34144

Amount of Each Receipt this Period
25.00

Memo Item

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 469 OF 688
	<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. Shutt, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 Top of Texas Trl
 City Austin State TX Zip Code 78735
 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
 10 / 08 / 2017
Transaction ID : SA11AI.34145
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Shutt, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 Top of Texas Trl
 City Austin State TX Zip Code 78735
 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 ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2017
Transaction ID : SA11AI.34146
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Shutt, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 Top of Texas Trl
 City Austin State TX Zip Code 78735
 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
 12 / 08 / 2017
Transaction ID : SA11AI.34147
 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 470 OF 688
	<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. Silverstein, Joyce, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 Apple Ln

City Briarcliff	State NY	Zip Code 10510
--------------------	-------------	-------------------

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 ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

Transaction ID : SA11AI.34153

Amount of Each Receipt this Period
27.00

Memo Item

B. Silverstein, Joyce, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 Apple Ln

City Briarcliff	State NY	Zip Code 10510
--------------------	-------------	-------------------

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 ▼
243.00

Date of Receipt

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

Transaction ID : SA11AI.34154

Amount of Each Receipt this Period
27.00

Memo Item

C. Silverstein, Joyce, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 Apple Ln

City Briarcliff	State NY	Zip Code 10510
--------------------	-------------	-------------------

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 ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

Transaction ID : SA11AI.34155

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 471 OF 688
	<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. Silverstein, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 Apple Ln
 City Briarcliff State NY Zip Code 10510
 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 ▼ 297.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.34156
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Silverstein, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 Apple Ln
 City Briarcliff State NY Zip Code 10510
 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 ▼ 324.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11AI.34157
 Amount of Each Receipt this Period 27.00
 Memo Item

C. 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 ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : SA11AI.34168
 Amount of Each Receipt this Period 50.00
 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 472 OF 688
	<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. Simons, Julie, , ,		Date of Receipt
Mailing Address 8990 N Twain St		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City Tucson	State AZ	Zip Code 85742
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34169
Name of Employer (for Individual) Ski Obsession		Occupation (for Individual) Owner
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"/>	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. Simons, Julie, , ,		Date of Receipt
Mailing Address 8990 N Twain St		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City Tucson	State AZ	Zip Code 85742
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34170
Name of Employer (for Individual) Ski Obsession		Occupation (for Individual) Owner
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"/>	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. Simons, Julie, , ,		Date of Receipt
Mailing Address 8990 N Twain St		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City Tucson	State AZ	Zip Code 85742
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34171
Name of Employer (for Individual) Ski Obsession		Occupation (for Individual) Owner
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"/>	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: PAGE 473 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Simonsen, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8205 campodolcino Dr
 City Corpus christi State TX Zip Code 78414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coastal bend pathology Occupation (for Individual) Business Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 16 / 2017
Transaction ID : SA11AI.34174
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Simonsen, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8205 campodolcino Dr
 City Corpus christi State TX Zip Code 78414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coastal bend pathology Occupation (for Individual) Business Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2017
Transaction ID : SA11AI.34175
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Simonsen, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8205 campodolcino Dr
 City Corpus christi State TX Zip Code 78414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coastal bend pathology Occupation (for Individual) Business Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 16 / 2017
Transaction ID : SA11AI.34176
 Amount of Each Receipt this Period 25.00
 Memo Item

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

75.00

**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 474 OF 688
	<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. Simonsen, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8205 campodolcino Dr
 City Corpus christi State TX Zip Code 78414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coastal bend pathology Occupation (for Individual) Business 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
 12 / 16 / 2017
Transaction ID : SA11AI.34177
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2017
Transaction ID : SA11AI.34178
 Amount of Each Receipt this Period 100.00
 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2017
Transaction ID : SA11AI.34179
 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 475 OF 688
	<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. 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) Tritech Software Systems	Occupation (for Individual) Software Developer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Transaction ID : SA11AI.34180

Amount of Each Receipt this Period
100.00

Memo Item

B. 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) Tritech Software Systems	Occupation (for Individual) Software Developer
---	---

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
10	/	27	/	2017

Transaction ID : SA11AI.34181

Amount of Each Receipt this Period
100.00

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) Tritech Software Systems	Occupation (for Individual) Software Developer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : SA11AI.34182

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:	PAGE 476 OF 688
	(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. 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) Tritech Software Systems Occupation (for Individual) Software Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 27 / 2017**
Transaction ID : SA11AI.34183
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sivieri, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 Maura Dr
 City Bridgewater State MA Zip Code 02324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UL verification services Occupation (for Individual) Client Services Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 31 / 2017**
Transaction ID : SA11AI.34185
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Sivieri, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 Maura Dr
 City Bridgewater State MA Zip Code 02324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UL verification services Occupation (for Individual) Client Services Coordinator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 30 / 2017**
Transaction ID : SA11AI.34186
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 154.00
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 477 OF 688
	<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. Sivieri, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 Maura Dr
 City Bridgewater State MA Zip Code 02324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UL verification services Occupation (for Individual) Client Services Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017
Transaction ID : SA11AI.34187
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Sivieri, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 Maura Dr
 City Bridgewater State MA Zip Code 02324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UL verification services Occupation (for Individual) Client Services Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.34188
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Sivieri, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 Maura Dr
 City Bridgewater State MA Zip Code 02324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UL verification services Occupation (for Individual) Client Services Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.34189
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 478 OF 688
	<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. Skrabal, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CLAIRMOOR DR
 City NASHUA State NH Zip Code 03060-5325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) All Covered Occupation (for Individual) IT Support Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2017
Transaction ID : SA11AI.34195
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Skrabal, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CLAIRMOOR DR
 City NASHUA State NH Zip Code 03060-5325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) All Covered Occupation (for Individual) IT Support Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2017
Transaction ID : SA11AI.34196
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Skrabal, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CLAIRMOOR DR
 City NASHUA State NH Zip Code 03060-5325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) All Covered Occupation (for Individual) IT Support Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : SA11AI.34197
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 479 OF 688
	<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. Skrabal, David, , ,		Date of Receipt
Mailing Address 4 CLAIRMOOR DR		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City NASHUA	State NH	Zip Code 03060-5325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34198
Name of Employer (for Individual) All Covered		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) IT Support 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="297.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Christine, , ,		Date of Receipt
Mailing Address 2633 McKinney Ave Suite 130-386		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2017"/>
City Dallas	State TX	Zip Code 75204
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34209
Name of Employer (for Individual) Self		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Writer		<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="225.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Smith, Christine, , ,		Date of Receipt
Mailing Address 2633 McKinney Ave Suite 130-386		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2017"/>
City Dallas	State TX	Zip Code 75204
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34210
Name of Employer (for Individual) Self		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Writer		<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="77.00"/>
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 480 OF 688
	<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. Smith, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2633 McKinney Ave Suite 130-386
 City Dallas State TX Zip Code 75204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Writer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 04 / 2017
Transaction ID : SA11AI.34211
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Smith, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 Pueblo St Apt C
 City Boise State ID Zip Code 83702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Verizon Wireless Occupation (for Individual) Global Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.34214
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Smith, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 Pueblo St Apt C
 City Boise State ID Zip Code 83702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Verizon Wireless Occupation (for Individual) Global Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.34215
 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 481 OF 688
	<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. Smith, Joel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 Pueblo St
Apt C

City Boise State ID Zip Code 83702

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

Name of Employer (for Individual) Verizon Wireless Occupation (for Individual) Global Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11AI.34216

Amount of Each Receipt this Period 25.00

Memo Item

B. Smith, Marcus, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8782 Applewood Dr

City Rancho Cucamonga State CA Zip Code 91730

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

Name of Employer (for Individual) Cox Automotive Occupation (for Individual) Platform Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2017
Transaction ID : SA11AI.34221

Amount of Each Receipt this Period 250.00

Memo Item

C. Smith, Marcus, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8782 Applewood Dr

City Rancho Cucamonga State CA Zip Code 91730

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

Name of Employer (for Individual) Cox Automotive Occupation (for Individual) Platform Engineer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 24 / 2017
Transaction ID : SA11AI.34222

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00

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 482 OF 688
	<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. Smith, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8782 Applewood Dr
 City Rancho Cucamonga State CA Zip Code 91730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cox Automotive Occupation (for Individual) Platform Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **12 / 24 / 2017**
Transaction ID : SA11AI.34223
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Smith, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12624 Biarritz Ln
 City Saratoga State CA Zip Code 95070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Tax Preparer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 22 / 2017**
Transaction ID : SA11AI.34226
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Smith, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12624 Biarritz Ln
 City Saratoga State CA Zip Code 95070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Tax Preparer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 22 / 2017**
Transaction ID : SA11AI.34227
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 483 OF 688
	<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. Smith, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12624 Biarritz Ln
 City Saratoga State CA Zip Code 95070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Tax Preparer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2017
Transaction ID : SA11AI.34228
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Smith, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12624 Biarritz Ln
 City Saratoga State CA Zip Code 95070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Tax Preparer
 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
 12 / 22 / 2017
Transaction ID : SA11AI.34229
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Sodke, Kaibab, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 N Sherwood St #20
 City Fort Collins State CO Zip Code 80521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CO Department of Revenue Occupation (for Individual) DMV
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017
Transaction ID : SA11AI.34233
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 484 OF 688
	<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

A. Sodke, Kaibab, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 N Sherwood St #20
 City Fort Collins State CO Zip Code 80521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CO Department of Revenue Occupation (for Individual) DMV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2017
Transaction ID : SA11AI.34234
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Sodke, Kaibab, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 N Sherwood St #20
 City Fort Collins State CO Zip Code 80521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CO Department of Revenue Occupation (for Individual) DMV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2017
Transaction ID : SA11AI.34235
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Sodke, Kaibab, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 N Sherwood St #20
 City Fort Collins State CO Zip Code 80521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CO Department of Revenue Occupation (for Individual) DMV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.34236
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 485 OF 688
	<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. Sodke, Kaibab, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 N Sherwood St #20
 City Fort Collins State CO Zip Code 80521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CO Department of Revenue Occupation (for Individual) DMV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2017
Transaction ID : SA11AI.34237
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Solari, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3506 88th St
 City Jackson Heights State NY Zip Code 11372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Silent Sound Occupation (for Individual) Composer
 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
 09 / 04 / 2017
Transaction ID : SA11AI.34241
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Solari, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3506 88th St
 City Jackson Heights State NY Zip Code 11372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Silent Sound Occupation (for Individual) Composer
 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
 10 / 04 / 2017
Transaction ID : SA11AI.34242
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.00
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 486 OF 688
	<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. Solari, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3506 88th St
 City Jackson Heights State NY Zip Code 11372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Silent Sound Occupation (for Individual) Composer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 04 / 2017
Transaction ID : SA11AI.34243
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Solari, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3506 88th St
 City Jackson Heights State NY Zip Code 11372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Silent Sound Occupation (for Individual) Composer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 04 / 2017
Transaction ID : SA11AI.34244
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Spaulding, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6407 NE 36th Ave
 City Portland State OR Zip Code 97211
 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 09 / 28 / 2017
Transaction ID : SA11AI.34266
 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 487 OF 688
	<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. Spector, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Martine Ave 6a
 City White Plains State NY Zip Code 10601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rensselaer Polytechnic Institute Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 01 / 2017
Transaction ID : SA11AI.34268
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Spector, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Martine Ave 6a
 City White Plains State NY Zip Code 10601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rensselaer Polytechnic Institute Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 01 / 2017
Transaction ID : SA11AI.34269
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Spector, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Martine Ave 6a
 City White Plains State NY Zip Code 10601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rensselaer Polytechnic Institute Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.34270
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 488 OF 688
	<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. Spector, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Martine Ave 6a
 City White Plains State NY Zip Code 10601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rensselaer Polytechnic Institute Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 01 / 2017
Transaction ID : SA11AI.34271
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Spector, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Martine Ave 6a
 City White Plains State NY Zip Code 10601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rensselaer Polytechnic Institute Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 01 / 2017
Transaction ID : SA11AI.34272
 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 ▼ 512.00

Date of Receipt 07 / 23 / 2017
Transaction ID : SA11AI.34279
 Amount of Each Receipt this Period 50.00
 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 489 OF 688
	<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. 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 ▼ 539.00

Date of Receipt **07 / 24 / 2017**
Transaction ID : SA11AI.34280
 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 ▼ 589.00

Date of Receipt **08 / 23 / 2017**
Transaction ID : SA11AI.34281
 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 ▼ 616.00

Date of Receipt **08 / 24 / 2017**
Transaction ID : SA11AI.34282
 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 490 OF 688
	<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. Spiropoulos, Nick, , ,			Date of Receipt
Mailing Address 9115 Crosby Rd			<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City Silver Spring	State MD	Zip Code 20910	Transaction ID : SA11AI.34283
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) Cortina Productions inc		Occupation (for Individual) Video Editor	<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="666.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Spiropoulos, Nick, , ,			Date of Receipt
Mailing Address 9115 Crosby Rd			<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2017"/>
City Silver Spring	State MD	Zip Code 20910	Transaction ID : SA11AI.34284
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Cortina Productions inc		Occupation (for Individual) Video Editor	<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="693.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Spiropoulos, Nick, , ,			Date of Receipt
Mailing Address 9115 Crosby Rd			<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City Silver Spring	State MD	Zip Code 20910	Transaction ID : SA11AI.34285
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) Cortina Productions inc		Occupation (for Individual) Video Editor	<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="743.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="127.00"/>
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 491 OF 688
	<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. 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 ▼ 793.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2017
Transaction ID : SA11AI.34286
 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 ▼ 820.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2017
Transaction ID : SA11AI.34287
 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 ▼ 870.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2017
Transaction ID : SA11AI.34288
 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 492 OF 688
	<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 ▼ 897.00

Date of Receipt **12 / 24 / 2017**
Transaction ID : SA11AI.34289
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Spatz, 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 ▼ 700.00

Date of Receipt **07 / 31 / 2017**
Transaction ID : SA11AI.34290
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Spatz, 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 ▼ 800.00

Date of Receipt **08 / 31 / 2017**
Transaction ID : SA11AI.34291
 Amount of Each Receipt this Period 100.00
 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: (check only one)	PAGE 493 OF 688
	<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 ▼ 900.00

Date of Receipt **09 / 30 / 2017**
Transaction ID : SA11AI.34292
 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 ▼ 1000.00

Date of Receipt **10 / 31 / 2017**
Transaction ID : SA11AI.34293
 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 ▼ 1100.00

Date of Receipt **11 / 30 / 2017**
Transaction ID : SA11AI.34294
 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 494 OF 688
	<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 ▼ 1200.00

Date of Receipt **MM / DD / YYYY**
 12 / 31 / 2017
Transaction ID : SA11AI.34295
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Squitire, Kerianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2010 Strebor St
 City Durham State NC Zip Code 27705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bootstrap Advisors Occupation (for Individual) Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **MM / DD / YYYY**
 08 / 09 / 2017
Transaction ID : SA11AI.34297
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Stanfill, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Lott St
 City Brooklyn State NY Zip Code 11226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) Carpenter
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **MM / DD / YYYY**
 09 / 18 / 2017
Transaction ID : SA11AI.34300
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	152.00
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 495 OF 688
<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. Stanfill, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Lott St
 City Brooklyn State NY Zip Code 11226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) Carpenter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 18 / 2017**
Transaction ID : SA11AI.34301
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Stanfill, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Lott St
 City Brooklyn State NY Zip Code 11226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) Carpenter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 18 / 2017**
Transaction ID : SA11AI.34302
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Stanfill, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Lott St
 City Brooklyn State NY Zip Code 11226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) Carpenter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 18 / 2017**
Transaction ID : SA11AI.34303
 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 496 OF 688
	<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. Stanish, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2012 W St Paul Ave Unit 316
 City Chicago State IL Zip Code 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Designer/Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 23 / 2017
Transaction ID : SA11AI.34306
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Stanish, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2012 W St Paul Ave Unit 316
 City Chicago State IL Zip Code 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Designer/Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2017
Transaction ID : SA11AI.34307
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Stanish, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2012 W St Paul Ave Unit 316
 City Chicago State IL Zip Code 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Designer/Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 23 / 2017
Transaction ID : SA11AI.34308
 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 497 OF 688
	<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. Stanish, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2012 W St Paul Ave Unit 316
 City Chicago State IL Zip Code 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Designer/Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2017
Transaction ID : SA11AI.34309
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Stanley, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 green oak Dr
 City huntington State WV Zip Code 25705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Lawyer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 10 / 2017
Transaction ID : SA11AI.34801
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Stanley, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 green oak Dr
 City huntington State WV Zip Code 25705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Lawyer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 10 / 2017
Transaction ID : SA11AI.34802
 Amount of Each Receipt this Period 27.00
 Memo Item

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 498 OF 688
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Stanley, Gina, , ,		Date of Receipt MM / DD / YYYY 10 / 10 / 2017 Transaction ID : SA11AI.34803
Mailing Address 221 green oak Dr		Amount of Each Receipt this Period 27.00
City huntington	State WV	Zip Code 25705
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stanley, Gina, , ,		Date of Receipt MM / DD / YYYY 11 / 10 / 2017 Transaction ID : SA11AI.34804
Mailing Address 221 green oak Dr		Amount of Each Receipt this Period 27.00
City huntington	State WV	Zip Code 25705
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stanley, Gina, , ,		Date of Receipt MM / DD / YYYY 12 / 10 / 2017 Transaction ID : SA11AI.34805
Mailing Address 221 green oak Dr		Amount of Each Receipt this Period 27.00
City huntington	State WV	Zip Code 25705
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 324.00	

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 499 OF 688
	<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. Stone, Bruce, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 Austin St

City Portland State ME Zip Code 04103

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

Name of Employer (for Individual) N/A Occupation (for Individual) Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.34324

Amount of Each Receipt this Period 27.00

Memo Item

B. Stratyllis, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6301 S 242nd PL Apt 7-201

City Kent State WA Zip Code 98032

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 ▼ 350.00

Date of Receipt 07 / 30 / 2017
Transaction ID : SA11AI.31431

Amount of Each Receipt this Period 50.00

Memo Item

C. Stratyllis, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6301 S 242nd PL Apt 7-201

City Kent State WA Zip Code 98032

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 ▼ 400.00

Date of Receipt 08 / 30 / 2017
Transaction ID : SA11AI.31432

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: PAGE 500 OF 688
	(check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. STRELZOFF, FRED, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19712 diablo Dr

City pflugerville	State TX	Zip Code 78660
----------------------	-------------	-------------------

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

Name of Employer (for Individual) ixia	Occupation (for Individual) Product Management High Tech
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

Transaction ID : SA11AI.34328

Amount of Each Receipt this Period
27.00

Memo Item

B. STRELZOFF, FRED, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19712 diablo Dr

City pflugerville	State TX	Zip Code 78660
----------------------	-------------	-------------------

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

Name of Employer (for Individual) ixia	Occupation (for Individual) Product Management High Tech
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

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

Transaction ID : SA11AI.34329

Amount of Each Receipt this Period
27.00

Memo Item

C. STRELZOFF, FRED, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19712 diablo Dr

City pflugerville	State TX	Zip Code 78660
----------------------	-------------	-------------------

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

Name of Employer (for Individual) ixia	Occupation (for Individual) Product Management High Tech
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

Transaction ID : SA11AI.34330

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 501 OF 688
	<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. STRELZOFF, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19712 diablo Dr
 City pflugerville State TX Zip Code 78660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ixia Occupation (for Individual) Product Management High Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2017
Transaction ID : SA11AI.34331
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Strickler, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 E Lowell St
 City Kansas City State MO Zip Code 64119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strickler Farms Occupation (for Individual) Farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2017
Transaction ID : SA11AI.34333
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Strickler, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 E Lowell St
 City Kansas City State MO Zip Code 64119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strickler Farms Occupation (for Individual) Farmer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2017
Transaction ID : SA11AI.34334
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 502 OF 688
	<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. Stromberg, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2873 Constellation Way
 City Finksburg State MD Zip Code 21048-2068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U of Maryland Occupation (for Individual) Lab Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.34341
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Stutzman, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1507 Houston St Apt 145
 City Austin State TX Zip Code 78756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HostGator.com Occupation (for Individual) Illustrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.34344
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Stutzman, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1507 Houston St Apt 145
 City Austin State TX Zip Code 78756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HostGator.com Occupation (for Individual) Illustrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.34345
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
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 503 OF 688
	<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. Stutzman, Joe, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2017
Mailing Address 1507 Houston St Apt 145		Transaction ID : SA11AI.34346
City Austin	State TX	Zip Code 78756
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) HostGator.com	Occupation (for Individual) Illustrator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stutzman, Joe, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2017
Mailing Address 1507 Houston St Apt 145		Transaction ID : SA11AI.34347
City Austin	State TX	Zip Code 78756
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) HostGator.com	Occupation (for Individual) Illustrator	<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. Sukalski, Sonya, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2017
Mailing Address 3899 Brookdale Blvd		Transaction ID : SA11AI.34350
City Castro Valley	State CA	Zip Code 94546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) UU Fellowship of Tuolumne County	Occupation (for Individual) UU minister	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 214.00	

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 504 OF 688
	<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. 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2017
Transaction ID : SA11AI.34351
 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2017
Transaction ID : SA11AI.34352
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2017
Transaction ID : SA11AI.34353
 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 505 OF 688
<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. Sullivan, Raymond, , ,			Date of Receipt MM / DD / YYYY 10 / 08 / 2017 Transaction ID : SA11AI.34354
Mailing Address 3737 12th Ave S Apt 4			Amount of Each Receipt this Period 100.00
City Minneapolis	State MN	Zip Code 55407	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Self		Occupation (for Individual) Business Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sullivan, Raymond, , ,			Date of Receipt MM / DD / YYYY 11 / 08 / 2017 Transaction ID : SA11AI.34355
Mailing Address 3737 12th Ave S Apt 4			Amount of Each Receipt this Period 100.00
City Minneapolis	State MN	Zip Code 55407	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Self		Occupation (for Individual) Business Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sullivan, Raymond, , ,			Date of Receipt MM / DD / YYYY 12 / 08 / 2017 Transaction ID : SA11AI.34356
Mailing Address 3737 12th Ave S Apt 4			Amount of Each Receipt this Period 100.00
City Minneapolis	State MN	Zip Code 55407	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Self		Occupation (for Individual) Business Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1200.00	

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:	PAGE 506 OF 688
	(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. sullivan, william, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2017
Mailing Address 214 N pine Ave 1b		Transaction ID : SA11AI.34362
City arlington heights	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) Software Test Automation	<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 B. Surdilla, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2017
Mailing Address 32400 Lois Way		Transaction ID : SA11AI.34366
City Union City	State CA	Zip Code 94587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Archus Studios	Occupation (for Individual) Architectural Consulting	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Surdilla, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2017
Mailing Address 32400 Lois Way		Transaction ID : SA11AI.34367
City Union City	State CA	Zip Code 94587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Archus Studios	Occupation (for Individual) Architectural Consulting	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 243.00	

SUBTOTAL of Receipts This Page (optional).....▶	304.00
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 507 OF 688
	<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. Surdilla, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2017 Transaction ID : SA11AI.34368
Mailing Address 32400 Lois Way		Amount of Each Receipt this Period 27.00
City Union City	State CA	Zip Code 94587
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Archus Studios	Occupation (for Individual) Architectural Consulting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Surdilla, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017 Transaction ID : SA11AI.34369
Mailing Address 32400 Lois Way		Amount of Each Receipt this Period 27.00
City Union City	State CA	Zip Code 94587
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Archus Studios	Occupation (for Individual) Architectural Consulting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Surdilla, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017 Transaction ID : SA11AI.34370
Mailing Address 32400 Lois Way		Amount of Each Receipt this Period 27.00
City Union City	State CA	Zip Code 94587
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Archus Studios	Occupation (for Individual) Architectural Consulting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 324.00	

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 508 OF 688
	<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. Swanson, Justin, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2017
Mailing Address 1402 Greenview Ave Unit 2F		Transaction ID : SA11AI.34373
City Chicago	State IL	Zip Code 60642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Consolidated Trading	Occupation (for Individual) Software Developer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swanson, Justin, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2017
Mailing Address 1402 Greenview Ave Unit 2F		Transaction ID : SA11AI.34374
City Chicago	State IL	Zip Code 60642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Consolidated Trading	Occupation (for Individual) Software Developer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Swanson, Justin, , ,		Date of Receipt MM / DD / YYYY 10 / 30 / 2017
Mailing Address 1402 Greenview Ave Unit 2F		Transaction ID : SA11AI.34375
City Chicago	State IL	Zip Code 60642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Consolidated Trading	Occupation (for Individual) Software Developer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 509 OF 688
<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. Swanson, Justin, , ,		Date of Receipt
Mailing Address 1402 Greenview Ave Unit 2F		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Chicago	State IL	Zip Code 60642
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34376
Name of Employer (for Individual) Consolidated Trading		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Software Developer		<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="297.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swerlein, Ronald, , ,		Date of Receipt
Mailing Address 2404 Sunset Dr		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Longmont	State CO	Zip Code 80501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34379
Name of Employer (for Individual) None		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) None		<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="700.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Swerlein, Ronald, , ,		Date of Receipt
Mailing Address 2404 Sunset Dr		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Longmont	State CO	Zip Code 80501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34380
Name of Employer (for Individual) None		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) None		<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="800.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="227.00"/>
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 510 OF 688
	<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. 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.34381
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017
Transaction ID : SA11AI.34382
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.34383
 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 511 OF 688
	<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. Swerlein, Ronald, , ,		Date of Receipt
Mailing Address 2404 Sunset Dr		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Longmont	State CO	Zip Code 80501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34384
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 ▼ <input type="text" value="1200.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. tailor, kirk, , ,		Date of Receipt
Mailing Address 412 Sandy Bay Ter		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2017"/>
City Rockport	State MA	Zip Code 01966
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34388
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 ▼ <input type="text" value="339.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. tailor, kirk, , ,		Date of Receipt
Mailing Address 412 Sandy Bay Ter		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2017"/>
City Rockport	State MA	Zip Code 01966
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34389
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 ▼ <input type="text" value="364.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="152.00"/>
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 512 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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
tailor, kirk, , ,

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 ▼
391.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2017

Transaction ID : SA11AI.34390

Amount of Each Receipt this Period
27.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
tailor, kirk, , ,

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 ▼
416.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2017

Transaction ID : SA11AI.34391

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
tailor, kirk, , ,

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 ▼
443.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2017

Transaction ID : SA11AI.34392

Amount of Each Receipt this Period
27.00

Memo Item

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 513 OF 688
	<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. tailor, kirk, , ,		Date of Receipt MM / DD / YYYY 09 / 16 / 2017 Transaction ID : SA11AI.34393
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 ▼ 468.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. tailor, kirk, , ,		Date of Receipt MM / DD / YYYY 10 / 02 / 2017 Transaction ID : SA11AI.34394
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 ▼ 495.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. tailor, kirk, , ,		Date of Receipt MM / DD / YYYY 10 / 16 / 2017 Transaction ID : SA11AI.34395
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 ▼ 520.00	

SUBTOTAL of Receipts This Page (optional).....▶	77.00
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 514 OF 688
	<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
tailor, kirk, , ,

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 ▼
547.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2017

Transaction ID : SA11AI.34396

Amount of Each Receipt this Period
27.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport	State MA	Zip Code 01966
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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 ▼
572.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2017

Transaction ID : SA11AI.34397

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
tailor, kirk, , ,

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 ▼
599.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2017

Transaction ID : SA11AI.34398

Amount of Each Receipt this Period
27.00

Memo Item

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: PAGE 515 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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 ▼ 624.00

Date of Receipt **12 / 16 / 2017**
Transaction ID : SA11AI.34399
 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 ▼ 350.00

Date of Receipt **07 / 15 / 2017**
Transaction ID : SA11AI.34401
 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 ▼ 400.00

Date of Receipt **08 / 15 / 2017**
Transaction ID : SA11AI.34402
 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 516 OF 688
	<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 <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. Tatman, Dereck, , ,		Date of Receipt
Mailing Address 7481 Sean Taylor Lane		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City San Diego	State CA	Zip Code 92126
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34403
Name of Employer (for Individual) Sequenom, Inc.		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) VP of Business Development		<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 B. Tatman, Dereck, , ,		Date of Receipt
Mailing Address 7481 Sean Taylor Lane		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City San Diego	State CA	Zip Code 92126
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34404
Name of Employer (for Individual) Sequenom, Inc.		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) VP of Business Development		<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 C. Tatman, Dereck, , ,		Date of Receipt
Mailing Address 7481 Sean Taylor Lane		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City San Diego	State CA	Zip Code 92126
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34405
Name of Employer (for Individual) Sequenom, Inc.		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) VP of Business Development		<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="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 517 OF 688
	<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. 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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.34406

Amount of Each Receipt this Period
50.00

Memo Item

B. Tester, Mark, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8070 Padre Way NE

City Otsego	State MN	Zip Code 55330
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Indepnent Contractor
--	---

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
09	/	17	/	2017

Transaction ID : SA11AI.34411

Amount of Each Receipt this Period
25.00

Memo Item

C. Tester, Mark, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8070 Padre Way NE

City Otsego	State MN	Zip Code 55330
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Indepnent Contractor
--	---

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
10	/	17	/	2017

Transaction ID : SA11AI.34412

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 518 OF 688
	<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. Tester, Mark, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8070 Padre Way NE

City Otsego	State MN	Zip Code 55330
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Independent Contractor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.34413

Amount of Each Receipt this Period
25.00

Memo Item

B. Tester, Mark, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8070 Padre Way NE

City Otsego	State MN	Zip Code 55330
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Independent Contractor
--	---

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
12	/	17	/	2017

Transaction ID : SA11AI.34414

Amount of Each Receipt this Period
25.00

Memo Item

c. The Victor Apple Farm LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 Elmdorf Avenue

City Rochester	State NY	Zip Code 14619
-------------------	-------------	-------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2017

Transaction ID : SA11AI.31435

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: PAGE 519 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. The Victor Apple Farm LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Elmdorf Avenue
 City Rochester State NY Zip Code 14619
 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 10 / 24 / 2017
Transaction ID : SA11AI.31436
 Amount of Each Receipt this Period 25.00
 Memo Item

B. The Victor Apple Farm LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Elmdorf Avenue
 City Rochester State NY Zip Code 14619
 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 ▼ 275.00

Date of Receipt 11 / 24 / 2017
Transaction ID : SA11AI.31437
 Amount of Each Receipt this Period 25.00
 Memo Item

c. The Victor Apple Farm LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Elmdorf Avenue
 City Rochester State NY Zip Code 14619
 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 12 / 24 / 2017
Transaction ID : SA11AI.31438
 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 520 OF 688
	<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. Thierry, Delphine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 Richdale Ave Apt 1
 City Cambridge State MA Zip Code 02140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compass Integrated Comms Occupation (for Individual) Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 10 / 2017
Transaction ID : SA11AI.34416
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Thierry, Delphine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 Richdale Ave Apt 1
 City Cambridge State MA Zip Code 02140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compass Integrated Comms Occupation (for Individual) Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 10 / 2017
Transaction ID : SA11AI.34417
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Thierry, Delphine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 Richdale Ave Apt 1
 City Cambridge State MA Zip Code 02140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compass Integrated Comms Occupation (for Individual) Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 10 / 2017
Transaction ID : SA11AI.34418
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 521 OF 688
	<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. Thierry, Delphine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 Richdale Ave Apt 1
 City Cambridge State MA Zip Code 02140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Compass Integrated Comms Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 11 / 10 / 2017
Transaction ID : SA11AI.34419
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Thierry, Delphine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 Richdale Ave Apt 1
 City Cambridge State MA Zip Code 02140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Compass Integrated Comms Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 12 / 10 / 2017
Transaction ID : SA11AI.34420
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Thomas, Abraham, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 Kent Ln
 City Philadelphia State PA Zip Code 19115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 DePuy Synthes Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 08 / 2017
Transaction ID : SA11AI.34423
 Amount of Each Receipt this Period 25.00
 Memo Item

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 522 OF 688
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Thomas, Abraham, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 Kent Ln
 City Philadelphia State PA Zip Code 19115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DePuy Synthes Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2017
Transaction ID : SA11AI.34424
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Thomas, Abraham, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 Kent Ln
 City Philadelphia State PA Zip Code 19115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DePuy Synthes Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 08 / 2017
Transaction ID : SA11AI.34425
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Thomas, Abraham, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 Kent Ln
 City Philadelphia State PA Zip Code 19115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DePuy Synthes Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 08 / 2017
Transaction ID : SA11AI.34426
 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 523 OF 688
	<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. Thorpe, Veronica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95-1374 Wikao St
 City Mililani State HI Zip Code 96789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 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
 09 / 16 / 2017
Transaction ID : SA11AI.34436
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Thorpe, Veronica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95-1374 Wikao St
 City Mililani State HI Zip Code 96789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 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
 10 / 16 / 2017
Transaction ID : SA11AI.34437
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Thorpe, Veronica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95-1374 Wikao St
 City Mililani State HI Zip Code 96789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2017
Transaction ID : SA11AI.34438
 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:	PAGE 524 OF 688
	(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. Thorpe, Veronica, , ,

Mailing Address 95-1374 Wikao St

City Mililani	State HI	Zip Code 96789
------------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

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
12	/	16	/	2017

Transaction ID : SA11AI.34439

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Tiger, Elizabeth, , ,

Mailing Address 3 manor Dr

City Byram Township	State NJ	Zip Code 07821
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Durga Tree International	Occupation (for Individual) Exec Director Anti-Trafficking Org
---	---

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
10	/	04	/	2017

Transaction ID : SA11AI.34443

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Tonon, Terry, , ,

Mailing Address 1010 Forest Ave

City Evanston	State IL	Zip Code 60202
------------------	-------------	-------------------

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

Name of Employer (for Individual) Baird & Warner	Occupation (for Individual) Real Estate Broker
---	---

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
09	/	17	/	2017

Transaction ID : SA11AI.34450

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 525 OF 688
	<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. Tonon, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Forest Ave
 City Evanston State IL Zip Code 60202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baird & Warner Occupation (for Individual) Real Estate Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 17 / 2017**
Transaction ID : SA11AI.34451
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Tonon, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Forest Ave
 City Evanston State IL Zip Code 60202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baird & Warner Occupation (for Individual) Real Estate Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **12 / 17 / 2017**
Transaction ID : SA11AI.34452
 Amount of Each Receipt this Period 25.00
 Memo Item

C. torres, george, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2949 fenton Ave
 City bronx State NY Zip Code 10469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) not employed Occupation (for Individual) not employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 23 / 2017**
Transaction ID : SA11AI.34457
 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 526 OF 688
	<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
torres, george, , ,

Mailing Address 2949 fenton Ave

City bronx	State NY	Zip Code 10469
---------------	-------------	-------------------

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

Name of Employer (for Individual) not employed	Occupation (for Individual) not employed
---	---

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
10		23		2017

Transaction ID : SA11AI.34458

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
torres, george, , ,

Mailing Address 2949 fenton Ave

City bronx	State NY	Zip Code 10469
---------------	-------------	-------------------

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

Name of Employer (for Individual) not employed	Occupation (for Individual) not employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2017

Transaction ID : SA11AI.34459

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
torres, george, , ,

Mailing Address 2949 fenton Ave

City bronx	State NY	Zip Code 10469
---------------	-------------	-------------------

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

Name of Employer (for Individual) not employed	Occupation (for Individual) not employed
---	---

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
12		23		2017

Transaction ID : SA11AI.34460

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 527 OF 688
	<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. Toth, Eric, , ,		Date of Receipt MM / DD / YYYY 07 / 31 / 2017 Transaction ID : SA11AI.34463
Mailing Address 240 sunnyridge Ave unit 94		Amount of Each Receipt this Period 50.00
City Fairfield	State CT	Zip Code 06824
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) General Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Toth, Eric, , ,		Date of Receipt MM / DD / YYYY 08 / 31 / 2017 Transaction ID : SA11AI.34464
Mailing Address 240 sunnyridge Ave unit 94		Amount of Each Receipt this Period 50.00
City Fairfield	State CT	Zip Code 06824
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) General Contractor	
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 C. Toth, Eric, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2017 Transaction ID : SA11AI.34465
Mailing Address 240 sunnyridge Ave unit 94		Amount of Each Receipt this Period 50.00
City Fairfield	State CT	Zip Code 06824
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) General Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

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 528 OF 688
	<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. 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 ▼ 500.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.34466
 Amount of Each Receipt this Period 50.00
 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 ▼ 550.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.34467
 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 ▼ 600.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.34468
 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 529 OF 688
	<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. Trani, Jean-Francois, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4542 gibson Ave
 City St Louis State MO Zip Code 63110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.34470
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Trani, Jean-Francois, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4542 gibson Ave
 City St Louis State MO Zip Code 63110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.34471
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Trani, Jean-Francois, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4542 gibson Ave
 City St Louis State MO Zip Code 63110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.34472
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 530 OF 688
	<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. Trani, Jean-Francois, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4542 gibson Ave

City St Louis	State MO	Zip Code 63110
------------------	-------------	-------------------

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

Name of Employer (for Individual) Washington University	Occupation (for Individual) Professor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2017

Transaction ID : SA11Al.34473

Amount of Each Receipt this Period
27.00

Memo Item

B. Trani, Jean-Francois, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4542 gibson Ave

City St Louis	State MO	Zip Code 63110
------------------	-------------	-------------------

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

Name of Employer (for Individual) Washington University	Occupation (for Individual) Professor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2017

Transaction ID : SA11Al.34474

Amount of Each Receipt this Period
27.00

Memo Item

C. 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : SA11Al.34477

Amount of Each Receipt this Period
50.00

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 531 OF 688
	<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. 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2017
Transaction ID : SA11AI.34478
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2017
Transaction ID : SA11AI.34479
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2017
Transaction ID : SA11AI.34480
 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 532 OF 688
	<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. 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2017
Transaction ID : SA11AI.34481
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2017
Transaction ID : SA11AI.34482
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Trinh, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2729 Muscatel Ave
 City Rosemead State CA Zip Code 91770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mobilitware Occupation (for Individual) Senior Test Analyst
 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
 09 / 08 / 2017
Transaction ID : SA11AI.34485
 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 533 OF 688
	<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. Trinh, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2729 Muscatel Ave
 City Rosemead State CA Zip Code 91770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mobilitware Occupation (for Individual) Senior Test Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 08 / 2017**
Transaction ID : SA11AI.34486
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Trinh, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2729 Muscatel Ave
 City Rosemead State CA Zip Code 91770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mobilitware Occupation (for Individual) Senior Test Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 08 / 2017**
Transaction ID : SA11AI.34487
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Trinh, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2729 Muscatel Ave
 City Rosemead State CA Zip Code 91770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mobilitware Occupation (for Individual) Senior Test Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 08 / 2017**
Transaction ID : SA11AI.34488
 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 534 OF 688
	<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. Tufankjian, Arsen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 Stevens Ave
 City Portland State ME Zip Code 04103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amazon Occupation (for Individual) Software Development Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.34497
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Tufankjian, Arsen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 Stevens Ave
 City Portland State ME Zip Code 04103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amazon Occupation (for Individual) Software Development Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.34498
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Tufankjian, Arsen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 Stevens Ave
 City Portland State ME Zip Code 04103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amazon Occupation (for Individual) Software Development Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.34499
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 535 OF 688
	<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. Tufankjian, Arsen, , ,		Date of Receipt
Mailing Address 707 Stevens Ave		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Portland	State ME	Zip Code 04103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34500
Name of Employer (for Individual) Amazon		Occupation (for Individual) Software Development 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="27.00"/>
<input type="text" value="297.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tufankjian, Arsen, , ,		Date of Receipt
Mailing Address 707 Stevens Ave		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Portland	State ME	Zip Code 04103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34501
Name of Employer (for Individual) Amazon		Occupation (for Individual) Software Development 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="27.00"/>
<input type="text" value="324.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Turbek, John, , ,		Date of Receipt
Mailing Address 693 Finnell Rd		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Georgetown	State KY	Zip Code 40324
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34502
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 ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="text" value="350.00"/>		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.00"/>
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 536 OF 688
	<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
Mailing Address 693 Finnell Rd		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Georgetown	State KY	Zip Code 40324
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34503
Name of Employer (for Individual) Cisco Systems		Amount of Each Receipt this Period <input type="text" value="50.00"/>
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="400.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Turbek, John, , ,		Date of Receipt
Mailing Address 693 Finnell Rd		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Georgetown	State KY	Zip Code 40324
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34504
Name of Employer (for Individual) Cisco Systems		Amount of Each Receipt this Period <input type="text" value="50.00"/>
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="450.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Turbek, John, , ,		Date of Receipt
Mailing Address 693 Finnell Rd		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Georgetown	State KY	Zip Code 40324
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34505
Name of Employer (for Individual) Cisco Systems		Amount of Each Receipt this Period <input type="text" value="50.00"/>
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="500.00"/>	

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 537 OF 688
	<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					
Mailing Address 693 Finnell Rd			<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">M M M 11</td> <td style="width: 33%;">D D D 29</td> <td style="width: 33%;">Y Y Y Y Y Y 2017</td> </tr> </table>			M M M 11	D D D 29	Y Y Y Y Y Y 2017
M M M 11	D D D 29	Y Y Y Y Y Y 2017						
City Georgetown			State KY		Zip Code 40324			
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.34506					
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) ▼			Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">50.00</td> </tr> </table>				50.00	
	50.00							
Aggregate Year-to-Date ▼			<input type="checkbox"/> Memo Item					
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">550.00</td> </tr> </table>				550.00				
	550.00							

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Turbek, John, , ,			Date of Receipt					
Mailing Address 693 Finnell Rd			<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">M M M 12</td> <td style="width: 33%;">D D D 29</td> <td style="width: 33%;">Y Y Y Y Y Y 2017</td> </tr> </table>			M M M 12	D D D 29	Y Y Y Y Y Y 2017
M M M 12	D D D 29	Y Y Y Y Y Y 2017						
City Georgetown			State KY		Zip Code 40324			
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.34507					
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) ▼			Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">50.00</td> </tr> </table>				50.00	
	50.00							
Aggregate Year-to-Date ▼			<input type="checkbox"/> Memo Item					
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">600.00</td> </tr> </table>				600.00				
	600.00							

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Uehara, Dean, , ,			Date of Receipt					
Mailing Address 91-1015 Kai Weke St			<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">M M M 09</td> <td style="width: 33%;">D D D 27</td> <td style="width: 33%;">Y Y Y Y Y Y 2017</td> </tr> </table>			M M M 09	D D D 27	Y Y Y Y Y Y 2017
M M M 09	D D D 27	Y Y Y Y Y Y 2017						
City Ewa Beach			State HI		Zip Code 96706			
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.34521					
Name of Employer (for Individual) Hawaii DoE			Occupation (for Individual) Substitute Teacher					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">25.00</td> </tr> </table>				25.00	
	25.00							
Aggregate Year-to-Date ▼			<input type="checkbox"/> Memo Item					
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">225.00</td> </tr> </table>				225.00				
	225.00							

SUBTOTAL of Receipts This Page (optional).....	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">125.00</td> </tr> </table>		125.00
	125.00		
TOTAL This Period (last page this line number only).....	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table>		

**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 538 OF 688
	<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. Uehara, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91-1015 Kai Weke St
 City Ewa Beach State HI Zip Code 96706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hawaii DoE Occupation (for Individual) Substitute Teacher
 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
 10 / 27 / 2017
Transaction ID : SA11AI.34522
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Uehara, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91-1015 Kai Weke St
 City Ewa Beach State HI Zip Code 96706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hawaii DoE Occupation (for Individual) Substitute Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2017
Transaction ID : SA11AI.34523
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Uehara, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91-1015 Kai Weke St
 City Ewa Beach State HI Zip Code 96706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hawaii DoE Occupation (for Individual) Substitute Teacher
 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
 12 / 27 / 2017
Transaction ID : SA11AI.34524
 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 539 OF 688
	<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. Vang, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2718 62nd st NW
 City Rochester State MN Zip Code 55901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 IBM 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
 09 / 21 / 2017
Transaction ID : SA11AI.34546
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Vang, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2718 62nd st NW
 City Rochester State MN Zip Code 55901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 IBM 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
 10 / 21 / 2017
Transaction ID : SA11AI.34547
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Vang, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2718 62nd st NW
 City Rochester State MN Zip Code 55901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 IBM Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : SA11AI.34548
 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 540 OF 688
	<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. Vang, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2718 62nd st NW
 City Rochester State MN Zip Code 55901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 IBM 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
 12 / 21 / 2017
Transaction ID : SA11AI.34549
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Van Houten, Billie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4908 W MOUNTAIN VIEW RD
 City GLENDALE State AZ Zip Code 85302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CVS/Coram Registered Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2017
Transaction ID : SA11AI.34537
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Van Houten, Billie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4908 W MOUNTAIN VIEW RD
 City GLENDALE State AZ Zip Code 85302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CVS/Coram Registered Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2017
Transaction ID : SA11AI.34538
 Amount of Each Receipt this Period
 27.00
 Memo Item

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 541 OF 688
	<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. Van Houten, Billie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4908 W MOUNTAIN VIEW RD
 City GLENDALE State AZ Zip Code 85302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS/Coram Occupation (for Individual) Registered Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 11 / 2017
Transaction ID : SA11AI.34539
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Van Houten, Billie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4908 W MOUNTAIN VIEW RD
 City GLENDALE State AZ Zip Code 85302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS/Coram Occupation (for Individual) Registered Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 11 / 2017
Transaction ID : SA11AI.34540
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Van Houten, Billie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4908 W MOUNTAIN VIEW RD
 City GLENDALE State AZ Zip Code 85302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CVS/Coram Occupation (for Individual) Registered Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 11 / 2017
Transaction ID : SA11AI.34541
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 542 OF 688
	<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. Vaughn, Virginia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3050 Wilton Rd
 City West Columbia State SC Zip Code 29170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) lizards thicket Occupation (for Individual) Waitress
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 14 / 2017
Transaction ID : SA11AI.34557
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Vaughn, Virginia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3050 Wilton Rd
 City West Columbia State SC Zip Code 29170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) lizards thicket Occupation (for Individual) Waitress
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2017
Transaction ID : SA11AI.34558
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Vaughn, Virginia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3050 Wilton Rd
 City West Columbia State SC Zip Code 29170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) lizards thicket Occupation (for Individual) Waitress
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 14 / 2017
Transaction ID : SA11AI.34559
 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 543 OF 688
	<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. Vaughn, Virginia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3050 Wilton Rd
 City West Columbia State SC Zip Code 29170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) lizards thicket Occupation (for Individual) Waitress
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 14 / 2017**
Transaction ID : SA11AI.34560
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Vicious Syndicate Gaming
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9353 E waterloo Rd
 City Stockton State CA Zip Code 95215
 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 ▼ 350.00

Date of Receipt **07 / 23 / 2017**
Transaction ID : SA11AI.31439
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Vicious Syndicate Gaming
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9353 E waterloo Rd
 City Stockton State CA Zip Code 95215
 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 ▼ 400.00

Date of Receipt **08 / 23 / 2017**
Transaction ID : SA11AI.31440
 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 544 OF 688
	<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. Vredenburg, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 197 Meadowcreek Dr.
 D
 City Wadsworth State OH Zip Code 44281
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Westfield Group Occupation (for Individual) Computer Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2017
Transaction ID : SA11AI.34577
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Vredenburg, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 197 Meadowcreek Dr.
 D
 City Wadsworth State OH Zip Code 44281
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Westfield Group Occupation (for Individual) Computer Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.34578
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Vredenburg, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 197 Meadowcreek Dr.
 D
 City Wadsworth State OH Zip Code 44281
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Westfield Group Occupation (for Individual) Computer Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2017
Transaction ID : SA11AI.34579
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 545 OF 688
	<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. Vredenburg, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 197 Meadowcreek Dr.
 D
 City Wadsworth State OH Zip Code 44281
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Westfield Group Occupation (for Individual) Computer Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2017
Transaction ID : SA11AI.34580
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Vredenburg, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 197 Meadowcreek Dr.
 D
 City Wadsworth State OH Zip Code 44281
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Westfield Group Occupation (for Individual) Computer Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.34581
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Vredenburg, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 197 Meadowcreek Dr.
 D
 City Wadsworth State OH Zip Code 44281
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Westfield Group Occupation (for Individual) Computer Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2017
Transaction ID : SA11AI.34582
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 546 OF 688
	<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"/>	<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. Vredenburg, Evan, , ,			Date of Receipt		
Mailing Address 197 Meadowcreek Dr. D			M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2017		
City Wadsworth State OH Zip Code 44281			Transaction ID : SA11AI.34583		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 27.00		
Name of Employer (for Individual) Westfield Group		Occupation (for Individual) Computer Operator	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wachter, E.R., , ,			Date of Receipt		
Mailing Address 19081 Brewster Road			M M M / D D D / Y Y Y Y Y Y 08 / 13 / 2017		
City Aurora State OH Zip Code 44202			Transaction ID : SA11AI.34807		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 209.00		
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 ▼ 209.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Waite, Jeff, , ,			Date of Receipt		
Mailing Address 4532 Oak Crest Hill Rd Se			M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2017		
City Iowa City State IA Zip Code 52240			Transaction ID : SA11AI.34588		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00		
Name of Employer (for Individual) Hawkeye Sewer & Drain Inc.		Occupation (for Individual) Owner	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 700.00			

SUBTOTAL of Receipts This Page (optional).....	336.00
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 547 OF 688
	<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 08 / 01 / 2017
Mailing Address 4532 Oak Crest Hill Rd Se		Transaction ID : SA11AI.34589
City Iowa City	State IA	Zip Code 52240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Hawkeye Sewer & Drain Inc.	Occupation (for Individual) Owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Waite, Jeff, , ,		Date of Receipt MM / DD / YYYY 09 / 01 / 2017
Mailing Address 4532 Oak Crest Hill Rd Se		Transaction ID : SA11AI.34590
City Iowa City	State IA	Zip Code 52240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Hawkeye Sewer & Drain Inc.	Occupation (for Individual) Owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Waldschmitt, James, , ,		Date of Receipt MM / DD / YYYY 07 / 30 / 2017
Mailing Address 6651 NW 48th St		Transaction ID : SA11AI.34591
City Johnston	State IA	Zip Code 50131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

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 548 OF 688
	<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. Waldschmitt, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6651 NW 48th St

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

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

Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker
---	--

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
08		30		2017

Transaction ID : SA11AI.34592

Amount of Each Receipt this Period
50.00

Memo Item

B. Waldschmitt, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6651 NW 48th St

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

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

Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA11AI.34593

Amount of Each Receipt this Period
50.00

Memo Item

C. Waldschmitt, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6651 NW 48th St

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

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

Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker
---	--

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
10		30		2017

Transaction ID : SA11AI.34594

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 549 OF 688
	<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. Waldschmitt, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6651 NW 48th St

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

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

Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11AI.34595

Amount of Each Receipt this Period
50.00

Memo Item

B. Waldschmitt, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6651 NW 48th St

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

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

Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker
---	--

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
12	/	30	/	2017

Transaction ID : SA11AI.34596

Amount of Each Receipt this Period
50.00

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 ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2017

Transaction ID : SA11AI.34597

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 550 OF 688
	<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 ▼ 350.00

Date of Receipt 08 / 09 / 2017
Transaction ID : SA11AI.34598
 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 ▼ 375.00

Date of Receipt 08 / 22 / 2017
Transaction ID : SA11AI.34599
 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 ▼ 400.00

Date of Receipt 09 / 09 / 2017
Transaction ID : SA11AI.34600
 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 551 OF 688
	<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. wallace, matt, , ,		Date of Receipt
Mailing Address 1141 35th Ave n		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City saint cloud	State MN	Zip Code 56303
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34602
Name of Employer (for Individual) Brush Masters		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Painter		<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="216.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. wallace, matt, , ,		Date of Receipt
Mailing Address 1141 35th Ave n		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City saint cloud	State MN	Zip Code 56303
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34603
Name of Employer (for Individual) Brush Masters		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Painter		<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="243.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. wallace, matt, , ,		Date of Receipt
Mailing Address 1141 35th Ave n		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City saint cloud	State MN	Zip Code 56303
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34604
Name of Employer (for Individual) Brush Masters		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Painter		<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="270.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
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 552 OF 688
	<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. wallace, matt, , ,		Date of Receipt
Mailing Address 1141 35th Ave n		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City saint cloud	State MN	Zip Code 56303
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.34605
Name of Employer (for Individual) Brush Masters		Occupation (for Individual) Painter
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="27.00"/>
<input type="text" value="297.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. wallace, matt, , ,		Date of Receipt
Mailing Address 1141 35th Ave n		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City saint cloud	State MN	Zip Code 56303
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.34606
Name of Employer (for Individual) Brush Masters		Occupation (for Individual) Painter
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="27.00"/>
<input type="text" value="324.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Webb, Dustin, , ,		Date of Receipt
Mailing Address 2808 st mark Dr		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City mansfield	State TX	Zip Code 76063
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.34618
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 ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="text" value="350.00"/>		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.00"/>
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 553 OF 688
	<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. Webb, Dustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2808 st mark Dr
 City mansfield State TX Zip Code 76063
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2017
Transaction ID : SA11AI.34619
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Webb, Dustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2808 st mark Dr
 City mansfield State TX Zip Code 76063
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2017
Transaction ID : SA11AI.34620
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Webb, Dustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2808 st mark Dr
 City mansfield State TX Zip Code 76063
 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
 08 / 31 / 2017
Transaction ID : SA11AI.34621
 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 554 OF 688
	<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. Webb, Dustin, , ,		Date of Receipt
Mailing Address 2808 st mark Dr		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City mansfield	State TX	Zip Code 76063
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34622
Name of Employer (for Individual) None		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) None		<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"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Webb, Dustin, , ,		Date of Receipt
Mailing Address 2808 st mark Dr		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City mansfield	State TX	Zip Code 76063
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34623
Name of Employer (for Individual) None		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) None		<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. Webb, Dustin, , ,		Date of Receipt
Mailing Address 2808 st mark Dr		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City mansfield	State TX	Zip Code 76063
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34624
Name of Employer (for Individual) None		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) None		<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"/>	

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 555 OF 688
	<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. Webb, Dustin, , ,		Date of Receipt
Mailing Address 2808 st mark Dr		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City mansfield	State TX	Zip Code 76063
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34625
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 ▼ <input type="text" value="700.00"/>	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. Webster, Laurence, , ,		Date of Receipt
Mailing Address 5710 W Gate City Blvd Suite K Box		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Greensboro	State NC	Zip Code 27407
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34629
Name of Employer (for Individual) Self		Occupation (for Individual) MD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Webster, Laurence, , ,		Date of Receipt
Mailing Address 5710 W Gate City Blvd Suite K Box		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Greensboro	State NC	Zip Code 27407
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34630
Name of Employer (for Individual) Self		Occupation (for Individual) MD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.00"/>
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 556 OF 688
<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. Webster, Laurence, , ,			Date of Receipt MM / DD / YYYY 10 / 21 / 2017 Transaction ID : SA11AI.34631
Mailing Address 5710 W Gate City Blvd Suite K Box			Amount of Each Receipt this Period 27.00
City Greensboro	State NC	Zip Code 27407	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Self		Occupation (for Individual) MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Webster, Laurence, , ,			Date of Receipt MM / DD / YYYY 11 / 21 / 2017 Transaction ID : SA11AI.34632
Mailing Address 5710 W Gate City Blvd Suite K Box			Amount of Each Receipt this Period 27.00
City Greensboro	State NC	Zip Code 27407	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Self		Occupation (for Individual) MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Webster, Laurence, , ,			Date of Receipt MM / DD / YYYY 12 / 21 / 2017 Transaction ID : SA11AI.34633
Mailing Address 5710 W Gate City Blvd Suite K Box			Amount of Each Receipt this Period 27.00
City Greensboro	State NC	Zip Code 27407	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Self		Occupation (for Individual) MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 324.00	

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 557 OF 688
	<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. Weil, Carolyn, , ,			Date of Receipt
Mailing Address 1470 Rose St			<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City Berkeley	State CA	Zip Code 94702	Transaction ID : SA11AI.34638
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) College Preparatory School		Occupation (for Individual) cook	<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="225.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Westbrook, Adam, , ,			Date of Receipt
Mailing Address 1166 Corsica Dr			<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Pacific Palisades	State CA	Zip Code 90272	Transaction ID : SA11AI.34650
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) self-employed		Occupation (for Individual) Screenwriter	<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="216.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Westbrook, Adam, , ,			Date of Receipt
Mailing Address 1166 Corsica Dr			<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Pacific Palisades	State CA	Zip Code 90272	Transaction ID : SA11AI.34651
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) self-employed		Occupation (for Individual) Screenwriter	<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="243.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="79.00"/>
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 558 OF 688
	<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. Westbrook, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1166 Corsica Dr
 City Pacific Palisades State CA Zip Code 90272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) Screenwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 10 / 2017**
Transaction ID : SA11AI.34652
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Weston, Roderick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 linley Ln
 City Lincoln State CA Zip Code 95842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Construction
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 20 / 2017**
Transaction ID : SA11AI.34654
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Weston, Roderick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 linley Ln
 City Lincoln State CA Zip Code 95842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Construction
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 20 / 2017**
Transaction ID : SA11AI.34655
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 559 OF 688
	<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. Weston, Roderick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 linley Ln
 City Lincoln State CA Zip Code 95842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Construction
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2017
Transaction ID : SA11AI.34656
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Weston, Roderick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 linley Ln
 City Lincoln State CA Zip Code 95842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Construction
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2017
Transaction ID : SA11AI.34657
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Weston, Roderick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 linley Ln
 City Lincoln State CA Zip Code 95842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Construction
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2017
Transaction ID : SA11AI.34658
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 560 OF 688
	<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. Whitney, Eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8105 Pinto Path

City Austin	State TX	Zip Code 78736-1822
----------------	-------------	------------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2017

Transaction ID : SA11AI.34663

Amount of Each Receipt this Period
25.00

Memo Item

B. Whitney, Eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8105 Pinto Path

City Austin	State TX	Zip Code 78736-1822
----------------	-------------	------------------------

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
10		02		2017

Transaction ID : SA11AI.34664

Amount of Each Receipt this Period
25.00

Memo Item

C. Whitney, Eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8105 Pinto Path

City Austin	State TX	Zip Code 78736-1822
----------------	-------------	------------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2017

Transaction ID : SA11AI.34665

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 561 OF 688
	<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. Whitney, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8105 Pinto Path
 City Austin State TX Zip Code 78736-1822
 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 **12 / 02 / 2017**
Transaction ID : SA11AI.34666
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Williams, Barry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 Clinton St
 City Portland State ME Zip Code 04103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 01 / 2017**
Transaction ID : SA11AI.34671
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Williams, Barry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 Clinton St
 City Portland State ME Zip Code 04103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 01 / 2017**
Transaction ID : SA11AI.34672
 Amount of Each Receipt this Period 27.00
 Memo Item

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 562 OF 688
	<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. Williams, Barry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 Clinton St

City Portland	State ME	Zip Code 04103
------------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

Transaction ID : SA11AI.34673

Amount of Each Receipt this Period
27.00

Memo Item

B. Williams, Barry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 Clinton St

City Portland	State ME	Zip Code 04103
------------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

Transaction ID : SA11AI.34674

Amount of Each Receipt this Period
27.00

Memo Item

C. 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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2017

Transaction ID : SA11AI.34675

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	154.00
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 563 OF 688
	<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. 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 ▼ 800.00

Date of Receipt 08 / 13 / 2017
Transaction ID : SA11AI.34676
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 900.00

Date of Receipt 09 / 13 / 2017
Transaction ID : SA11AI.34677
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 1000.00

Date of Receipt 10 / 13 / 2017
Transaction ID : SA11AI.34678
 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 564 OF 688
	<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. 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 ▼ 1100.00

Date of Receipt **11 / 13 / 2017**
Transaction ID : SA11AI.34679
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 1200.00

Date of Receipt **12 / 13 / 2017**
Transaction ID : SA11AI.34680
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Williamson, Carrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5204 Avenue F
 City Austin State TX Zip Code 78751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) Physical Therapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **11 / 13 / 2017**
Transaction ID : SA11AI.34685
 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 565 OF 688
	<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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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. Williamson, Carrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5204 Avenue F
 City Austin State TX Zip Code 78751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) Physical Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 13 / 2017**
Transaction ID : SA11AI.34686
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wilson, john, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2126 Grove Rd
 City Baileys Harbor State WI Zip Code 54202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Manufacturing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 19 / 2017**
Transaction ID : SA11AI.34689
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wilson, john, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2126 Grove Rd
 City Baileys Harbor State WI Zip Code 54202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Manufacturing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.34690
 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 566 OF 688
	<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. Wilson, john, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2126 Grove Rd
 City Baileys Harbor State WI Zip Code 54202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Manufacturing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 19 / 2017
Transaction ID : SA11AI.34691
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wilson, john, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2126 Grove Rd
 City Baileys Harbor State WI Zip Code 54202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Manufacturing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 19 / 2017
Transaction ID : SA11AI.34692
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wittmann, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 321 W 9th
 City Winfield State KS Zip Code 67156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WestRock Occupation (for Individual) Buyer/Planner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.34700
 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 567 OF 688
	<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. Wittmann, Joseph, , ,

Mailing Address 321 W 9th

City Winfield	State KS	Zip Code 67156
------------------	-------------	-------------------

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

Name of Employer (for Individual) WestRock	Occupation (for Individual) Buyer/Planner
---	--

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
10		12		2017

Transaction ID : SA11AI.34701

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Wood, Cody, , ,

Mailing Address 106 Hampton St

City Rudd	State IA	Zip Code 50471
--------------	-------------	-------------------

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

Name of Employer (for Individual) Graham Wood Door	Occupation (for Individual) Door Lifter
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2017

Transaction ID : SA11AI.34707

Amount of Each Receipt this Period
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Wood, Cody, , ,

Mailing Address 106 Hampton St

City Rudd	State IA	Zip Code 50471
--------------	-------------	-------------------

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

Name of Employer (for Individual) Graham Wood Door	Occupation (for Individual) Door Lifter
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2017

Transaction ID : SA11AI.34708

Amount of Each Receipt this Period
27.00

Memo Item

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 568 OF 688
	<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. Wood, Cody, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Hampton St

City Rudd	State IA	Zip Code 50471
--------------	-------------	-------------------

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

Name of Employer (for Individual) Graham Wood Door	Occupation (for Individual) Door Lifter
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

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

Transaction ID : SA11AI.34709

Amount of Each Receipt this Period
27.00

Memo Item

B. Wood, Cody, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Hampton St

City Rudd	State IA	Zip Code 50471
--------------	-------------	-------------------

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

Name of Employer (for Individual) Graham Wood Door	Occupation (for Individual) Door Lifter
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2017

Transaction ID : SA11AI.34710

Amount of Each Receipt this Period
27.00

Memo Item

C. Wood, Cody, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Hampton St

City Rudd	State IA	Zip Code 50471
--------------	-------------	-------------------

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

Name of Employer (for Individual) Graham Wood Door	Occupation (for Individual) Door Lifter
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2017

Transaction ID : SA11AI.34711

Amount of Each Receipt this Period
27.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	81.00
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 569 OF 688
	<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. 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2017

Transaction ID : SA11AI.34712

Amount of Each Receipt this Period
50.00

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

Transaction ID : SA11AI.34713

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 ▼
450.00

Date of Receipt

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

Transaction ID : SA11AI.34714

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 570 OF 688
	<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. 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 ▼ 500.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11Al.34715
 Amount of Each Receipt this Period 50.00
 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 ▼ 550.00

Date of Receipt 11 / 09 / 2017
Transaction ID : SA11Al.34716
 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 ▼ 600.00

Date of Receipt 12 / 09 / 2017
Transaction ID : SA11Al.34717
 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 571 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 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) Occupation (for Individual)
 Varian Medical Systems Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2017
Transaction ID : SA11AI.34718
 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) Occupation (for Individual)
 Varian Medical Systems Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2017
Transaction ID : SA11AI.34719
 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) Occupation (for Individual)
 Varian Medical Systems Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017
Transaction ID : SA11AI.34720
 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 572 OF 688
	<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. 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

Transaction ID : SA11AI.34721

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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : SA11AI.34722

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2017

Transaction ID : SA11AI.34723

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 573 OF 688
	<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. Wylie, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14407 Kedvale Ave
 City Midlothian State IL Zip Code 60445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grumman/Butkus Associates Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 26 / 2017
Transaction ID : SA11AI.34730
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Wylie, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14407 Kedvale Ave
 City Midlothian State IL Zip Code 60445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grumman/Butkus Associates Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 26 / 2017
Transaction ID : SA11AI.34731
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Wylie, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14407 Kedvale Ave
 City Midlothian State IL Zip Code 60445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grumman/Butkus Associates Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 26 / 2017
Transaction ID : SA11AI.34732
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 81.00
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 574 OF 688
	<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. Wylie, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14407 Kedvale Ave
 City Midlothian State IL Zip Code 60445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grumman/Butkus Associates Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.34733
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Wylie, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14407 Kedvale Ave
 City Midlothian State IL Zip Code 60445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grumman/Butkus Associates Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 26 / 2017
Transaction ID : SA11AI.34734
 Amount of Each Receipt this Period 27.00
 Memo Item

C. YANG, QI DE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1258 74TH STREEET
 City Brooklyn State NY Zip Code 11228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MTS LOGISTICS, INC. Occupation (for Individual) Logistics Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 22 / 2017
Transaction ID : SA11AI.34737
 Amount of Each Receipt this Period 25.00
 Memo Item

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 575 OF 688
	<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. yao, eric, , ,

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2017

Transaction ID : SA11AI.34738

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. yao, eric, , ,

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

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
08		01		2017

Transaction ID : SA11AI.34739

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. yao, eric, , ,

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2017

Transaction ID : SA11AI.34740

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 576 OF 688
	<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. yao, eric, , ,

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

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
10		01		2017

Transaction ID : SA11AI.34741

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. yao, eric, , ,

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2017

Transaction ID : SA11AI.34742

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. yao, eric, , ,

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

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
12		01		2017

Transaction ID : SA11AI.34743

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 577 OF 688
	<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. Yi, Arthur, , ,			Date of Receipt MM / DD / YYYY 08 / 10 / 2017
Mailing Address 143 Mendham Dr			Transaction ID : SA11AI.34745
City North Wales	State PA	Zip Code 19454	Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Aon	Occupation (for Individual) Operations Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yi, Arthur, , ,			Date of Receipt MM / DD / YYYY 09 / 10 / 2017
Mailing Address 143 Mendham Dr			Transaction ID : SA11AI.34746
City North Wales	State PA	Zip Code 19454	Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Aon	Occupation (for Individual) Operations Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Yi, Arthur, , ,			Date of Receipt MM / DD / YYYY 10 / 10 / 2017
Mailing Address 143 Mendham Dr			Transaction ID : SA11AI.34747
City North Wales	State PA	Zip Code 19454	Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Aon	Occupation (for Individual) Operations Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 578 OF 688
	<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. Yi, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 Mendham Dr
 City North Wales State PA Zip Code 19454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aon Occupation (for Individual) Operations Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 10 / 2017
Transaction ID : SA11AI.34748
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Yi, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 Mendham Dr
 City North Wales State PA Zip Code 19454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aon Occupation (for Individual) Operations Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.34749
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Zampedro, Val, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1752 Pine Tree St S Apt. F
 City Columbus State OH Zip Code 43229
 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 ▼ 350.00

Date of Receipt 07 / 18 / 2017
Transaction ID : SA11AI.34763
 Amount of Each Receipt this Period 50.00
 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 579 OF 688
	<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. Zampedro, Val, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2017
Mailing Address 1752 Pine Tree St S Apt. F		Transaction ID : SA11AI.34764
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) retired	Occupation (for Individual) retired	<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	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zampedro, Val, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2017
Mailing Address 1752 Pine Tree St S Apt. F		Transaction ID : SA11AI.34765
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Zampedro, Val, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2017
Mailing Address 1752 Pine Tree St S Apt. F		Transaction ID : SA11AI.34766
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

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 580 OF 688
	<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="10"/> / <input type="text" value="09"/> / <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.34767
Name of Employer (for Individual) retired		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) retired		<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"/>	

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="10"/> / <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.34768
Name of Employer (for Individual) retired		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) retired		<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. Zampedro, Val, , ,		Date of Receipt
Mailing Address 1752 Pine Tree St S Apt. F		<input type="text" value="11"/> / <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.34769
Name of Employer (for Individual) retired		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) retired		<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"/>	

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 581 OF 688
	<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. Zampedro, Val, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1752 Pine Tree St S
 Apt. F
 City Columbus State OH Zip Code 43229
 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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2017
Transaction ID : SA11AI.34770
 Amount of Each Receipt this Period
 50.00
 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 ▼
 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2017
Transaction ID : SA11AI.34775
 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 ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2017
Transaction ID : SA11AI.34776
 Amount of Each Receipt this Period
 250.00
 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 582 OF 688
<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. Zink, Dorothy, , ,		Date of Receipt
Mailing Address 6291 Royalist Dr		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Huntington Beach	State CA	Zip Code 92647
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34781
Name of Employer (for Individual) Haven Exchange		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) CEO		<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="225.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zink, Dorothy, , ,		Date of Receipt
Mailing Address 6291 Royalist Dr		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Huntington Beach	State CA	Zip Code 92647
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34782
Name of Employer (for Individual) Haven Exchange		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) CEO		<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. Zink, Dorothy, , ,		Date of Receipt
Mailing Address 6291 Royalist Dr		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Huntington Beach	State CA	Zip Code 92647
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.34783
Name of Employer (for Individual) Haven Exchange		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) CEO		<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="275.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
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 583 OF 688
	<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. Zink, Dorothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6291 Royalist Dr
 City Huntington Beach State CA Zip Code 92647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Haven Exchange Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **MM / DD / YYYY**
 12 / 20 / 2017
Transaction ID : SA11AI.34784
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Zitnik, Galynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15335 Beach Dr NE
 City Lake Forest Park State WA Zip Code 98155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **MM / DD / YYYY**
 08 / 26 / 2017
Transaction ID : SA11AI.34787
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Zitnik, Galynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15335 Beach Dr NE
 City Lake Forest Park State WA Zip Code 98155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) scientist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **MM / DD / YYYY**
 09 / 26 / 2017
Transaction ID : SA11AI.34788
 Amount of Each Receipt this Period 27.00
 Memo Item

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 584 OF 688
	<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. Zitnik, Galynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15335 Beach Dr NE
 City Lake Forest Park State WA Zip Code 98155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : SA11AI.34789
 Amount of Each Receipt this Period
 27.00
 Memo Item

B. Zitnik, Galynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15335 Beach Dr NE
 City Lake Forest Park State WA Zip Code 98155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2017
Transaction ID : SA11AI.34790
 Amount of Each Receipt this Period
 27.00
 Memo Item

C. Zitnik, Galynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15335 Beach Dr NE
 City Lake Forest Park State WA Zip Code 98155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2017
Transaction ID : SA11AI.34791
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 585 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Zonta, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 352 Brighton Ave #329
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2017
Transaction ID : SA11AI.34792
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Zonta, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 352 Brighton Ave #329
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2017
Transaction ID : SA11AI.34793
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Zonta, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 352 Brighton Ave #329
 City San Francisco State CA Zip Code 94112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : SA11AI.34794
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 586 OF 688
	<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. Zonta, Mike, , ,			Date of Receipt
Mailing Address 352 Brighton Ave #329			<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City San Francisco	State CA	Zip Code 94112	Transaction ID : SA11AI.34795
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	<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="297.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zonta, Mike, , ,			Date of Receipt
Mailing Address 352 Brighton Ave #329			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City San Francisco	State CA	Zip Code 94112	Transaction ID : SA11AI.34796
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	<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="324.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Zonta, Mike, , ,			Date of Receipt
Mailing Address 352 Brighton Ave #329			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City San Francisco	State CA	Zip Code 94112	Transaction ID : SA11AI.34797
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	<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="351.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="90277.00"/>

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

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

FOR LINE NUMBER: PAGE 587 OF 688
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. ADP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5800 Windward Parkway
 City Alpharetta State GA Zip Code 30005
 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 ▼
 1053.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA15.31361
 Amount of Each Receipt this Period
 893.15
 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 ▼
 634.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2017
Transaction ID : SA15.31390
 Amount of Each Receipt this Period
 413.51
 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).....▶	1306.66
TOTAL This Period (last page this line number only).....▶	1306.66

**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. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31362 Amount of Each Disbursement this Period 2602.29	
City Warren	State RI	Zip Code 02885	Category/ Type
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. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31364 Amount of Each Disbursement this Period 2602.28	
City Warren	State RI	Zip Code 02885	Category/ Type
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. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31365 Amount of Each Disbursement this Period 2602.30	
City Warren	State RI	Zip Code 02885	Category/ Type
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)..... ▶

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

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. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31366 Amount of Each Disbursement this Period 2602.29	
City Warren	State RI	Zip Code 02885	Category/ Type
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. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31367 Amount of Each Disbursement this Period 2602.28	
City Warren	State RI	Zip Code 02885	Category/ Type
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. Aciz, Joshua, , ,		Date of Disbursement MM / DD / YYYY 12 / 28 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31368 Amount of Each Disbursement this Period 2602.30	
City Warren	State RI	Zip Code 02885	Category/ Type
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)..... ▶

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, Myrianette, , ,

Mailing Address 22 Warren Ave

City Warren State RI Zip Code 02885

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 10 / 2017

FEC Identification Number: C
Transaction ID : **SB21B.31023**
Amount of Each Disbursement this Period: 250.00

Memo Item

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

Mailing Address 22 Warren Ave

City Warren State RI Zip Code 02885

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number: C
Transaction ID : **SB21B.31069**
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Administrative Business Services

Mailing Address 5125 Stony 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) ▼

Date of Disbursement: MM / DD / YYYY
07 / 18 / 2017

FEC Identification Number: C
Transaction ID : **SB21B.31038**
Amount of Each Disbursement this Period: 1700.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2950.00

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

A. Administrative Business Services

Full Name (Last, First, Middle Initial)

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
08 / 14 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.31094**
Amount of Each Disbursement this Period
1300.00

Memo Item

B. Administrative Business Services

Full Name (Last, First, Middle Initial)

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
09 / 20 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.31142**
Amount of Each Disbursement this Period
925.00

Memo Item

C. Administrative Business Services

Full Name (Last, First, Middle Initial)

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
10 / 17 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.31192**
Amount of Each Disbursement this Period
900.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3125.00

**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

A. Administrative Business Services

Full Name (Last, First, Middle Initial)

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

M M / D D / Y Y Y Y Y
11 / 16 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.31268**
Amount of Each Disbursement this Period
1112.50

Memo Item

B. Administrative Business Services

Full Name (Last, First, Middle Initial)

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

M M / D D / Y Y Y Y Y
12 / 18 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.31327**
Amount of Each Disbursement this Period
1050.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 07 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.31342**
Amount of Each Disbursement this Period
64.43

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2226.93

**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

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: 07 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31343

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: 07 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31344

Amount of Each Disbursement this Period: 4593.08

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: 08 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31345

Amount of Each Disbursement this Period: 64.43

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4681.51

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. ADP		Date of Disbursement MM / DD / YYYY 08 / 25 / 2017
Mailing Address 5800 Windward Parkway		FEC Identification Number C [] Transaction ID : SB21B.31346 Amount of Each Disbursement this Period 24.00
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Services	Category/Type []	
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. ADP		Date of Disbursement MM / DD / YYYY 08 / 30 / 2017
Mailing Address 5800 Windward Parkway		FEC Identification Number C [] Transaction ID : SB21B.31348 Amount of Each Disbursement this Period 4495.16
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Taxes	Category/Type []	
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. ADP		Date of Disbursement MM / DD / YYYY 09 / 08 / 2017
Mailing Address 5800 Windward Parkway		FEC Identification Number C [] Transaction ID : SB21B.31348 Amount of Each Disbursement this Period 64.43
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Services	Category/Type []	
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)..... ▶	4583.59
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. ADP		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 5800 Windward Parkway		FEC Identification Number C Transaction ID : SB21B.31350 Amount of Each Disbursement this Period 4495.12
City Alpharetta	State GA	
Purpose of Disbursement Payroll Taxes	Zip Code 30005	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. ADP		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017
Mailing Address 5800 Windward Parkway		FEC Identification Number C Transaction ID : SB21B.31351 Amount of Each Disbursement this Period 24.00
City Alpharetta	State GA	
Purpose of Disbursement Payroll Services	Zip Code 30005	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. ADP		Date of Disbursement MM / DD / YYYY 10 / 06 / 2017
Mailing Address 5800 Windward Parkway		FEC Identification Number C Transaction ID : SB21B.31352 Amount of Each Disbursement this Period 64.43
City Alpharetta	State GA	
Purpose of Disbursement Payroll Services	Zip Code 30005	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)..... ▶

4583.55

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. 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

/ /

FEC Identification Number

Transaction ID : SB21B.31353
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Transaction ID : SB21B.31354
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Transaction ID : SB21B.31355
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

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: 11 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31356

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: 11 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31357

Amount of Each Disbursement this Period: 4429.27

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: 12 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31358

Amount of Each Disbursement this Period: 124.03

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4577.30

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. ADP		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 29 / 2017	
Mailing Address 5800 Windward Parkway		FEC Identification Number C [] Transaction ID : SB21B.31359 Amount of Each Disbursement this Period [] 4429.24	
City Alpharetta	State GA	Zip Code 30005	Category/ Type []
Purpose of Disbursement Payroll Taxes		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. ADP		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 29 / 2017	
Mailing Address 5800 Windward Parkway		FEC Identification Number C [] Transaction ID : SB21B.31360 Amount of Each Disbursement this Period [] 30.00	
City Alpharetta	State GA	Zip Code 30005	Category/ Type []
Purpose of Disbursement Payroll Services		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. AirBNB		Date of Disbursement M M / D D / Y Y Y Y Y Y 09 / 19 / 2017	
Mailing Address 888 Brannan Street		FEC Identification Number C [] Transaction ID : SB21B.31136 Amount of Each Disbursement this Period [] 61.60	
City San Francisco	State CA	Zip Code 94103	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)..... ▶	[] 4520.84
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

Full Name (Last, First, Middle Initial) A. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 07 / 28 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : SB21B.31057 Amount of Each Disbursement this Period 50.00	
City New York	State NY	Zip Code 10001	Category/ Type []
Purpose of Disbursement		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. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 08 / 02 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : SB21B.31064 Amount of Each Disbursement this Period 0.50	
City New York	State NY	Zip Code 10001	Category/ Type []
Purpose of Disbursement		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. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : SB21B.31122 Amount of Each Disbursement this Period 0.75	
City New York	State NY	Zip Code 10001	Category/ Type []
Purpose of Disbursement		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).....▶	51.25
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. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : SB21B.31158 Amount of Each Disbursement this Period [] 144.58
City New York	State NY	Zip Code 10001
Purpose of Disbursement Credit Card Payment		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. Office Depot		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 3001 Nicollet Ave		FEC Identification Number C [] Transaction ID : SB21B.31158 Amount of Each Disbursement this Period [] 129.58
City Minneapolis	State MN	Zip Code 55408
Purpose of Disbursement Office Supplies		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : SB21B.31158 Amount of Each Disbursement this Period [] 15.00
City New York	State NY	Zip Code 10001
Purpose of Disbursement Service Charge		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 checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 144.58
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. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : SB21B.31167 Amount of Each Disbursement this Period [] 0.75	
City New York	State NY	Zip Code 10001	Category/ Type []
Purpose of Disbursement		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : SB21B.31211 Amount of Each Disbursement this Period [] 1557.11	
City New York	State NY	Zip Code 10001	Category/ Type []
Purpose of Disbursement Credit Card Payment		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Alamo Rent a Car		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 1 Airport Rd		FEC Identification Number C [] Transaction ID : SB21B.31211 Amount of Each Disbursement this Period [] 109.32	
City Manchester	State NH	Zip Code 03103	Category/ Type []
Purpose of Disbursement Car Rental		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1557.86
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. Fedex Office		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.31211 Amount of Each Disbursement this Period [] 377.77
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Sarpinos Pizza		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 578 E Oakton St		FEC Identification Number C [] Transaction ID : SB21B.31211 Amount of Each Disbursement this Period [] 582.08
City Des Plaines	State IL	Zip Code 60018
Purpose of Disbursement	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) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [] Transaction ID : SB21B.31211 Amount of Each Disbursement this Period [] 25.00
City DFW Airport	State TX	Zip Code 75261
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) ▼	
<input checked="" type="checkbox"/> Memo Item		

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. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 275 Seventh Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31211 Amount of Each Disbursement this Period [REDACTED] 106.25
City New York	State NY	Zip Code 10001
Purpose of Disbursement Fees/Interest		Category/ Type [REDACTED]
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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017
Mailing Address 275 Seventh Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31230 Amount of Each Disbursement this Period [REDACTED] 0.25
City New York	State NY	Zip Code 10001
Purpose of Disbursement Bank Charges		Category/ Type [REDACTED]
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. American Airlines		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31032 Amount of Each Disbursement this Period [REDACTED] 369.50
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel		Category/ Type [REDACTED]
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] 369.75
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. American Airlines		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [] Transaction ID : SB21B.31046 Amount of Each Disbursement this Period [] 119.20
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel	Category/Type []	
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. American Airlines		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [] Transaction ID : SB21B.31096 Amount of Each Disbursement this Period [] 274.40
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel	Category/Type []	
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. American Airlines		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [] Transaction ID : SB21B.31095 Amount of Each Disbursement this Period [] 25.00
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel	Category/Type []	
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).....▶	[] 418.60
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 07 / 03 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31013 Amount of Each Disbursement this Period [] 1221.86	
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 07 / 05 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31017 Amount of Each Disbursement this Period [] 379.06	
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 07 / 06 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31015 Amount of Each Disbursement this Period [] 28.17	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1629.09
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. Authorize.net		Date of Disbursement MM / DD / YYYY 07 / 07 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31021 Amount of Each Disbursement this Period 26.72
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 07 / 10 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31022 Amount of Each Disbursement this Period 81.83
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 07 / 11 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.3102t Amount of Each Disbursement this Period 200.49
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	309.04
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 07 / 12 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31028 Amount of Each Disbursement this Period [] 61.85	
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 07 / 13 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31031 Amount of Each Disbursement this Period [] 57.38	
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 07 / 14 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31034 Amount of Each Disbursement this Period [] 34.75	
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).....▶	[] 153.98
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 07 / 17 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31036 Amount of Each Disbursement this Period [] 94.03	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees			
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. Authorize.net		Date of Disbursement MM / DD / YYYY 07 / 18 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31037 Amount of Each Disbursement this Period [] 21.52	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees			
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. Authorize.net		Date of Disbursement MM / DD / YYYY 07 / 19 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31044 Amount of Each Disbursement this Period [] 18.38	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees			
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).....▶	[] 133.93
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. Authorize.net		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31043 Amount of Each Disbursement this Period [] 67.77	
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 07 / 21 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31045 Amount of Each Disbursement this Period [] 26.62	
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 07 / 24 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31051 Amount of Each Disbursement this Period [] 75.83	
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) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 170.22
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.31058
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.31059
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.31062
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		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31065 Amount of Each Disbursement this Period [] 322.22	
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 08 / 03 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31068 Amount of Each Disbursement this Period [] 42.71	
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 08 / 04 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31070 Amount of Each Disbursement this Period [] 23.21	
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).....▶	[] 388.14
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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2017

FEC Identification Number

C []

Transaction ID : SB21B.31076

Amount of Each Disbursement this Period

[] 56.53

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
08		08		2017

FEC Identification Number

C []

Transaction ID : SB21B.31080

Amount of Each Disbursement this Period

[] 14.52

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

M M M	/	D D D	/	Y Y Y Y Y
08		09		2017

FEC Identification Number

C []

Transaction ID : SB21B.31081

Amount of Each Disbursement this Period

[] 21.32

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 92.37

[]

**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) ▼

Date of Disbursement: MM / DD / YYYY
08 / 10 / 2017

FEC Identification Number
C
Transaction ID : SB21B.31083
Amount of Each Disbursement this Period
38.24

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) ▼

Date of Disbursement: MM / DD / YYYY
08 / 11 / 2017

FEC Identification Number
C
Transaction ID : SB21B.31085
Amount of Each Disbursement this Period
191.05

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) ▼

Date of Disbursement: MM / DD / YYYY
08 / 14 / 2017

FEC Identification Number
C
Transaction ID : SB21B.31093
Amount of Each Disbursement this Period
119.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 348.49

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

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 08 / 15 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31095 Amount of Each Disbursement this Period 68.01
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 08 / 16 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31098 Amount of Each Disbursement this Period 27.84
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 08 / 17 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31100 Amount of Each Disbursement this Period 19.81
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).....▶	115.66
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		Date of Disbursement MM / DD / YYYY 08 / 18 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31101 Amount of Each Disbursement this Period [] 16.50	
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 08 / 21 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31103 Amount of Each Disbursement this Period [] 61.28	
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 08 / 22 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31104 Amount of Each Disbursement this Period [] 30.71	
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).....▶	[] 108.49
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. 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
08 / 23 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31106

Amount of Each Disbursement this Period

22.04

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
08 / 24 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31107

Amount of Each Disbursement this Period

10.87

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
08 / 25 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31108

Amount of Each Disbursement this Period

27.67

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

60.58

**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

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.31109

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.31110

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.31111

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	7

FEC Identification Number

C []

Transaction ID : SB21B.31112

Amount of Each Disbursement this Period

[] 33.23

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	7

FEC Identification Number

C []

Transaction ID : SB21B.31113

Amount of Each Disbursement this Period

[] 965.31

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	7

FEC Identification Number

C []

Transaction ID : SB21B.31114

Amount of Each Disbursement this Period

[] 351.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 1350.24

[]

**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. Authorize.net

Date of Disbursement: MM / DD / YYYY
09 / 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) ▼

Category/Type: _____

FEC Identification Number: **C** _____
Transaction ID : **SB21B.31117**
Amount of Each Disbursement this Period: _____
108.64

Memo Item

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

Date of Disbursement: MM / DD / YYYY
09 / 06 / 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) ▼

Category/Type: _____

FEC Identification Number: **C** _____
Transaction ID : **SB21B.31120**
Amount of Each Disbursement this Period: _____
37.92

Memo Item

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

Date of Disbursement: MM / DD / YYYY
09 / 07 / 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) ▼

Category/Type: _____

FEC Identification Number: **C** _____
Transaction ID : **SB21B.31123**
Amount of Each Disbursement this Period: _____
55.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 201.58

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. Authorize.net		Date of Disbursement MM / DD / YYYY 09 / 08 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Transaction ID : SB21B.31125
Candidate Name		Amount of Each Disbursement this Period 15.12
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 09 / 11 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Transaction ID : SB21B.31129
Candidate Name		Amount of Each Disbursement this Period 229.96
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 09 / 12 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Transaction ID : SB21B.31131
Candidate Name		Amount of Each Disbursement this Period 59.11
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).....▶	304.19
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 09 / 18 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31135 Amount of Each Disbursement this Period [] 63.03	
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 09 / 19 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31137 Amount of Each Disbursement this Period [] 25.84	
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 09 / 20 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31141 Amount of Each Disbursement this Period [] 16.27	
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).....▶	[] 105.14
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		Date of Disbursement MM / DD / YYYY 09 / 21 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31143 Amount of Each Disbursement this Period 23.69
City San Francisco	State CA	
Zip Code 94128		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees		
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. Authorize.net		Date of Disbursement MM / DD / YYYY 09 / 22 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31144 Amount of Each Disbursement this Period 29.17
City San Francisco	State CA	
Zip Code 94128		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees		
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. Authorize.net		Date of Disbursement MM / DD / YYYY 09 / 25 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31147 Amount of Each Disbursement this Period 60.96
City San Francisco	State CA	
Zip Code 94128		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees		
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).....▶	113.82
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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.31148
 Amount of Each Disbursement this Period
 [] 14.65

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	9		2	7		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.31150
 Amount of Each Disbursement this Period
 [] 48.49

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	9		2	8		2	0	1	7

FEC Identification Number

C []
Transaction ID : SB21B.31157
 Amount of Each Disbursement this Period
 [] 32.35

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[]	95.49
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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

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 09 / 29 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31162 Amount of Each Disbursement this Period [] 70.03	
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 10 / 02 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31165 Amount of Each Disbursement this Period [] 1000.34	
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 10 / 03 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31166 Amount of Each Disbursement this Period [] 58.47	
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: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1128.84
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

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31168 Amount of Each Disbursement this Period [] 256.96	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees			
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. Authorize.net		Date of Disbursement MM / DD / YYYY 10 / 05 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31172 Amount of Each Disbursement this Period [] 17.63	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees			
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. Authorize.net		Date of Disbursement MM / DD / YYYY 10 / 06 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31174 Amount of Each Disbursement this Period [] 64.65	
City San Francisco	State CA	Zip Code 94128	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees			
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).....▶	[] 339.24
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
10 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31177

Amount of Each Disbursement this Period

154.13

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
10 / 11 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31183

Amount of Each Disbursement this Period

180.31

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
10 / 12 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31184

Amount of Each Disbursement this Period

63.53

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

397.97

**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 10 / 13 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31186 Amount of Each Disbursement this Period [] 62.00	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 10 / 16 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31190 Amount of Each Disbursement this Period [] 85.68	
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 10 / 17 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31191 Amount of Each Disbursement this Period [] 20.75	
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).....▶	[] 168.43
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

M M / D D / Y Y Y Y Y Y
10 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31193
Amount of Each Disbursement this Period
33.54

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 Y Y
10 / 19 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31194
Amount of Each Disbursement this Period
22.65

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 Y Y
10 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31197
Amount of Each Disbursement this Period
30.14

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

86.33

**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. Authorize.net		Date of Disbursement MM / DD / YYYY 10 / 23 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31201 Amount of Each Disbursement this Period 98.09	
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 10 / 24 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31204 Amount of Each Disbursement this Period 10.74	
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 10 / 25 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31205 Amount of Each Disbursement this Period 28.29	
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).....▶	137.12
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 10 / 26 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31206 Amount of Each Disbursement this Period [] 7.45	
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 10 / 27 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31208 Amount of Each Disbursement this Period [] 18.46	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31208 Amount of Each Disbursement this Period [] 70.98	
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).....▶	[] 96.89
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

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

C

Transaction ID : SB21B.31210

Amount of Each Disbursement this Period

31.22

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
11			01			2017			

FEC Identification Number

C

Transaction ID : SB21B.31224

Amount of Each Disbursement this Period

747.16

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
11			03			2017			

FEC Identification Number

C

Transaction ID : SB21B.31224

Amount of Each Disbursement this Period

527.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

<input type="text"/>	1306.00
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<input type="text"/>	
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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 11 / 06 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31249 Amount of Each Disbursement this Period [] 70.77	
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 11 / 07 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31250 Amount of Each Disbursement this Period [] 16.06	
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 11 / 08 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31251 Amount of Each Disbursement this Period [] 13.81	
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).....▶	[] 100.64
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
11 / 09 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31257
Amount of Each Disbursement this Period
26.12

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
11 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31260
Amount of Each Disbursement this Period
31.96

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
11 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31262
Amount of Each Disbursement this Period
235.36

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

293.44

**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 11 / 14 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31264 Amount of Each Disbursement this Period [] 52.00
City San Francisco	State CA	Zip Code 94128
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. Authorize.net		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31265 Amount of Each Disbursement this Period [] 33.52
City San Francisco	State CA	Zip Code 94128
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) C. Authorize.net		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31266 Amount of Each Disbursement this Period [] 23.85
City San Francisco	State CA	Zip Code 94128
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 109.37
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
11 / 22 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31275
Amount of Each Disbursement this Period
28.28

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
11 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31276
Amount of Each Disbursement this Period
57.98

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
11 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31275
Amount of Each Disbursement this Period
61.21

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

147.47

**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		Date of Disbursement MM / DD / YYYY 11 / 28 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31280 Amount of Each Disbursement this Period [] 26.23	
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 11 / 29 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31282 Amount of Each Disbursement this Period [] 29.92	
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 11 / 30 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [] Transaction ID : SB21B.31283 Amount of Each Disbursement this Period [] 36.09	
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).....▶	[] 92.24
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: 12 / 01 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.31288**

Amount of Each Disbursement this Period: 527.09

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: 12 / 04 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.31291**

Amount of Each Disbursement this Period: 347.33

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: 12 / 05 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.31292**

Amount of Each Disbursement this Period: 16.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 891.26

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 12 / 07 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31293 Amount of Each Disbursement this Period 350.73
City San Francisco	State CA	
Zip Code 94128		Memo Item <input type="checkbox"/>
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:	

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31296 Amount of Each Disbursement this Period 27.27
City San Francisco	State CA	
Zip Code 94128		Memo Item <input type="checkbox"/>
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:	

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31297 Amount of Each Disbursement this Period 46.78
City San Francisco	State CA	
Zip Code 94128		Memo Item <input type="checkbox"/>
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:	

SUBTOTAL of Disbursements This Page (optional).....▶	424.78
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

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 12 / 11 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31301 Amount of Each Disbursement this Period 233.97
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 12 / 12 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31305 Amount of Each Disbursement this Period 48.76
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 12 / 13 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31305 Amount of Each Disbursement this Period 63.30
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).....▶	346.03
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. 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) ▼

Date of Disbursement: MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number: C
Transaction ID : SB21B.31312
Amount of Each Disbursement this Period: 25.16

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) ▼

Date of Disbursement: MM / DD / YYYY
12 / 15 / 2017

FEC Identification Number: C
Transaction ID : SB21B.31316
Amount of Each Disbursement this Period: 33.63

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) ▼

Date of Disbursement: MM / DD / YYYY
12 / 18 / 2017

FEC Identification Number: C
Transaction ID : SB21B.31324
Amount of Each Disbursement this Period: 82.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 140.83

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. Authorize.net

Date of Disbursement
MM / DD / YYYY
12 / 19 / 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.31329**
Amount of Each Disbursement this Period
62.16

Memo Item

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

Date of Disbursement
MM / DD / YYYY
12 / 20 / 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.31330**
Amount of Each Disbursement this Period
14.89

Memo Item

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

Date of Disbursement
MM / DD / YYYY
12 / 21 / 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.31334**
Amount of Each Disbursement this Period
14.87

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 91.92

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		Date of Disbursement MM / DD / YYYY 12 / 22 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31336 Amount of Each Disbursement this Period 41.32
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	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. Authorize.net		Date of Disbursement MM / DD / YYYY 12 / 26 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31337 Amount of Each Disbursement this Period 102.28
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	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. Authorize.net		Date of Disbursement MM / DD / YYYY 12 / 27 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C Transaction ID : SB21B.31338 Amount of Each Disbursement this Period 19.28
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	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).....▶	162.88
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. Authorize.net

Date of Disbursement: / /

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:
Transaction ID : SB21B.31339
Amount of Each Disbursement this Period:
 Memo Item

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

Date of Disbursement: / /

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:
Transaction ID : SB21B.31341
Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
C. Comfort Inn O'Hare

Date of Disbursement: / /

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) ▼

FEC Identification Number:
Transaction ID : SB21B.31082
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. Comfort Inn O'Hare		Date of Disbursement MM / DD / YYYY 08 / 14 / 2017	
Mailing Address 2175 E Touhy Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31087 Amount of Each Disbursement this Period [REDACTED] 227.97	
City Des Plaines	State IL	Zip Code 60018	Category/ Type [REDACTED]
Purpose of Disbursement Lodging		Candidate Name	
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. Comfort Inn O'Hare		Date of Disbursement MM / DD / YYYY 08 / 14 / 2017	
Mailing Address 2175 E Touhy Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31091 Amount of Each Disbursement this Period [REDACTED] 558.18	
City Des Plaines	State IL	Zip Code 60018	Category/ Type [REDACTED]
Purpose of Disbursement Lodging		Candidate Name	
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. Comfort Inn O'Hare		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017	
Mailing Address 2175 E Touhy Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31121 Amount of Each Disbursement this Period [REDACTED] 455.95	
City Des Plaines	State IL	Zip Code 60018	Category/ Type [REDACTED]
Purpose of Disbursement Lodging		Candidate Name	
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).....▶	[REDACTED] 1242.10
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. Continental National American Group		Date of Disbursement MM / DD / YYYY 07 / 04 / 2017
Mailing Address 333 South Wabash Avenue		FEC Identification Number C [] Transaction ID : SB21B.31014 Amount of Each Disbursement this Period [] 88.00
City Chicago	State IL	Zip Code 60604
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CT Corporation		Date of Disbursement MM / DD / YYYY 11 / 07 / 2017
Mailing Address 1015 15th Street, NW		FEC Identification Number C [] Transaction ID : SB21B.31252 Amount of Each Disbursement this Period [] 380.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Corporate Representation		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. Delta Airlines		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address P. O. Box 20706		FEC Identification Number C [] Transaction ID : SB21B.31044 Amount of Each Disbursement this Period [] 83.20
City Atlanta	State GA	Zip Code 30320
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).....▶	[] 551.20
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. Democracy Engine

Mailing Address 2125 14TH STREET NW #101W

City Washington State DC Zip Code 20009

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: 12 / 31 / 2017

FEC Identification Number: C
Transaction ID : SB21B.34812
Amount of Each Disbursement this Period: 7.45

Memo Item

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

Mailing Address 155 5th St
7th Floor

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Contribution Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 11 / 2017

FEC Identification Number: C
Transaction ID : SB21B.31303
Amount of Each Disbursement this Period: 709.48

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
Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 01 / 2017

FEC Identification Number: C
Transaction ID : SB21B.31061
Amount of Each Disbursement this Period: 40.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 756.93

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. Facebook

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.31188

Amount of Each Disbursement this Period

[REDACTED] 50.18

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 Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.31223

Amount of Each Disbursement this Period

[REDACTED] 75.00

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 Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.31287

Amount of Each Disbursement this Period

[REDACTED] 107.56

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 232.74

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. Fedex Office		Date of Disbursement MM / DD / YYYY 10 / 05 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.31169 Amount of Each Disbursement this Period [] 116.09
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 10 / 13 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.31185 Amount of Each Disbursement this Period [] 94.99
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 11 / 06 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [] Transaction ID : SB21B.31228 Amount of Each Disbursement this Period [] 5.92
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).....▶	[] 217.00
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. 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

M M / D D / Y Y Y Y Y Y
11 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31259
Amount of Each Disbursement this Period
51.64

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

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31319
Amount of Each Disbursement this Period
60.33

Memo Item

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Web Advertising

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 Y Y
07 / 03 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31012
Amount of Each Disbursement this Period
100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

211.97

**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 08 / 02 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.31063 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 09 / 05 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.31116 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 10 / 02 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C Transaction ID : SB21B.31164 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)..... ▶

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

300.00

**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. Google		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31225 Amount of Each Disbursement this Period [REDACTED] 100.00
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Web Advertising	Category/Type [REDACTED]	
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. Google		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31289 Amount of Each Disbursement this Period [REDACTED] 104.16
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Web Advertising	Category/Type [REDACTED]	
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. Gulf Oil		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address 14 Ascutney Store R		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31182 Amount of Each Disbursement this Period [REDACTED] 32.25
City Ascutney	State VT	Zip Code 05030
Purpose of Disbursement Gas	Category/Type [REDACTED]	
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).....▶	[REDACTED] 236.41
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. Gulf Oil		Date of Disbursement MM / DD / YYYY 11 / 13 / 2017
Mailing Address 14 Ascutney Store R		FEC Identification Number C [] Transaction ID : SB21B.31261 Amount of Each Disbursement this Period [] 31.87
City Ascutney	State VT	Zip Code 05030
Purpose of Disbursement Gas	Category/Type []	
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. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 16599 Sequoia St		FEC Identification Number C [] Transaction ID : SB21B.31369 Amount of Each Disbursement this Period [] 3680.18
City Fountain Valley	State CA	Zip Code 92708
Purpose of Disbursement Payroll	Category/Type []	
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 08 / 31 / 2017
Mailing Address 16599 Sequoia St		FEC Identification Number C [] Transaction ID : SB21B.31371 Amount of Each Disbursement this Period [] 3680.19
City Fountain Valley	State CA	Zip Code 92708
Purpose of Disbursement Payroll	Category/Type []	
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)..... ▶

7392.24

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 09 / 28 / 2017	
Mailing Address 16599 Sequoia St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31371 Amount of Each Disbursement this Period [REDACTED] 3680.19	
City Fountain Valley	State CA	Zip Code 92708	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. Hartson, Alison, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 16599 Sequoia St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31372 Amount of Each Disbursement this Period [REDACTED] 3680.18	
City Fountain Valley	State CA	Zip Code 92708	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. Hotwire		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017	
Mailing Address 655 Montgomery Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31033 Amount of Each Disbursement this Period [REDACTED] 377.40	
City San Francisco	State CA	Zip Code 94111	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] 7737.77
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

A. Hotwire

Full Name (Last, First, Middle Initial)

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.31067**

Amount of Each Disbursement this Period: 148.62

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 Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 08 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.31299**

Amount of Each Disbursement this Period: 68.39

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 Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 13 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.31307**

Amount of Each Disbursement this Period: 71.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 288.86

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. Hotwire

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

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 Y Y
12 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31311
Amount of Each Disbursement this Period
139.47

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
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 Y Y
12 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31321
Amount of Each Disbursement this Period
69.50

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

M M / D D / Y Y Y Y Y Y
07 / 05 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31015
Amount of Each Disbursement this Period
131.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

340.17

**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. JetBlue		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017
Mailing Address 2701 Queens Plz N		FEC Identification Number C [] Transaction ID : SB21B.31310 Amount of Each Disbursement this Period [] 292.20
City Long Island City	State NY	Zip Code 11101
Purpose of Disbursement Travel	Category/Type []	
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. JetBlue		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address 2701 Queens Plz N		FEC Identification Number C [] Transaction ID : SB21B.31328 Amount of Each Disbursement this Period [] 25.00
City Long Island City	State NY	Zip Code 11101
Purpose of Disbursement Travel	Category/Type []	
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. Lemay, Bryant, , ,		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 13 Dryden Blvd		FEC Identification Number C [] Transaction ID : SB21B.31373 Amount of Each Disbursement this Period [] 2585.31
City Warwick	State RI	Zip Code 02888
Purpose of Disbursement Payroll	Category/Type []	
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).....▶	[] 2902.51
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 08 / 31 / 2017	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [] Transaction ID : SB21B.31374 Amount of Each Disbursement this Period [] 2585.30	
City Warwick	State RI	Zip Code 02888	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
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. Lemay, Bryant, , ,		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [] Transaction ID : SB21B.31376 Amount of Each Disbursement this Period [] 2585.32	
City Warwick	State RI	Zip Code 02888	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
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. Lemay, Bryant, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [] Transaction ID : SB21B.31377 Amount of Each Disbursement this Period [] 2585.31	
City Warwick	State RI	Zip Code 02888	Category/ Type []
Purpose of Disbursement Payroll		Candidate Name	
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).....▶	[] 7755.93
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: 11 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31378

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: 12 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31379

Amount of Each Disbursement this Period: 2585.32

Memo Item

C. Monetta, Michael, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5 Midhurst St

City Nashua State NH Zip Code 03063

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.3138t

Amount of Each Disbursement this Period: 3464.86

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8635.48

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. Monetta, Michael, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5 Midhurst St

City Nashua State NH Zip Code 03063

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31384

Amount of Each Disbursement this Period: 3464.87

Memo Item

B. Monetta, Michael, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5 Midhurst St

City Nashua State NH Zip Code 03063

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31385

Amount of Each Disbursement this Period: 3467.69

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31024

Amount of Each Disbursement this Period: 3078.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10011.26

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31079
Amount of Each Disbursement this Period
3078.70

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31118
Amount of Each Disbursement this Period
3078.70

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31124
Amount of Each Disbursement this Period
3078.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9236.10

**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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31176
Amount of Each Disbursement this Period
3078.70

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31255
Amount of Each Disbursement this Period
3078.70

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31298
Amount of Each Disbursement this Period
3078.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9236.10

**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. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 19 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31039
Amount of Each Disbursement this Period
72.08

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31072
Amount of Each Disbursement this Period
72.45

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31078
Amount of Each Disbursement this Period
34.51

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

179.04

**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. Paypal

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2017

FEC Identification Number

C
Transaction ID : SB21B.34813
Amount of Each Disbursement this Period
2598.82

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
08 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31077
Amount of Each Disbursement this Period
230.62

Memo Item

Full Name (Last, First, Middle Initial)

C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Mailing Address 1090 Vermont Ave., NW
Suite 750

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31126
Amount of Each Disbursement this Period
2730.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5559.44

**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 09 / 28 / 2017
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31161 Amount of Each Disbursement this Period [REDACTED] 385.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services	Category/ Type [REDACTED]	
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. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31207 Amount of Each Disbursement this Period [REDACTED] 1010.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services	Category/ Type [REDACTED]	
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. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC		Date of Disbursement MM / DD / YYYY 11 / 21 / 2017
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.31274 Amount of Each Disbursement this Period [REDACTED] 2765.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services	Category/ Type [REDACTED]	
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)..... ▶

[REDACTED] 4160.00

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

A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Full Name (Last, First, Middle Initial)

Mailing Address 1090 Vermont Ave., NW
Suite 750

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
12 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31314

Amount of Each Disbursement this Period: 1337.50

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 Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31084

Amount of Each Disbursement this Period: 22.26

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
11 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31258

Amount of Each Disbursement this Period: 41.77

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1401.53

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. 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

M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31306
Amount of Each Disbursement this Period
36.77

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

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31318
Amount of Each Disbursement this Period
40.32

Memo Item

Full Name (Last, First, Middle Initial)

C. Shen, John, , ,

Mailing Address 26 Wilton St

City Waltham State MA Zip Code 02453

Purpose of Disbursement
Payroll

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 Y Y
11 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31386
Amount of Each Disbursement this Period
730.34

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

807.43

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. Shen, John, , ,
Full Name (Last, First, Middle Initial)

Date of Disbursement: / /

Mailing Address 26 Wilton St

City Waltham State MA Zip Code 02453

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number:
Transaction ID : SB21B.31313
Amount of Each Disbursement this Period:
 Memo Item

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

Date of Disbursement: / /

Mailing Address 14 Ascutney Store R

City Ascutney State VT Zip Code 05030

Purpose of Disbursement Gas

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number:
Transaction ID : SB21B.31313
Amount of Each Disbursement this Period:
 Memo Item

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

Date of Disbursement: / /

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:

FEC Identification Number:
Transaction ID : SB21B.31313
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. Shen, John, , ,		Date of Disbursement MM / DD / YYYY 12 / 28 / 2017
Mailing Address 26 Wilton St		FEC Identification Number C Transaction ID : SB21B.31387 Amount of Each Disbursement this Period 2504.80
City Waltham	State MA	
Purpose of Disbursement Payroll	Zip Code 02453	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. Spirit Airlines		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address 2800 Executive Way		FEC Identification Number C Transaction ID : SB21B.31016 Amount of Each Disbursement this Period 164.18
City Miramar	State FL	
Purpose of Disbursement Travel	Zip Code 33025	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. Spirit Airlines		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address 2800 Executive Way		FEC Identification Number C Transaction ID : SB21B.31042 Amount of Each Disbursement this Period 146.38
City Miramar	State FL	
Purpose of Disbursement Travel	Zip Code 33025	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).....▶	2815.36
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. Spirit Airlines

Mailing Address 2800 Executive Way

City Miramar State FL Zip Code 33025

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.31049
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Transaction ID : SB21B.31128
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Transaction ID : SB21B.31195
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. 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

M M / D D / Y Y Y Y Y Y
11 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31271
Amount of Each Disbursement this Period
91.49

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

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31302
Amount of Each Disbursement this Period
91.01

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

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31323
Amount of Each Disbursement this Period
40.97

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

223.47

**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. 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
07 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31010
Amount of Each Disbursement this Period
154.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Sullivan-Friedman, Samuel, , ,

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31060
Amount of Each Disbursement this Period
1000.00

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
Strategic Consulting

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31127
Amount of Each Disbursement this Period
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2154.50

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. Sullivan-Friedman, Samuel, , ,

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31153
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sullivan-Friedman, Samuel, , ,

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31251
Amount of Each Disbursement this Period
1000.00

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
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31286
Amount of Each Disbursement this Period
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**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. Sullivan-Friedman, Samuel, , ,

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.31340**
Amount of Each Disbursement this Period
1000.00

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
08 / 21 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.31102**
Amount of Each Disbursement this Period
48.09

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
10 / 06 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.31173**
Amount of Each Disbursement this Period
40.03

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1088.12

**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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2017

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Category/Type

FEC Identification Number

C []

Transaction ID : SB21B.31196
Amount of Each Disbursement this Period

[] 80.13

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. Twilio

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2017

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Category/Type

FEC Identification Number

C []

Transaction ID : SB21B.31198
Amount of Each Disbursement this Period

[] 40.01

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. Twilio

Date of Disbursement

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

Mailing Address 375 Beale Street
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Category/Type

FEC Identification Number

C []

Transaction ID : SB21B.31227
Amount of Each Disbursement this Period

[] 40.01

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 160.15

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. Twilio

Date of Disbursement: / /

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) ▼

FEC Identification Number:
Transaction ID : SB21B.31254
Amount of Each Disbursement this Period:
 Memo Item

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

Date of Disbursement: / /

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) ▼

FEC Identification Number:
Transaction ID : SB21B.31317
Amount of Each Disbursement this Period:
 Memo Item

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

Date of Disbursement: / /

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) ▼

FEC Identification Number:
Transaction ID : SB21B.31331
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. 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
08 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31071
Amount of Each Disbursement this Period
20.25

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
08 / 11 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31086
Amount of Each Disbursement this Period
15.62

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
08 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.3109c
Amount of Each Disbursement this Period
21.59

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

57.46

**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
08 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31092
Amount of Each Disbursement this Period
7.12

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
09 / 25 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31145
Amount of Each Disbursement this Period
28.35

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
10 / 16 / 2017

FEC Identification Number

C
Transaction ID : SB21B.31185
Amount of Each Disbursement this Period
7.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

42.51

**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. 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

/ /

FEC Identification Number

Transaction ID : **SB21B.31270**
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Transaction ID : **SB21B.31277**
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

Transaction ID : **SB21B.31322**
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. 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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	0			2	0	1	7	

FEC Identification Number

C []
Transaction ID : SB21B.31138
Amount of Each Disbursement this Period
[] 153.60

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	7			2	0	1	7	

FEC Identification Number

C []
Transaction ID : SB21B.31149
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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	8			2	0	1	7	

FEC Identification Number

C []
Transaction ID : SB21B.31156
Amount of Each Disbursement this Period
[] 30.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	0	9	.	5	9
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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. United Healthcare		Date of Disbursement MM / DD / YYYY 07 / 01 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.31011 Amount of Each Disbursement this Period 1523.01
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement Insurance	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. United Healthcare		Date of Disbursement MM / DD / YYYY 07 / 19 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.31041 Amount of Each Disbursement this Period 1503.33
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement Insurance	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. United Healthcare		Date of Disbursement MM / DD / YYYY 09 / 02 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.31114 Amount of Each Disbursement this Period 1523.01
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement Insurance	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).....▶	4549.35
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. United Healthcare		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.31195 Amount of Each Disbursement this Period 1523.01
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. United Healthcare		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.31267 Amount of Each Disbursement this Period 1523.01
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. United Healthcare		Date of Disbursement MM / DD / YYYY 11 / 28 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C Transaction ID : SB21B.31281 Amount of Each Disbursement this Period 541.30
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	3587.32
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

A. Zoom.us

Full Name (Last, First, Middle Initial)

Mailing Address 55 Almaden Boulevard
6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31073

Amount of Each Disbursement this Period: 154.99

Memo Item

B. Zoom.us

Full Name (Last, First, Middle Initial)

Mailing Address 55 Almaden Boulevard
6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31119

Amount of Each Disbursement this Period: 154.99

Memo Item

C. Zoom.us

Full Name (Last, First, Middle Initial)

Mailing Address 55 Almaden Boulevard
6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31171

Amount of Each Disbursement this Period: 154.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 464.97

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. Zoom.us

Mailing Address 55 Almaden Boulevard
6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement
Software

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
11			06			2017			

FEC Identification Number

C []
Transaction ID : SB21B.31229
 Amount of Each Disbursement this Period
 [] 154.99

Memo Item

Full Name (Last, First, Middle Initial)

B. Zoom.us

Mailing Address 55 Almaden Boulevard
6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement
Software

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
12			06			2017			

FEC Identification Number

C []
Transaction ID : SB21B.31294
 Amount of Each Disbursement this Period
 [] 154.99

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []
 Amount of Each Disbursement this Period
 []

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

309.98

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

177391.63
