

# 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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	15115.00	21395.00
(ii) Unitemized .....	61772.74	102240.42
(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

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

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 7 OF 61
<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. 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line 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 8 OF 61  
(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. 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

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

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

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 9 OF 61
<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. Daniel Beebe**  
Full Name (Last, First, Middle Initial)

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  
MM / DD / YYYY  
05 / 03 / 2014

**Transaction ID : SA11AI.9149**

Amount of Each Receipt this Period  
250.00

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

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  
MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SA11AI.9161**

Amount of Each Receipt this Period  
25.00

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

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  
MM / DD / YYYY  
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: (check only one)	PAGE 10 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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) <b>A. Michael Bell</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014 <b>Transaction ID : SA11AI.9163</b>
Mailing Address 9541 Signal Ct		Amount of Each Receipt this Period 100.00
City Sacramento	State CA	Zip Code 95827
FEC ID number of contributing federal political committee. C		
Name of Employer Guided Wave Inc.	Occupation Engineer	
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) <b>B. Michael Bell</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2014 <b>Transaction ID : SA11AI.9164</b>
Mailing Address 9541 Signal Ct		Amount of Each Receipt this Period 100.00
City Sacramento	State CA	Zip Code 95827
FEC ID number of contributing federal political committee. C		
Name of Employer Guided Wave Inc.	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Bell</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2014 <b>Transaction ID : SA11AI.9165</b>
Mailing Address 9541 Signal Ct		Amount of Each Receipt this Period 100.00
City Sacramento	State CA	Zip Code 95827
FEC ID number of contributing federal political committee. C		
Name of Employer Guided Wave Inc.	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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) <b>A. ray Bellamy</b>		Date of Receipt
Mailing Address 509 Vinnedge Ride		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tallahassee	FL	32303
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.9169</b>
tallahassee Orthopedic Clinic	physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Anthony Bjorklund</b>		Date of Receipt
Mailing Address 110 S 6th St		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Montevideo	MN	56265
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.9183</b>
The Schwan Food Company	Product Portfolio Analyst	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Anthony Bjorklund</b>		Date of Receipt
Mailing Address 110 S 6th St		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Montevideo	MN	56265
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.9184</b>
The Schwan Food Company	Product Portfolio Analyst	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
<b>TOTAL</b> 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 12 OF 61
<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) <b>A. Anthony Bjorklund</b>		Date of Receipt
Mailing Address 110 S 6th St		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Montevideo	MN	56265
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.9185</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
The Schwan Food Company	Product Portfolio Analyst	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John Blackett</b>		Date of Receipt
Mailing Address 8359 Woodward St		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Overland Park	KS	66212
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.9194</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Self	Programmer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John Blackett</b>		Date of Receipt
Mailing Address 8359 Woodward St		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Overland Park	KS	66212
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.9195</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Self	Programmer	
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
<b>TOTAL</b> 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 13 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 M / D 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 M / D 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 M / D D D / Y Y Y Y Y Y  
**05 / 21 / 2014**

**Transaction ID : SA11AI.9231**

Amount of Each Receipt this Period  
**100.00**

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

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

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

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

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**

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

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 15 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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  
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  
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  
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: PAGE 16 OF 61  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Christopher Cioffi**

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  
MM / DD / YYYY  
06 / 02 / 2014

Transaction ID : SA11AI.9346

Amount of Each Receipt this Period  
50.00

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

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  
MM / DD / YYYY  
05 / 22 / 2014

Transaction ID : SA11AI.9352

Amount of Each Receipt this Period  
50.00

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

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  
MM / DD / YYYY  
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: (check only one)	PAGE 17 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. thomas crouse</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : SA11AI.9386</b>
Mailing Address 13491 sr 122 somervill		Amount of Each Receipt this Period 100.00
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: <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) <b>B. thomas crouse</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : SA11AI.9387</b>
Mailing Address 13491 sr 122 somervill		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. thomas crouse</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : SA11AI.9388</b>
Mailing Address 13491 sr 122 somervill		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)  
**A. Remy Demarest**

Mailing Address 1483 Sutter St  
#301

City San Francisco State CA Zip Code 94109

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

Name of Employer Apple Inc Occupation Software Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2014

Transaction ID : SA11AI.9409

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Remy Demarest**

Mailing Address 1483 Sutter St  
#301

City San Francisco State CA Zip Code 94109

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

Name of Employer Apple Inc Occupation Software Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2014

Transaction ID : SA11AI.9410

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Remy Demarest**

Mailing Address 1483 Sutter St  
#301

City San Francisco State CA Zip Code 94109

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

Name of Employer Apple Inc Occupation Software Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2014

Transaction ID : SA11AI.9411

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2014

Transaction ID : SA11AI.9545

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Stephen Garcia**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2014  
**Transaction ID : SA11AI.9546**  
 Amount of Each Receipt this Period  
 100.00

**B. Stephen Garcia**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : SA11AI.9547**  
 Amount of Each Receipt this Period  
 100.00

**C. Laurel Graham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1445 6th St  
 City Santa Monica State CA Zip Code 90401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Google, Inc Occupation Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2014  
**Transaction ID : SA11AI.9583**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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**

Mailing Address PO Box 999

City Kernville State CA Zip Code 93238

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2014

Transaction ID : SA11AI.9596

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Robert Gross**

Mailing Address PO Box 999

City Kernville State CA Zip Code 93238

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 ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2014

Transaction ID : SA11AI.9597

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Darmin Hadzic**

Mailing Address 444 2nd Ave N

City Twin Falls State ID Zip Code 83301

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 / 24 / 2014

Transaction ID : SA11AI.9604

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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) <b>A. Darmin Hadzic</b>		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 : <b>SA11AI.9605</b>
<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) ▼		

Full Name (Last, First, Middle Initial) <b>B. silver Harloe</b>		Date of Receipt
Mailing Address 9059 E Shorewood Dr 683		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mercer Island	WA	98040
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.9624</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
RnD Interactive	Programmer	
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) <b>C. silver Harloe</b>		Date of Receipt
Mailing Address 9059 E Shorewood Dr 683		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mercer Island	WA	98040
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.9625</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
RnD Interactive	Programmer	
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> 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 23 OF 61  
(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. 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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2014  
**Transaction ID : SA11AI.9633**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. 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 : SA11AI.9634**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. 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 : SA11AI.9644**

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 24 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 Hayes**  
Full Name (Last, First, Middle Initial)

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 / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : SA11AI.9656**

Amount of Each Receipt this Period  
 250.00

**B. 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 / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.9668**

Amount of Each Receipt this Period  
 50.00

**C. 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 / D D / Y Y Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : SA11AI.9705**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 61
	<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. 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 / D D / Y Y Y Y Y Y  
04 / 06 / 2014  
**Transaction ID : SA11AI.9729**  
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 ▼ 375.00

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

**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 ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014  
**Transaction ID : SA11AI.9731**  
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 26 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11AI.9810**

Amount of Each Receipt this Period  
 100.00

**B. 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 M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : SA11AI.9835**

Amount of Each Receipt this Period  
 500.00

**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 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 / 24 / 2014

**Transaction ID : SA11AI.9839**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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) <b>A. Thomas Kleewein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2014
Mailing Address 6118 Churchwood Ln		<b>Transaction ID : SA11AI.9840</b>
City Greendale	State WI	Zip Code 53129
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer	Occupation	
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>B. scott lankford</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 05 / 2014
Mailing Address 1476 st annes Ct nw		<b>Transaction ID : SA11AI.9871</b>
City concord	State NC	Zip Code 28027
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Southeast Radiation Oncology G	Occupation Physician	
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) <b>C. Michael Little</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 09 / 2014
Mailing Address 3307 Hartzog Ford Rd		<b>Transaction ID : SA11AI.9910</b>
City West Jefferson	State NC	Zip Code 28694
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer None	Occupation Musician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Michael Little**

Mailing Address 3307 Hartzog Ford Rd

City West Jefferson State NC Zip Code 28694

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

Name of Employer None Occupation Musician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 09 / 2014  
**Transaction ID : SA11AI.9911**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. kathy lloyd**

Mailing Address

City State Zip Code

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  
06 / 12 / 2014  
**Transaction ID : SA11AI.9914**

Amount of Each Receipt this Period  
50.00

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

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  
05 / 03 / 2014  
**Transaction ID : SA11AI.9945**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2650.00

**TOTAL** This Period (last page this line 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 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. 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

**B. Chris Manchester**  
Full Name (Last, First, Middle Initial)  
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 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 / 28 / 2014  
**Transaction ID : SA11AI.9951**  
Amount of Each Receipt this Period  
50.00

**C. Chris Manchester**  
Full Name (Last, First, Middle Initial)  
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 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 / 28 / 2014  
**Transaction ID : SA11AI.9952**  
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 30 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. 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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2014

**Transaction ID : SA11Al.10017**

Amount of Each Receipt this Period  
50.00

**B. 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  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : SA11Al.10018**

Amount of Each Receipt this Period  
50.00

**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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2014

**Transaction ID : SA11Al.10023**

Amount of Each Receipt this Period  
100.00

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

**SCHEDULE A (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 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Marina Miranda**

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  
MM / DD / YYYY  
05 / 17 / 2014

Transaction ID : SA11AI.10024

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Marina Miranda**

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  
MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11AI.10025

Amount of Each Receipt this Period  
100.00

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

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  
MM / DD / YYYY  
04 / 25 / 2014

Transaction ID : SA11AI.10034

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 61  
(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. L Joseph Parker MD**

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : SA11AI.10102**

Amount of Each Receipt this Period  
50.00

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

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 ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11AI.10103**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 2415 Lincoln Rd

City State Zip Code  
Bettendorf IA 52722

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11AI.10158**

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 33 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Mara Quagliata**

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 : SA11AI.10167**

Amount of Each Receipt this Period  
50.00

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

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 : SA11AI.10168**

Amount of Each Receipt this Period  
50.00

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

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 : SA11AI.10210**

Amount of Each Receipt this Period  
100.00

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

**SCHEDULE A (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 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 ▼  
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

**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 ▼  
600.00

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

**Transaction ID : SA11Al.10212**

Amount of Each Receipt this Period  
100.00

**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 ▼  
250.00

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

**Transaction ID : SA11Al.10224**

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 35 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Nicholas 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

**B. Vincent Rubianes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 821 N Lincoln St  
City Stockton State CA Zip Code 95203  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Poker Player  
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 / 03 / 2014  
**Transaction ID : SA11AI.10260**  
Amount of Each Receipt this Period  
250.00

**C. Steven Schlansker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 409 La Prenda Rd  
City Los Altos State CA Zip Code 94024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Open Table Inc Occupation Software Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 15 / 2014  
**Transaction ID : SA11AI.10312**  
Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (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 61
	<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. James Sebela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 Park Dr  
 City Grand Junction State CO Zip Code 81501  
 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  
 04 / 05 / 2014  
**Transaction ID : SA11AI.10322**  
 Amount of Each Receipt this Period  
**250.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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) <b>A. Sarah Shih</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2014 <b>Transaction ID : SA11AI.10350</b>
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Sarah Shih</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014 <b>Transaction ID : SA11AI.10351</b>
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>C. Erik Sipman</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2014 <b>Transaction ID : SA11AI.10363</b>
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	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line 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 38 OF 61  
(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 Decorah State IA Zip Code 52101-7860

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  
 05 / 27 / 2014  
**Transaction ID : SA11AI.10364**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Erik Sipman**

Mailing Address 2271 Prairie View Road

City Decorah State IA Zip Code 52101-7860

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

Name of Employer Occupation

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)  
**C. JOHN STERLING**

Mailing Address 210 CHEROKEE ROAD

City Asheville State NC Zip Code 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

**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 39 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. JOHN STERLING**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 CHEROKEE ROAD

City Asheville State NC Zip Code 28804-3802

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 ▼ 500.00

Date of Receipt  
05 / 09 / 2014  
Transaction ID : SA11Al.10413

Amount of Each Receipt this Period  
100.00

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

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 Accedo Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
05 / 30 / 2014  
Transaction ID : SA11Al.10448

Amount of Each Receipt this Period  
340.00

**C. 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  
05 / 15 / 2014  
Transaction ID : SA11Al.10450

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 490.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Dereck Tatman**

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**

Full Name (Last, First, Middle Initial)  
**B. Jacob Timmons**

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**

Full Name (Last, First, Middle Initial)  
**C. Jacob Timmons**

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 ▼ **300.00**

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

**Transaction ID : SA11AI.10470**

Amount of Each Receipt this Period  
**50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Dane Ward**  
Full Name (Last, First, Middle Initial)

Mailing Address 760 CASIANO Dr  
APT A

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2014

**Transaction ID : SA11AI.10541**

Amount of Each Receipt this Period  
50.00

**B. Dane Ward**  
Full Name (Last, First, Middle Initial)

Mailing Address 760 CASIANO Dr  
APT A

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : SA11AI.10542**

Amount of Each Receipt this Period  
50.00

**C. Erik Weigel**  
Full Name (Last, First, Middle Initial)

Mailing Address 188 Meadowood Ln

City Vadnais Heights State MN Zip Code 55127

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  
MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : SA11AI.10558**

Amount of Each Receipt this Period  
100.00

**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 42 OF 61  
(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. 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	/	D D	/	Y Y Y Y
05	/	05	/	2014

**Transaction ID : SA11AI.10583**

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 ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	05	/	2014

**Transaction ID : SA11AI.10584**

Amount of Each Receipt this Period  
100.00

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15115.00

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

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

FOR LINE NUMBER: PAGE 43 OF 61  
(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 ▼

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  
Aggregate Year-to-Date ▼  
436.68

**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  
Aggregate Year-to-Date ▼

**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  
Aggregate Year-to-Date ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	431.68
<b>TOTAL</b> 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

MM / DD / YYYY  
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

MM / DD / YYYY  
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

MM / DD / YYYY  
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

MM / DD / YYYY  
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

MM / DD / YYYY  
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

MM / DD / YYYY  
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

MM / DD / YYYY  
05 / 02 / 2014

**Transaction ID : SB21B.9053**

Amount of Each Disbursement this Period

22.37

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2014

**Transaction ID : SB21B.9054**

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll 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 / 23 / 2014

**Transaction ID : SB21B.9055**

Amount of Each Disbursement this Period

12.00

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

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

94.37

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
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 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) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.8997**

Amount of Each Disbursement this Period

129.50

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.9022**

Amount of Each Disbursement this Period

25.00

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

M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2014

**Transaction ID : SB21B.9026**

Amount of Each Disbursement this Period

320.84

**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)  
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  
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)  
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. 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

/  /

**Transaction ID : SB21B.9049**

Amount of Each Disbursement this Period

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

/  /

**Transaction ID : SB21B.9056**

Amount of Each Disbursement this Period

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

/  /

**Transaction ID : SB21B.9063**

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. 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) 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. 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

/  /

**Transaction ID : SB21B.9057**

Amount of Each Disbursement this Period

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

/  /

**Transaction ID : SB21B.9064**

Amount of Each Disbursement this Period

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

/  /

**Transaction ID : SB21B.8981**

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. 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

/  /

**Transaction ID : SB21B.8999**

Amount of Each Disbursement this Period

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

/  /

**Transaction ID : SB21B.9030**

Amount of Each Disbursement this Period

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

/  /

**Transaction ID : SB21B.9051**

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. 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, Young & Lamb, 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