

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.
WOLF PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

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

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

5. Covering Period / / through / /

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

Type or Print Name of Treasurer David Koller

Signature of Treasurer David Koller [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="49086.43"/>	<input type="text" value="49086.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58156.93"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="77319.42"/>	<input type="text" value="124072.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="135476.35"/>	<input type="text" value="173158.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46251.58"/>	<input type="text" value="83933.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="89224.77"/>	<input type="text" value="89224.77"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

WOLF PAC

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

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).....	15315.00	21595.00
(ii) Unitemized	61572.74	102040.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	76887.74	123635.42
(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)	76887.74	123635.42
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).....	431.68	436.68
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))..... ▶	77319.42	124072.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	77319.42	124072.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	46251.58	83653.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46251.58	83653.76
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 (2 U.S.C. §441a(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	280.00
(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	280.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	46251.58	83933.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46251.58	83933.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	76887.74	123635.42
34. Total Contribution Refunds (from Line 28(d))	0.00	280.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76887.74	123355.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	46251.58	83653.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	431.68	436.68
38. Net Operating Expenditures (subtract Line 37 from Line 36)	45819.90	83217.08

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

Form/Schedule: F3XA
Transaction ID :

This amendment includes additional occupation and employers for donors obtained through the committee's best efforts to obtain donor information.

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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Joseph Adams
Full Name (Last, First, Middle Initial)
Mailing Address 1405 Berwick Rd.
City Towson State MD Zip Code 21204
FEC ID number of contributing federal political committee. **C**
Name of Employer Turning Point Clinic Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 13 / 2014**
Transaction ID : SA11AI.9076
Amount of Each Receipt this Period **50.00**

B. Joseph Adams
Full Name (Last, First, Middle Initial)
Mailing Address 1405 Berwick Rd.
City Towson State MD Zip Code 21204
FEC ID number of contributing federal political committee. **C**
Name of Employer Turning Point Clinic Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 13 / 2014**
Transaction ID : SA11AI.9077
Amount of Each Receipt this Period **50.00**

C. David Alexander
Full Name (Last, First, Middle Initial)
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 N/A Occupation Student
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 28 / 2014**
Transaction ID : SA11AI.9086
Amount of Each Receipt this Period **50.00**

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 8 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. David Alexander
Full Name (Last, First, Middle Initial)
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 N/A Occupation Student
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2014
Transaction ID : SA11AI.9087
Amount of Each Receipt this Period
50.00

B. Robert Ash
Full Name (Last, First, Middle Initial)
Mailing Address 3905 Bonnell Drive
City Austin State TX Zip Code 78731
FEC ID number of contributing federal political committee. **C**
Name of Employer Freescale Semiconductor Occupation Engineering Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2014
Transaction ID : SA11AI.9106
Amount of Each Receipt this Period
50.00

C. Robert Ash
Full Name (Last, First, Middle Initial)
Mailing Address 3905 Bonnell Drive
City Austin State TX Zip Code 78731
FEC ID number of contributing federal political committee. **C**
Name of Employer Freescale Semiconductor Occupation Engineering Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2014
Transaction ID : SA11AI.9107
Amount of Each Receipt this Period
50.00

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 9 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. Patrick Ayoub

Mailing Address 925 Roslyn Rd

City State Zip Code
Ridgewood NJ 07450

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

Name of Employer Occupation
None None

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
04 / 13 / 2014

Transaction ID : SA11AI.9108

Amount of Each Receipt this Period
50.00

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

Mailing Address 615 La Cresta Blvd

City State Zip Code
Crest CA 92021

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

Name of Employer Occupation
Endangered Habitats Conservanc Biodiversity conservation

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
04 / 04 / 2014

Transaction ID : SA11AI.9146

Amount of Each Receipt this Period
100.00

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

Mailing Address 615 La Cresta Blvd

City State Zip Code
Crest CA 92021

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

Name of Employer Occupation
Endangered Habitats Conservanc Biodiversity conservation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.9147

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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

**SCHEDULE A (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 63
	<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 (Last, First, Middle Initial)
A. Daniel Beebe

Mailing Address 281 Newark Ave
Apt. 3L

City Jersey City State NJ Zip Code 07302

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

Name of Employer Dorsey & Whitman LLP Occupation Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2014
Transaction ID : SA11AI.9149

Amount of Each Receipt this Period
250.00

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

Mailing Address 2014 19th St
APT C

City San Francisco State CA Zip Code 94107

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

Name of Employer Disney Occupation Digital Artist

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
 06 / 20 / 2014
Transaction ID : SA11AI.9161

Amount of Each Receipt this Period
25.00

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

Mailing Address 2014 19th St
APT C

City San Francisco State CA Zip Code 94107

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

Name of Employer Disney Occupation Digital Artist

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
 06 / 28 / 2014
Transaction ID : SA11AI.9162

Amount of Each Receipt this Period
50.00

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: PAGE 11 OF 63
(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 (Last, First, Middle Initial)
A. Michael Bell

Mailing Address 9541 Signal Ct

City State Zip Code
Sacramento CA 95827

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

Name of Employer Occupation
Guided Wave Inc. Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2014
Transaction ID : SA11AI.9163

Amount of Each Receipt this Period
100.00

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

Mailing Address 9541 Signal Ct

City State Zip Code
Sacramento CA 95827

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

Name of Employer Occupation
Guided Wave Inc. Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : SA11AI.9164

Amount of Each Receipt this Period
100.00

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

Mailing Address 9541 Signal Ct

City State Zip Code
Sacramento CA 95827

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

Name of Employer Occupation
Guided Wave Inc. 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
 06 / 23 / 2014
Transaction ID : SA11AI.9165

Amount of Each Receipt this Period
100.00

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 12 OF 63
(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 (Last, First, Middle Initial)
A. ray Bellamy

Mailing Address 509 Vinnedge Ride

City State Zip Code
Tallahassee FL 32303

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

Name of Employer Occupation
tallahassee orthopedic clinic physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 13 / 2014

Transaction ID : SA11AI.9169

Amount of Each Receipt this Period
500.00

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

Mailing Address 110 S 6th St

City State Zip Code
Montevideo MN 56265

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

Name of Employer Occupation
The Schwan Food Company Product Portfolio Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.9183

Amount of Each Receipt this Period
50.00

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

Mailing Address 110 S 6th St

City State Zip Code
Montevideo MN 56265

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

Name of Employer Occupation
The Schwan Food Company Product Portfolio Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.9184

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Anthony Bjorklund
Full Name (Last, First, Middle Initial)

Mailing Address 110 S 6th St

City State Zip Code
Montevideo MN 56265

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

Name of Employer Occupation
The Schwan Food Company Product Portfolio 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
06 / 29 / 2014

Transaction ID : SA11AI.9185

Amount of Each Receipt this Period
50.00

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

Mailing Address 8359 Woodward St

City State Zip Code
Overland Park KS 66212

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

Name of Employer Occupation
Self Programmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.9194

Amount of Each Receipt this Period
100.00

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

Mailing Address 8359 Woodward St

City State Zip Code
Overland Park KS 66212

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

Name of Employer Occupation
Self Programmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.9195

Amount of Each Receipt this Period
100.00

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: PAGE 14 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. John Blackett
 Full Name (Last, First, Middle Initial)
 Mailing Address 8359 Woodward St
 City Overland Park State KS Zip Code 66212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : SA11AI.9196
 Amount of Each Receipt this Period
 100.00

B. Courtez Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Morningstar Trail
 City Richardson State TX Zip Code 75081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mastercard Occupation Software Technical Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.9230
 Amount of Each Receipt this Period
 100.00

C. Courtez Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Morningstar Trail
 City Richardson State TX Zip Code 75081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mastercard Occupation Software Technical Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : SA11AI.9231
 Amount of Each Receipt this Period
 100.00

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 15 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. Courtez Brown

Mailing Address 1108 Morningstar Trail

City Richardson State TX Zip Code 75081

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

Name of Employer Mastercard Occupation Software Technical Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2014

Transaction ID : SA11AI.9232

Amount of Each Receipt this Period
100.00

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

Mailing Address 5062 Bandera St

City Montclair State CA Zip Code 91763

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

Name of Employer USAF Occupation Instructor

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
06 / 07 / 2014

Transaction ID : SA11AI.9262

Amount of Each Receipt this Period
25.00

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

Mailing Address POBox 50331

City Irvine State CA Zip Code 92619

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

Name of Employer Activision Occupation 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
04 / 02 / 2014

Transaction ID : SA11AI.9272

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **375.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 63
	<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. Dean Carlston
 Full Name (Last, First, Middle Initial)
 Mailing Address 2472 overland Ave
 City los angeles State CA Zip Code 90064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Dentist
 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
 05 / 15 / 2014
Transaction ID : SA11AI.9308
 Amount of Each Receipt this Period
 100.00

B. Austin Christ
 Full Name (Last, First, Middle Initial)
 Mailing Address 3033 Kings Rdg #2
 City Boulder State CO Zip Code 80301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : SA11AI.9340
 Amount of Each Receipt this Period
 50.00

C. Christopher Cioffi
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 W 89TH St APT 4R
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AdsYolo Media Inc Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : SA11AI.9345
 Amount of Each Receipt this Period
 50.00

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 17 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Christopher Cioffi
Full Name (Last, First, Middle Initial)

Mailing Address 23 W 89TH St
APT 4R

City New York State NY Zip Code 10024

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

Name of Employer AdsYolo Media Inc Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 02 / 2014
Transaction ID : SA11AI.9346

Amount of Each Receipt this Period
50.00

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

Mailing Address 6514 Clairmont Dr

City Austin State TX Zip Code 78749

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

Name of Employer MedSpring Urgent Care Occupation Phsyician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 22 / 2014
Transaction ID : SA11AI.9352

Amount of Each Receipt this Period
50.00

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

Mailing Address 6514 Clairmont Dr

City Austin State TX Zip Code 78749

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

Name of Employer MedSpring Urgent Care Occupation Phsyician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 22 / 2014
Transaction ID : SA11AI.9353

Amount of Each Receipt this Period
50.00

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 18 OF 63
	(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. Full Name (Last, First, Middle Initial)
thomas crouse

Mailing Address 13491 sr 122 somervill

City somerville	State OH	Zip Code 45064
--------------------	-------------	-------------------

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

Name of Employer DEC Headers Inc	Occupation Owner
-------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : SA11AI.9386

Amount of Each Receipt this Period
100.00

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

Mailing Address 13491 sr 122 somervill

City somerville	State OH	Zip Code 45064
--------------------	-------------	-------------------

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

Name of Employer DEC Headers Inc	Occupation Owner
-------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

Transaction ID : SA11AI.9387

Amount of Each Receipt this Period
100.00

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

Mailing Address 13491 sr 122 somervill

City somerville	State OH	Zip Code 45064
--------------------	-------------	-------------------

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

Name of Employer DEC Headers Inc	Occupation Owner
-------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.9388

Amount of Each Receipt this Period
100.00

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 19 OF 63
	(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 (Last, First, Middle Initial) A. Remy Demarest		Date of Receipt
Mailing Address 1483 Sutter St #301		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City San Francisco	State CA	Zip Code 94109
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9409
Name of Employer Apple Inc	Occupation Software Developer	Amount of Each Receipt this Period
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"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Remy Demarest		Date of Receipt
Mailing Address 1483 Sutter St #301		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City San Francisco	State CA	Zip Code 94109
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9410
Name of Employer Apple Inc	Occupation Software Developer	Amount of Each Receipt this Period
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"/>
	<input type="text" value="1250.00"/>	

Full Name (Last, First, Middle Initial) C. Remy Demarest		Date of Receipt
Mailing Address 1483 Sutter St #301		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City San Francisco	State CA	Zip Code 94109
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9411
Name of Employer Apple Inc	Occupation Software Developer	Amount of Each Receipt this Period
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"/>
	<input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
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 20 OF 63
	(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 (Last, First, Middle Initial)
A. Dennis Doyle

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 None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 03 / 2014
Transaction ID : SA11AI.9453

Amount of Each Receipt this Period
250.00

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

Mailing Address 870 diamond St
Apt 204

City San Diego State CA Zip Code 92109

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

Name of Employer ICON Occupation CRA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 03 / 2014
Transaction ID : SA11AI.9489

Amount of Each Receipt this Period
250.00

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

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 BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 04 / 2014
Transaction ID : SA11AI.9545

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. Stephen Garcia

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 BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 04 / 2014
Transaction ID : SA11AI.9546

Amount of Each Receipt this Period
100.00

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

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 BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 04 / 2014
Transaction ID : SA11AI.9547

Amount of Each Receipt this Period
100.00

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

Mailing Address 762 Clipper St

City San Francisco State CA Zip Code 94114

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 15 / 2014
Transaction ID : SA11AI.9484

Amount of Each Receipt this Period
50.00

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 22 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 (Last, First, Middle Initial) A. Ghosh Enterprises		Date of Receipt
Mailing Address 762 Clipper St		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.9485
San Francisco	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="500.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Laurel Graham		Date of Receipt
Mailing Address 1445 6th St Apt 506		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.9583
Santa Monica	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="500.00"/>
Name of Employer	Occupation	
Google, Inc	Software Engineer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Gross		Date of Receipt
Mailing Address PO Box 999		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.9596
Kernville	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 63
	(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 (Last, First, Middle Initial) A. Robert Gross		Date of Receipt
Mailing Address PO Box 999		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Kernville	CA	93238
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.9597
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Darmin Hadzic		Date of Receipt
Mailing Address 444 2nd Ave N		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Twin Falls	ID	83301
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.9604
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Darmin Hadzic		Date of Receipt
Mailing Address 444 2nd Ave N		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Twin Falls	ID	83301
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.9605
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. silver Harloe
Full Name (Last, First, Middle Initial)

Mailing Address 9059 E Shorewood Dr
683

City Mercer Island State WA Zip Code 98040

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

Name of Employer RnD Interactive Occupation Programmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 24 / 2014
Transaction ID : SA11AI.9624

Amount of Each Receipt this Period
50.00

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

Mailing Address 9059 E Shorewood Dr
683

City Mercer Island State WA Zip Code 98040

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

Name of Employer RnD Interactive Occupation Programmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 24 / 2014
Transaction ID : SA11AI.9625

Amount of Each Receipt this Period
50.00

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

Mailing Address 4521 Albermarle Street NW

City Washington State DC Zip Code 20016

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 31 / 2014
Transaction ID : SA11AI.9633

Amount of Each Receipt this Period
50.00

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 25 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. aaron harris

Mailing Address 4521 Albermarle Street NW

City Washington State DC Zip Code 20016

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11Al.9634

Amount of Each Receipt this Period
50.00

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

Mailing Address 10419 Slater Ave
202

City Fountain Valley State CA Zip Code 92708

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

Name of Employer GGUSD Occupation Teacher

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
06 / 03 / 2014

Transaction ID : SA11Al.9644

Amount of Each Receipt this Period
50.00

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

Mailing Address 125 E 24th St

City Idaho Falls State ID Zip Code 83404

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

Name of Employer Retired Occupation 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
06 / 06 / 2014

Transaction ID : SA11Al.9656

Amount of Each Receipt this Period
250.00

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 26 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Janice Heebsh
Full Name (Last, First, Middle Initial)

Mailing Address PSC 78 BOX 7104

City Apo State AP Zip Code 96326

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

Name of Employer USAF Occupation Loadmaster

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.9668

Amount of Each Receipt this Period
 50.00

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

Mailing Address 3820 Wyndham Ridge Dr

City Stow State OH Zip Code 44224

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

Name of Employer The Robot Guy LLC Occupation Electrical Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.9705

Amount of Each Receipt this Period
 250.00

C. Shirley D Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 2114 Purple Plum Ln

City Houston State TX Zip Code 77062

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

Name of Employer retired Occupation 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
 04 / 06 / 2014

Transaction ID : SA11AI.9729

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

SCHEDULE A (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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Shirley D Hunter
Full Name (Last, First, Middle Initial)
Mailing Address 2114 Purple Plum Ln
City Houston State TX Zip Code 77062
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 06 / 2014
Transaction ID : SA11AI.9730
Amount of Each Receipt this Period 100.00

B. Shirley D Hunter
Full Name (Last, First, Middle Initial)
Mailing Address 2114 Purple Plum Ln
City Houston State TX Zip Code 77062
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt 06 / 06 / 2014
Transaction ID : SA11AI.9731
Amount of Each Receipt this Period 100.00

C. John Kauffman
Full Name (Last, First, Middle Initial)
Mailing Address 42 media line Rd
City newtown square State PA Zip Code 19073
FEC ID number of contributing federal political committee. **C**
Name of Employer Northrup Grumman Occupation Software Engineer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 03 / 2014
Transaction ID : SA11AI.9810
Amount of Each Receipt this Period 100.00

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 28 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. DR JOHN T KIRBY
Full Name (Last, First, Middle Initial)
Mailing Address 4004 ANDERSON Rd
City Coral Gables State FL Zip Code 33146
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Miami Occupation Professor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2014
Transaction ID : SA11AI.9835
Amount of Each Receipt this Period
500.00

B. Thomas Kleewein
Full Name (Last, First, Middle Initial)
Mailing Address 6118 Churchwood Ln
City Greendale State WI Zip Code 53129
FEC ID number of contributing federal political committee. **C**
Name of Employer Trisept Technology Occupation 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 Y Y
05 / 24 / 2014
Transaction ID : SA11AI.9839
Amount of Each Receipt this Period
50.00

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2014
Transaction ID : SA11AI.9840
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 63
	(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 (Last, First, Middle Initial) A. scott lankford		Date of Receipt
Mailing Address 1476 st annes Ct nw		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City concord	State NC	Zip Code 28027
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9871
Name of Employer Southeast Radiation Oncology G		Amount of Each Receipt this Period
Occupation Physician		<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="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Michael Little		Date of Receipt
Mailing Address 3307 Hartzog Ford Rd		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City West Jefferson	State NC	Zip Code 28694
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9910
Name of Employer None		Amount of Each Receipt this Period
Occupation Musician		<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="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. Michael Little		Date of Receipt
Mailing Address 3307 Hartzog Ford Rd		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City West Jefferson	State NC	Zip Code 28694
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9911
Name of Employer None		Amount of Each Receipt this Period
Occupation Musician		<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="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
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 30 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. kathy lloyd
Full Name (Last, First, Middle Initial)

Mailing Address 150 Hiran Barron Rd

City pollock State LA Zip Code 71467

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

Name of Employer Evangeline Bank and Trust Occupation Process Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.9914

Amount of Each Receipt this Period
 50.00

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

Mailing Address 10960 Wilshire Blvd Fifth Floor

City Los Angeles State CA Zip Code 90024

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2014

Transaction ID : SA11AI.9945

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 134 Lee St

City Modesto State CA Zip Code 95354

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

Name of Employer Modesto Junior College Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11AI.9949

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2800.00

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

**SCHEDULE A (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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. Chris Manchester

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 Cerner Occupation Systems Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 28 / 2014
Transaction ID : SA11AI.9951

Amount of Each Receipt this Period
50.00

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

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 Cerner Occupation Systems Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
06 / 28 / 2014
Transaction ID : SA11AI.9952

Amount of Each Receipt this Period
50.00

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

Mailing Address 1960 Glasco TP

City Woodstock State NY Zip Code 12498

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

Name of Employer Self Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 04 / 2014
Transaction ID : SA11AI.10017

Amount of Each Receipt this Period
50.00

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 32 OF 63
	<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. Helen Mendoza
Full Name (Last, First, Middle Initial)
Mailing Address 1960 Glasco TP
City Woodstock State NY Zip Code 12498
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Investor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 04 / 2014**
Transaction ID : SA11AI.10018
Amount of Each Receipt this Period **50.00**

B. Marina Miranda
Full Name (Last, First, Middle Initial)
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 Western Services Corporation Occupation Engineer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 17 / 2014**
Transaction ID : SA11AI.10023
Amount of Each Receipt this Period **100.00**

C. Marina Miranda
Full Name (Last, First, Middle Initial)
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 Western Services Corporation Occupation Engineer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 17 / 2014**
Transaction ID : SA11AI.10024
Amount of Each Receipt this Period **100.00**

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 33 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Marina Miranda
Full Name (Last, First, Middle Initial)

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 Western Services Corporation Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 17 / 2014
Transaction ID : SA11AI.10025

Amount of Each Receipt this Period
100.00

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

Mailing Address 9334 Valley Tree Ln

City Houston State TX Zip Code 77075

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

Name of Employer Matthews & Associates Occupation Law Clerk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 25 / 2014
Transaction ID : SA11AI.10034

Amount of Each Receipt this Period
250.00

C. L Joseph Parker MD
Full Name (Last, First, Middle Initial)

Mailing Address 4430 Highway 29

City Hope State AR Zip Code 71801

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 25 / 2014
Transaction ID : SA11AI.10102

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

**SCHEDULE A (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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. L Joseph Parker MD
Full Name (Last, First, Middle Initial)

Mailing Address 4430 Highway 29

City Hope State AR Zip Code 71801

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2014
Transaction ID : SA11Al.10103

Amount of Each Receipt this Period
 50.00

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

Mailing Address 2415 Lincoln Rd

City Bettendorf State IA Zip Code 52722

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11Al.10158

Amount of Each Receipt this Period
 250.00

c. Mara Quagliata
Full Name (Last, First, Middle Initial)

Mailing Address 125 Governors Hill Rd

City Oxford State CT Zip Code 06478

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

Name of Employer Carestream Dental Occupation IT Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : SA11Al.10167

Amount of Each Receipt this Period
 50.00

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 35 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Mara Quagliata
Full Name (Last, First, Middle Initial)

Mailing Address 125 Governors Hill Rd

City Oxford State CT Zip Code 06478

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

Name of Employer Carestream Dental Occupation IT Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11Al.10168

Amount of Each Receipt this Period
50.00

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

Mailing Address 11713 Sanderson Rd

City Medina State NY Zip Code 14193

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

Name of Employer None Occupation 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
04 / 17 / 2014

Transaction ID : SA11Al.10210

Amount of Each Receipt this Period
100.00

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

Mailing Address 11713 Sanderson Rd

City Medina State NY Zip Code 14193

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

Name of Employer None Occupation Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2014

Transaction ID : SA11Al.10211

Amount of Each Receipt this Period
100.00

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 36 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Scott Riches
Full Name (Last, First, Middle Initial)

Mailing Address 11713 Sanderson Rd

City Medina State NY Zip Code 14193

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

Name of Employer None Occupation Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11AI.10212

Amount of Each Receipt this Period
100.00

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

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 Morris Furniture Co., Inc. Occupation IT Intern

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.10224

Amount of Each Receipt this Period
50.00

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

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 Morris Furniture Co., Inc. Occupation IT Intern

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.10225

Amount of Each Receipt this Period
50.00

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:	PAGE 37 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Vincent Rubianes			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 03 / 2014 Transaction ID : SA11Al.10260
Mailing Address 821 N Lincoln St			Amount of Each Receipt this Period 250.00
City Stockton	State CA	Zip Code 95203	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed		Occupation Poker Player	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Steven Schlansker			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2014 Transaction ID : SA11Al.10312
Mailing Address 409 La Prenda Rd			Amount of Each Receipt this Period 400.00
City Los Altos	State CA	Zip Code 94024	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 400.00
Name of Employer Open Table Inc		Occupation Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. James Sebela			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 05 / 2014 Transaction ID : SA11Al.10322
Mailing Address 139 Park Dr			Amount of Each Receipt this Period 250.00
City Grand Junction	State CO	Zip Code 81501	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. Tyson Shepherd

Mailing Address 921 S Val Vis

City Mesa State AZ Zip Code 85204

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : SA11AI.10343

Amount of Each Receipt this Period
50.00

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

Mailing Address 921 S Val Vis

City Mesa State AZ Zip Code 85204

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : SA11AI.10344

Amount of Each Receipt this Period
50.00

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

Mailing Address 16 Driscoll Drive

City Framingham State MA Zip Code 01701

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

Name of Employer Self Occupation Periodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2014
Transaction ID : SA11AI.10350

Amount of Each Receipt this Period
50.00

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 39 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 (Last, First, Middle Initial) A. Sarah Shih		Date of Receipt MM / DD / YYYY 06 / 17 / 2014 Transaction ID : SA11AI.10351
Mailing Address 16 Driscoll Drive		Amount of Each Receipt this Period 50.00
City Framingham	State MA	Zip Code 01701
FEC ID number of contributing federal political committee. C	Name of Employer Self	Occupation Periodontist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Erik Sipman		Date of Receipt MM / DD / YYYY 04 / 27 / 2014 Transaction ID : SA11AI.10363
Mailing Address 2271 Prairie View Road		Amount of Each Receipt this Period 100.00
City Decorah	State IA	Zip Code 52101-7860
FEC ID number of contributing federal political committee. C	Name of Employer Tritech Software Systems	Occupation Software Developer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Erik Sipman		Date of Receipt MM / DD / YYYY 05 / 27 / 2014 Transaction ID : SA11AI.10364
Mailing Address 2271 Prairie View Road		Amount of Each Receipt this Period 100.00
City Decorah	State IA	Zip Code 52101-7860
FEC ID number of contributing federal political committee. C	Name of Employer Tritech Software Systems	Occupation Software Developer
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).....▶	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: PAGE 40 OF 63
(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 (Last, First, Middle Initial)
A. Erik Sipman
 Mailing Address 2271 Prairie View Road
 City State Zip Code
 Decorah IA 52101-7860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Trittech Software Systems Software Developer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : SA11AI.10365
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. JOHN STERLING
 Mailing Address 210 CHEROKEE ROAD
 City State Zip Code
 Asheville NC 28804-3802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired 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
 04 / 09 / 2014
Transaction ID : SA11AI.10412
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. JOHN STERLING
 Mailing Address 210 CHEROKEE ROAD
 City State Zip Code
 Asheville NC 28804-3802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired 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
 05 / 09 / 2014
Transaction ID : SA11AI.10413
 Amount of Each Receipt this Period
 100.00

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 41 OF 63
(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 (Last, First, Middle Initial)
A. Stratyllis, Inc.

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.9742

Amount of Each Receipt this Period
50.00

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

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.9743

Amount of Each Receipt this Period
50.00

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

Mailing Address 223 N olive Ave
apt c

City alhambra State CA Zip Code 91801

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

Name of Employer Occupation
Accedo Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.10448

Amount of Each Receipt this Period
340.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 440.00

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

**SCHEDULE A (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 63
<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. Dereck Tatman
Full Name (Last, First, Middle Initial)
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 Sequenom, Inc.	Occupation VP of Business Development
------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : SA11AI.10450

Amount of Each Receipt this Period
50.00

B. Dereck Tatman
Full Name (Last, First, Middle Initial)
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 Sequenom, Inc.	Occupation VP of Business Development
------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SA11AI.10451

Amount of Each Receipt this Period
50.00

C. Jacob Timmons
Full Name (Last, First, Middle Initial)
Mailing Address 255 Huguenot St

City New Rochelle	State NY	Zip Code 10801
----------------------	-------------	-------------------

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

Name of Employer RFR	Occupation IT Director
-------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2014

Transaction ID : SA11AI.10469

Amount of Each Receipt this Period
50.00

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 43 OF 63
	<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 (Last, First, Middle Initial) A. Jacob Timmons		Date of Receipt MM / DD / YYYY 06 / 12 / 2014 Transaction ID : SA11AI.10470
Mailing Address 255 Huguenot St		Amount of Each Receipt this Period 50.00
City New Rochelle	State NY	Zip Code 10801
FEC ID number of contributing federal political committee. C		
Name of Employer RFR	Occupation IT Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dane Ward		Date of Receipt MM / DD / YYYY 05 / 05 / 2014 Transaction ID : SA11AI.10541
Mailing Address 760 CASIANO Dr APT A		Amount of Each Receipt this Period 50.00
City Santa Barbara	State CA	Zip Code 93105
FEC ID number of contributing federal political committee. C		
Name of Employer BARDEX CORP	Occupation IT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dane Ward		Date of Receipt MM / DD / YYYY 06 / 05 / 2014 Transaction ID : SA11AI.10542
Mailing Address 760 CASIANO Dr APT A		Amount of Each Receipt this Period 50.00
City Santa Barbara	State CA	Zip Code 93105
FEC ID number of contributing federal political committee. C		
Name of Employer BARDEX CORP	Occupation IT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. Erik Weigel

Mailing Address 2510 41ave S
Apt 324

City St. Cloud State MN Zip Code 56303

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

Name of Employer Electrolux Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2014
Transaction ID : SA11Al.10558

Amount of Each Receipt this Period
100.00

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

Mailing Address 5005 Piedras PO Box 70699

City El Paso State TX Zip Code 79920

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2014
Transaction ID : SA11Al.10583

Amount of Each Receipt this Period
100.00

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

Mailing Address 5005 Piedras PO Box 70699

City El Paso State TX Zip Code 79920

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2014
Transaction ID : SA11Al.10584

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	15315.00

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

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

FOR LINE NUMBER: PAGE 45 OF 63
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. ADP
Full Name (Last, First, Middle Initial)
Mailing Address 5800 Windward Parkway
City Alpharetta State GA Zip Code 30005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 436.68

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2014
Transaction ID : SA15.9067
Amount of Each Receipt this Period
431.68

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	431.68
TOTAL This Period (last page this line number only).....▶	431.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 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 M / D D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : SB21B.8980

Amount of Each Disbursement this Period

1080.00

Full Name (Last, First, Middle Initial)

B. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 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 M / D D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : SB21B.8998

Amount of Each Disbursement this Period

580.00

Full Name (Last, First, Middle Initial)

C. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 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 M / D D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : SB21B.9029

Amount of Each Disbursement this Period

740.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2400.00

**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"/> 24	<input type="checkbox"/> 25	<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

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SB21B.9047

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SB21B.9048

Amount of Each Disbursement this Period

6.00

Full Name (Last, First, Middle Initial)

C. 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

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SB21B.9052

Amount of Each Disbursement this Period

2369.40

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2435.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

/ /

Transaction ID : SB21B.9053

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.9054

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.9055

Amount of Each Disbursement this Period

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)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.9059

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.9060

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.9061

Amount of Each Disbursement this Period

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)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SB21B.9062

Amount of Each Disbursement this Period

3069.48

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.9042

Amount of Each Disbursement this Period

286.00

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2014

Transaction ID : SB21B.8977

Amount of Each Disbursement this Period

221.94

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3577.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : SB21B.8979

Amount of Each Disbursement this Period

92.55

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB21B.8985

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Transaction ID : SB21B.8992

Amount of Each Disbursement this Period

402.64

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

645.19

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"/> 24	<input type="checkbox"/> 25	<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
05 / 05 / 2014

Transaction ID : SB21B.8997

Amount of Each Disbursement this Period

129.50

Category/
Type

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
05 / 27 / 2014

Transaction ID : SB21B.9022

Amount of Each Disbursement this Period

25.00

Category/
Type

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
06 / 03 / 2014

Transaction ID : SB21B.9026

Amount of Each Disbursement this Period

320.84

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

475.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : SB21B.9027

Amount of Each Disbursement this Period

129.60

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2014

Transaction ID : SB21B.9044

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SB21B.9068

Amount of Each Disbursement this Period

925.04

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1064.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<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. Ryan Clayton

Mailing Address 8710 Cameron Street

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.9049

Amount of Each Disbursement this Period

3087.02

Full Name (Last, First, Middle Initial)

B. Ryan Clayton

Mailing Address 8710 Cameron Street

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : SB21B.9056

Amount of Each Disbursement this Period

3087.02

Full Name (Last, First, Middle Initial)

C. Ryan Clayton

Mailing Address 8710 Cameron Street

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SB21B.9063

Amount of Each Disbursement this Period

3087.03

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9261.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : SB21B.9023

Amount of Each Disbursement this Period

193.00

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : SB21B.9031

Amount of Each Disbursement this Period

181.00

Full Name (Last, First, Middle Initial)

C. 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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SB21B.9069

Amount of Each Disbursement this Period

860.23

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1234.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. ExxonMobil

Mailing Address 1097 U. S. 302

City Berlin State VT Zip Code 05641

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2014

Transaction ID : SB21B.9006

Amount of Each Disbursement this Period

60.39

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : SB21B.8978

Amount of Each Disbursement this Period

90.00

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

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : SB21B.8994

Amount of Each Disbursement this Period

92.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

242.39

**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"/> 24	<input type="checkbox"/> 25	<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

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

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : SB21B.9025

Amount of Each Disbursement this Period

95.00

Full Name (Last, First, Middle Initial)

B. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.9050

Amount of Each Disbursement this Period

2696.75

Full Name (Last, First, Middle Initial)

C. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2014

Transaction ID : SB21B.9009

Amount of Each Disbursement this Period

180.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2971.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25	<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. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

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 M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SB21B.9057

Amount of Each Disbursement this Period

2681.55

Full Name (Last, First, Middle Initial)

B. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

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 M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SB21B.9064

Amount of Each Disbursement this Period

2249.87

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

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2014

Transaction ID : SB21B.8981

Amount of Each Disbursement this Period

508.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5439.42

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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
05 / 08 / 2014

Transaction ID : SB21B.8999

Amount of Each Disbursement this Period

708.00

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
06 / 09 / 2014

Transaction ID : SB21B.9030

Amount of Each Disbursement this Period

545.06

Full Name (Last, First, Middle Initial)

C. Salim Ocasio

Mailing Address 68 Marcus Garvey Blvd, Apt 4C

City Brooklyn State NY Zip Code 11206

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
04 / 30 / 2014

Transaction ID : SB21B.9051

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3253.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Salim Ocasio

Mailing Address 68 Marcus Garvey Blvd, Apt 4C

City State Zip Code
Brooklyn NY 11206

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

/ /

Transaction ID : **SB21B.9010**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Salim Ocasio

Mailing Address 68 Marcus Garvey Blvd, Apt 4C

City State Zip Code
Brooklyn NY 11206

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : **SB21B.9058**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Salim Ocasio

Mailing Address 68 Marcus Garvey Blvd, Apt 4C

City State Zip Code
Brooklyn NY 11206

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : **SB21B.9065**

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SB21B.9070

Amount of Each Disbursement this Period

741.02

Full Name (Last, First, Middle Initial)

B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Mailing Address 1025 Vermont Ave., NW Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB21B.9024

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

C. Shell Oil

Mailing Address 135 N. Access Road

City South San Francisco State CA Zip Code 94123

Purpose of Disbursement
Gas

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2014

Transaction ID : SB21B.9011

Amount of Each Disbursement this Period

43.32

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1384.34

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB21B.8984

Amount of Each Disbursement this Period

232.00

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2014

Transaction ID : SB21B.9000

Amount of Each Disbursement this Period

124.00

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : SB21B.9028

Amount of Each Disbursement this Period

26.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

382.00

**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"/> 24	<input type="checkbox"/> 25	<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. Sun Country Airlines

Mailing Address 1300 Mendota Heights Road

City Mendota Heights State MN Zip Code 55120

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
06 / 18 / 2014

Transaction ID : SB21B.9033

Amount of Each Disbursement this Period

286.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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 Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

286.00

44552.41