

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
AUGUST WOLF FOR SENATE

Report Covering the Period: From: ^M 10 ^D 01 ^Y 2015 To: ^M 12 ^D 31 ^Y 2015

	COLUMN A This Period		COLUMN B Election Cycle-to-Date	
6. Net Contributions (other than loans)				
(a) Total Contributions (other than loans) (from Line 11(e)) ...	,	179843.34	,	523948.18
(b) Total Contribution Refunds (from Line 20(d)) ..	,	0.00	,	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	,	179843.34	,	523948.18
7. Net Operating Expenditures				
(a) Total Operating Expenditures (from Line 17) ...	,	140468.91	,	379617.86
(b) Total Offsets to Operating Expenditures (from Line 14)...	,	0.00	,	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	,	140468.91	,	379617.86
8. Cash on Hand at Close of Reporting Period (from Line 27)...	,	144330.32		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	,	6212.72		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	,	0.00		

For further information contact:

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

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

201603240200087658

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

AUGUST WOLF FOR SENATE

Report Covering the Period: From: M M D D Y Y To: M M D D Y Y
10 01 2015 12 31 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	171325.00	514464.84
(ii) Unitemized	6185.00	7150.00
(iii) TOTAL of contributions from individuals ..	177510.00	521614.84
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	2333.34	2333.34
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	179843.34	523948.18
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ...		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)...		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	179843.34	523948.18

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	140468.91	379617.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	0.00
(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 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	140468.91	379617.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	104955.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	179843.34
25. SUBTOTAL (add Line 23 and Line 24)...	284799.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	140468.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	144330.32

201603240200087660

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

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

FOR LINE NUMBER: PAGE 5 OF 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Ken Abramowitz		Date of Receipt M M / D D Y Y Y Y 10 / 27 2015	
Mailing Address PO Box 958		Transaction ID : SA11AI.4099	
City Southport	State CT	Zip Code 06890	Amount of Each Receipt this Period \$ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer FriedbergMilstein	Occupation President		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 250.00		

Full Name (Last, First, Middle Initial) B. Robert Auray Jr.		Date of Receipt M M / D D Y Y Y Y 11 / 17 2015	
Mailing Address 610 Berkshire Dr.		Transaction ID : SA11AI.4105	
City Pittsburgh	State PA	Zip Code 15215	Amount of Each Receipt this Period \$ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 1000.00		

Full Name (Last, First, Middle Initial) C. John Berger		Date of Receipt M M / D D Y Y Y Y 12 / 29 2015	
Mailing Address 9 Aberdeen Rd		Transaction ID : SA11AI.4517	
City Chatham	State NJ	Zip Code 07928	Amount of Each Receipt this Period \$ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Third Point Reality	Occupation Executive		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	\$ 2250.00
TOTAL This Period (last page this line number only).....	\$

201603240200087661

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Harold Beznos		Date of Receipt M M D D Y Y 10 27 2015	
Mailing Address 31731 Northwestern Hwy		Transaction ID : SA11AI.4117	
City Farmington Hills	State MI	Zip Code 48334	Amount of Each Receipt this Period \$ 1875.00
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 1875.00		

Full Name (Last, First, Middle Initial) B. Bernice Bowers		Date of Receipt M M D D Y Y 10 26 2015	
Mailing Address 119 Onekea Dr		Transaction ID : SA11AI.4119	
City Kailua	State HI	Zip Code 96734	Amount of Each Receipt this Period \$ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation None		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 1000.00		

Full Name (Last, First, Middle Initial) C. Devon Briger		Date of Receipt M M D D Y Y 12 31 2015	
Mailing Address 224 Park Ln		Transaction ID : SA11AI.4121	
City Atherton	State CA	Zip Code 94027	Amount of Each Receipt this Period \$ 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer Project Juice	Occupation Owner		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 2700.00		

SUBTOTAL of Receipts This Page (optional).....	\$ 5575.00
TOTAL This Period (last page this line number only).....	\$

201603240200087662

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 107
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Devon Briger		Date of Receipt M M D D Y Y 12 31 2015	
A. Mailing Address 224 Park Ln		Transaction ID : SA11AI.4485	
City Atherton State CA Zip Code 94027	Amount of Each Receipt this Period \$ 2700.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2700.00	
Name of Employer Project Juice Occupation Owner	Election Cycle-to-Date \$ 5400.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 5400.00	

Full Name (Last, First, Middle Initial) Devon Briger		Date of Receipt M M D D / Y Y Y 12 31 2015	
B. Mailing Address 224 Park Ln		Transaction ID : SA11AI.4486	
City Atherton State CA Zip Code 94027	Amount of Each Receipt this Period \$ 2700.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2700.00	
Name of Employer Project Juice Occupation Owner	Election Cycle-to-Date \$ 8100.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 8100.00	

Full Name (Last, First, Middle Initial) Edward Burka		Date of Receipt M M D D Y Y Y 12 15 2015	
C. Mailing Address 25349 Still Pond Neck Rd		Transaction ID : SA11AI.4127	
City Worton State MD Zip Code 21678	Amount of Each Receipt this Period \$ 500.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00	
Name of Employer Self-Employed Occupation Physician	Election Cycle-to-Date \$ 500.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 5900.00
TOTAL This Period (last page this line number only).....	\$

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 107
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) George Cain		Date of Receipt M M / D D Y Y Y 12 / 27 2015
A. Mailing Address PO BOX 369		Transaction ID : SA11AI.4515
City Riverside	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ *
Name of Employer Self	Occupation Real Estate	250.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$, \$ *	

Full Name (Last, First, Middle Initial) Denis A. Cardone		Date of Receipt M M / D D Y Y Y Y 12 / 02 2015
B. Mailing Address PO Box 8993		Transaction ID : SA11AI.4133
City Scarborough	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Information requested	Occupation information requested	2700.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$, \$ *	

Full Name (Last, First, Middle Initial) John K. Castle		Date of Receipt M M / D D Y Y 10 / 22 2015
C. Mailing Address 44 Cocconut Row		Transaction ID : SA11AI.4135
City Palm Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Forest Hills Capital Management	Occupation Private Equity Investor	2700.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$, \$ *	

SUBTOTAL of Receipts This Page (optional).....	\$, \$ *	5650.00
TOTAL This Period (last page this line number only).....	\$, \$ *	

201603240200087664

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 107	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) John K. Castle		Date of Receipt M M / D D Y Y Y Y 10 / 22 2015	
A. Mailing Address 44 Cocoanut Row		Transaction ID : SA11AI.4491	
City Palm Beach	State FL	Zip Code 33480	Amount of Each Receipt this Period \$ 2700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 5400.00	
Name of Employer Forest Hills Capital Management	Occupation Private Equity Investor	Election Cycle-to-Date \$ 5400.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 5400.00	

Full Name (Last, First, Middle Initial) Marianne S. Castle		Date of Receipt M M / D D Y Y Y Y 10 / 22 2015	
B. Mailing Address 44 Cocoanut Row		Transaction ID : SA11AI.4137	
City Palm Beach	State FL	Zip Code 33480	Amount of Each Receipt this Period \$ 2700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2700.00	
Name of Employer BCI Partners, Inc.	Occupation Managing Director	Election Cycle-to-Date \$ 2700.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$ 2700.00	

Full Name (Last, First, Middle Initial) Marianne S. Castle		Date of Receipt M M / D D Y Y Y Y 10 / 22 2015	
C. Mailing Address 44 Cocoanut Row		Transaction ID : SA11AI.4472	
City Palm Beach	State FL	Zip Code 33480	Amount of Each Receipt this Period \$ 2700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 5400.00	
Name of Employer BCI Partners, Inc.	Occupation Managing Director	Election Cycle-to-Date \$ 5400.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 5400.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 8100.00
TOTAL This Period (last page this line number only).....	\$ 8100.00

201603240200087665

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 107
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) John Catsimatidis		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 817 5th Ave		Transaction ID : SA11AI.4139
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 625.00
Name of Employer Castle Harlan, Inc.	Occupation Merchant Banker	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 625.00	

Full Name (Last, First, Middle Initial) John Chachas		Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 800 3rd Ave 39th floor		Transaction ID : SA11AI.4141
City NY	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00
Name of Employer Information requested	Occupation information requested	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 1000.00	

Full Name (Last, First, Middle Initial) Anthony Chimblo		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 24 Sound View Dr		Transaction ID : SA11AI.4143
City Greenwich	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer Self	Occupation Construction	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 2125.00
TOTAL This Period (last page this line number only).....	\$

201603240200087666

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 107
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Ingrid A. Connolly		Date of Receipt M M / D D Y Y Y 10 / 22 / 2015	
Mailing Address PO Box 97		Transaction ID : SA11AI.4149	
City Waccabuc	State NY	Zip Code 10597	Amount of Each Receipt this Period \$ \$. 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Martson Strategic Communications	Occupation CEO		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$. 250.00		

Full Name (Last, First, Middle Initial) B. Phil Dauber		Date of Receipt M M / D D Y Y Y 10 / 29 / 2015	
Mailing Address 229 Prospect St		Transaction ID : SA11AI.4155	
City Ridgewood	State NJ	Zip Code 07450	Amount of Each Receipt this Period \$ \$. 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer BTIG	Occupation Investment Banking		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$. 500.00		

Full Name (Last, First, Middle Initial) C. Donald Denbo		Date of Receipt M M / D D Y Y Y 11 / 09 / 2015	
Mailing Address 1210 Tyne Blvd		Transaction ID : SA11AI.4159	
City Nashville	State TN	Zip Code 37215	Amount of Each Receipt this Period \$ \$. 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Commercial Insurance Associates, LLC	Occupation Insurance		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$. 1000.00		

SUBTOTAL of Receipts This Page (optional).....	\$ \$. 1750.00
TOTAL This Period (last page this line number only).....	\$ \$.

201603240200087667

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 107
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Donald Dixon		Date of Receipt M M D D Y Y 12 22 2015
A. Mailing Address 62 Linda Vista Ave		Transaction ID : SA11AI.4163
City Atherton	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$. 2700.00
Name of Employer Trident Capital	Occupation Venture Capital	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$. 2700.00	

Full Name (Last, First, Middle Initial) Cynthia Doggett		Date of Receipt M M D D / Y Y 12 02 / 2015
B. Mailing Address 24 Wheeler Rd		Transaction ID : SA11AI.4509
City Lincoln	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$. 1000.00
Name of Employer Independent Consultant	Occupation Personal Mens Stylist	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$. 1000.00	

Full Name (Last, First, Middle Initial) Vincent Dowling		Date of Receipt M M D D Y Y Y Y 12 30 2015
C. Mailing Address 54 Ledyard		Transaction ID : SA11AI.4484
City West Hartford	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$. 1000.00
Name of Employer Dowling & Partners	Occupation Analyst	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$. 2000.00	

SUBTOTAL of Receipts This Page (optional).....	\$ \$. 4700.00
TOTAL This Period (last page this line number only).....	\$ \$.

201603240200087668

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 107		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Clement Dwyer		Date of Receipt M M D D Y Y Y Y 12 29 2015	
Mailing Address 77 Hanover Street		Transaction ID : SA11AI.4167	
City Portsmouth	State NH	Zip Code 03801	Amount of Each Receipt this Period \$ 700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 700.00	
Name of Employer Ursa Advisors	Occupation Insurance Consultant	Amount of Each Receipt this Period \$ 700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 2700.00	Amount of Each Receipt this Period \$ 700.00	

Full Name (Last, First, Middle Initial) Clement Dwyer		Date of Receipt M M D D Y Y Y Y 12 29 2015	
Mailing Address 77 Hanover Street		Transaction ID : SA11AI.4469	
City Portsmouth	State NH	Zip Code 03801	Amount of Each Receipt this Period \$ 300.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 300.00	
Name of Employer Ursa Advisors	Occupation Insurance Consultant	Amount of Each Receipt this Period \$ 300.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 3000.00	Amount of Each Receipt this Period \$ 300.00	

Full Name (Last, First, Middle Initial) Stuart M. Essig		Date of Receipt M M D D / Y Y Y Y 10 22 2015	
Mailing Address 26 Coniston Court		Transaction ID : SA11AI.4171	
City Princeton	State NJ	Zip Code 08540	Amount of Each Receipt this Period \$ 2500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2500.00	
Name of Employer Prettybrook Partners LLC	Occupation Business Executive	Amount of Each Receipt this Period \$ 2500.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 2500.00	Amount of Each Receipt this Period \$ 2500.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 3500.00
TOTAL This Period (last page this line number only).....	\$ 3500.00

201603240200087669

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. Full Name (Last, First, Middle Initial) John Featherston		Date of Receipt M M / D D Y Y Y 10 01 2015
Mailing Address 26 Orchard Hill Rd		Transaction ID : SA11AI.4173
City State Zip Code Westport CT 06880	Amount of Each Receipt this Period \$ 2700.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2700.00
Name of Employer RISMedia	Occupation CEO	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 2700.00	

B. Full Name (Last, First, Middle Initial) Nancy Felix		Date of Receipt M M / D D Y Y 12 28 2015
Mailing Address 5 Sherman Avenue		Transaction ID : SA11AI.4175
City State Zip Code Glen Ridge NJ 07028	Amount of Each Receipt this Period \$ 150.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 150.00
Name of Employer The Rhodes Trust	Occupation Fund Raiser	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 250.00	

C. Full Name (Last, First, Middle Initial) Michael Fisch		Date of Receipt M M / D D Y Y 10 01 2015
Mailing Address 56 E 92nd St		Transaction ID : SA11AI.4179
City State Zip Code New York NY 10128	Amount of Each Receipt this Period \$ 2700.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2700.00
Name of Employer American Securities	Occupation Investor	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 2700.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 5550.00
TOTAL This Period (last page this line number only).....	\$

201603240200087670

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 107		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Michael Fisch		Date of Receipt M M / D D Y Y Y 10 01 2015	
Mailing Address 56 E 92nd St		Transaction ID : SA11AI.4498	
City New York	State NY	Zip Code 10128	Amount of Each Receipt this Period \$ 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Securities	Occupation Investor	Amount of Each Receipt this Period \$ 5400.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 5400.00		

Full Name (Last, First, Middle Initial) Michael Fisch		Date of Receipt M M / D D / Y Y Y Y 10 01 2015	
Mailing Address 56 E 92nd St		Transaction ID : SA11AI.4499	
City New York	State NY	Zip Code 10128	Amount of Each Receipt this Period \$ 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Securities	Occupation Investor	Amount of Each Receipt this Period \$ 8100.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 8100.00		

Full Name (Last, First, Middle Initial) John Fisher		Date of Receipt M M / D D Y Y Y Y 12 21 2015	
Mailing Address 1 Maritime Plaza Suite 1400		Transaction ID : SA11AI.4181	
City San Francisco	State CA	Zip Code 94111	Amount of Each Receipt this Period \$ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pisces, Inc.	Occupation Investor	Amount of Each Receipt this Period \$ 1000.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 1000.00		

SUBTOTAL of Receipts This Page (optional)	\$ 6400.00
TOTAL This Period (last page this line number only)	\$

201603240200087671

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 107
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Margaret Flesher		Date of Receipt M M / D D Y Y 12 10 2015
A. Mailing Address 10 E 70th Street		Transaction ID : SA11AI.4470
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Employer Requested	Occupation Occupation Requested	, , .
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Margaret Flesher		Date of Receipt M M / D D Y Y Y Y 12 10 2015
B. Mailing Address 10 E 70th Street		Transaction ID : SA11AI.4471
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Employer Requested	Occupation Occupation Requested	, , .
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) Margaret Flesher		Date of Receipt M M / D D Y Y 12 14 2015
C. Mailing Address 10 E 70th Street		Transaction ID : SA11AI.4183
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Employer Requested	Occupation Occupation Requested	, .
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5500.00	

SUBTOTAL of Receipts This Page (optional).....	, , .	5500.00
TOTAL This Period (last page this line number only).....	, , .	

201603240200087672

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 107
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Jack Fonss		Date of Receipt M M / D D Y Y 11 / 03 2015
A. Mailing Address 253 Turtle Back Rd		Transaction ID : SA11AI.4185
City New Canaan	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 500.00
Name of Employer AccuShares Investment Management	Occupation Founder	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 500.00	

Full Name (Last, First, Middle Initial) Barry S. Friedberg		Date of Receipt M M D D / Y Y 10 27 / 2015
B. Mailing Address 134 E 71st St		Transaction ID : SA11AI.4191
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 500.00
Name of Employer Barclays Capital	Occupation Executive Chairman	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 500.00	

Full Name (Last, First, Middle Initial) James Furey		Date of Receipt M M D D Y Y Y Y 11 09 2015
C. Mailing Address 1221 Santa Barbara Dr		Transaction ID : SA11AI.4195
City Newport Beach	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 500.00
Name of Employer Furey Research Partners	Occupation Analyst	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 500.00	

SUBTOTAL of Receipts This Page (optional).....	\$ \$ 1500.00
TOTAL This Period (last page this line number only).....	\$ \$ *

201603240200087673

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 107		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Michael Geoghegan		Date of Receipt M M D D / Y Y 11 16 / 2015	
Mailing Address 4 Hunter Ln		Transaction ID : SA11AI.4197	
City Rye	State NY	Zip Code 10580	Amount of Each Receipt this Period \$ 1,000.00
FEC ID number of contributing federal political committee. C			
Name of Employer CBRE	Occupation Real Estate		Amount of Each Receipt this Period \$ 1,000.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 1,000.00		

Full Name (Last, First, Middle Initial) B. Cain George		Date of Receipt M M D D / Y Y Y 12 27 / 2015	
Mailing Address PO Box 369		Transaction ID : SA11AI.4199	
City Riverside	State CT	Zip Code 06878	Amount of Each Receipt this Period \$ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Real Estate		Amount of Each Receipt this Period \$ 250.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 250.00		

Full Name (Last, First, Middle Initial) C. Gillett Gilbert		Date of Receipt M M D D / Y Y 12 29 / 2015	
Mailing Address 27 Garden Pl		Transaction ID : SA11AI.4201	
City Brooklyn	State NY	Zip Code 11201	Amount of Each Receipt this Period \$ 2,700.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		Amount of Each Receipt this Period \$ 2,700.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 2,700.00		

SUBTOTAL of Receipts This Page (optional)	\$ 3,950.00
TOTAL This Period (last page this line number only)	\$

201603240200087674

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

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

FOR LINE NUMBER: (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15
 PAGE 19 OF 107

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. Full Name (Last, First, Middle Initial)
Patricia Gladstone

Mailing Address 158 Clapboard Ridge Road

City: Greenwich State: CT Zip Code: 06831

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

Name of Employer: Occupation: (Employer Requested / Occupation Requested)

Receipt For: 2016
 Primary General
 Other (specify) Convention

Election Cycle-to-Date: \$, \$ 2700.00

Date of Receipt: M M / D D / Y Y Y Y
12 / 23 / 2015

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period: \$, \$ 2700.00

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

Mailing Address 158 Clapboard Ridge Road

City: Greenwich State: CT Zip Code: 06831

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

Name of Employer: Occupation: (Employer Requested / Occupation Requested)

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: \$, \$ 4000.00

Date of Receipt: M M / D D / Y Y Y Y
12 / 23 / 2015

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period: \$, \$ 1300.00

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

Mailing Address 132 Brookville Rd

City: Glen Head State: NY Zip Code: 11545

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

Name of Employer: Occupation: (Employer Requested / Occupation Requested)
AK Capital, LLC / Capital Markets Professional

Receipt For: 2016
 Primary General
 Other (specify) Convention

Election Cycle-to-Date: \$, \$ 2700.00

Date of Receipt: M M / D D / Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period: \$, \$ 2700.00

SUBTOTAL of Receipts This Page (optional)..... \$, \$ 6700.00

TOTAL This Period (last page this line number only)..... \$, \$

201603240200087675

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

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

FOR LINE NUMBER: (check only one)	PAGE 20 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Gary Goodenough		Date of Receipt M M D D Y Y Y 12 21 2015
Mailing Address 911 Park Avenue		Transaction ID : SA11AI.4522
City New York	State NY	Zip Code 10075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 3700.00	

Full Name (Last, First, Middle Initial) B. Nancy Goodenough		Date of Receipt M M D D Y Y Y 12 21 2015
Mailing Address 1528 7th St		Transaction ID : SA11AI.4207
City New Orleans	State LA	Zip Code 70115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 1000.00	

Full Name (Last, First, Middle Initial) C. J. Barton Goodwin		Date of Receipt M M D D Y Y Y 11 02 2015
Mailing Address 29 Fairway Ln		Transaction ID : SA11AI.4211
City Greenwich	State CT	Zip Code 06830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer Investigative Management Group	Occupation CEO	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 2500.00
TOTAL This Period (last page this line number only).....	\$

201603240200087676

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

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

FOR LINE NUMBER: (check only one)	PAGE 21 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Joseph J. Grano Jr.		Date of Receipt M M D D Y Y 11 25 2015	
Mailing Address Centurion Holdings 1185 Ave of Ame Suite 1750		Transaction ID : SA11AI.4215	
City State Zip Code New York NY 10036	Amount of Each Receipt this Period \$ \$ 500.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 500.00	
Name of Employer Occupation Centurion Holdings Chairman + CEO	Election Cycle-to-Date \$ \$ 500.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		\$ \$ 500.00	
Full Name (Last, First, Middle Initial) B. Lawrence Hamdan		Date of Receipt M M D D / Y Y 10 27 2015	
Mailing Address 7 Plateau Cir W		Transaction ID : SA11AI.4219	
City State Zip Code Bronxville NY 10708	Amount of Each Receipt this Period \$ \$ 625.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 625.00	
Name of Employer Occupation Beztak Companies Real Estate Developer	Election Cycle-to-Date \$ \$ 625.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		\$ \$ 625.00	
Full Name (Last, First, Middle Initial) C. Beth Harrison		Date of Receipt M M D D Y Y 12 29 2015	
Mailing Address 170 Stone Hill Rd		Transaction ID : SA11AI.4221	
City State Zip Code Colts Neck NJ 07722	Amount of Each Receipt this Period \$ \$ 2700.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 2700.00	
Name of Employer Occupation Homemaker Homemaker	Election Cycle-to-Date \$ \$ 2700.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		\$ \$ 2700.00	
SUBTOTAL of Receipts This Page (optional).....		\$ \$ 3825.00	
TOTAL This Period (last page this line number only).....		\$ \$	

201603240200087677

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

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

FOR LINE NUMBER: (check only one)		PAGE 22 OF 107	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Michael Hegarty		Date of Receipt M M / D D Y Y Y 11 / 17 2015	
Mailing Address 117 Old Briarcliff Road		Transaction ID : SA11AI.4225	
City State Zip Code Briarcliff Manor NY 10510	Amount of Each Receipt this Period \$ \$ 2300.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 7300.00	
Name of Employer Occupation Retired Retired	Election Cycle-to-Date \$ \$ 7300.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Full Name (Last, First, Middle Initial) B. Michael Hegarty		Date of Receipt M M / D D / Y Y 11 / 17 2015	
Mailing Address 117 Old Briarcliff Road		Transaction ID : SA11AI.5146	
City State Zip Code Briarcliff Manor NY 10510	Amount of Each Receipt this Period \$ \$ 400.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 7700.00	
Name of Employer Occupation Retired Retired	Election Cycle-to-Date \$ \$ 7700.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Full Name (Last, First, Middle Initial) C. Debra Hess		Date of Receipt M M D D Y Y 11 17 2015	
Mailing Address 4 Kensington CT		Transaction ID : SA11AI.4227	
City State Zip Code Old Greenwich CT 06870	Amount of Each Receipt this Period \$ \$ 2700.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 2700.00	
Name of Employer Occupation Northstar Assent Management Finance	Election Cycle-to-Date \$ \$ 2700.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			
SUBTOTAL of Receipts This Page (optional).....		\$ \$ 5400.00	
TOTAL This Period (last page this line number only).....		\$ \$	

201603240200087678

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

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

FOR LINE NUMBER: PAGE 23 OF 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. Full Name (Last, First, Middle Initial)
Steven Huessner

Mailing Address 1105 Pecan Hollow Trl

City State Zip Code
McKinney TX 75070

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

Name of Employer Occupation
Wealth Mogul Strategies CEO

Receipt For: 2016
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
\$ \$ 1000.00

Date of Receipt
M M D D Y Y
12 31 2015

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period
\$ \$ *

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

Mailing Address 35 Birchwood Rd

City State Zip Code
Seymour CT 06483

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
\$ \$ 375.00

Date of Receipt
M M D D / Y Y Y
11 25 / 2015

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period
\$ \$ *

C. Full Name (Last, First, Middle Initial)
Franklin P. Johnson Jr.

Mailing Address 1411 Edgewood Dr

City State Zip Code
Palo Alto CA 94301

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

Name of Employer Occupation
None Venture Capitalist

Receipt For: 2016
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
\$ \$ 2700.00

Date of Receipt
M M D D Y Y
10 01 2015

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
\$ \$ *

SUBTOTAL of Receipts This Page (optional)..... \$ \$ * 4075.00

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

201603240200087679

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 107	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Franklin P. Johnson Jr.		Date of Receipt M M / D D / Y Y 10 / 01 / 2015
Mailing Address 1411 Edgewood Dr		Transaction ID : SA11AI.4500
City Palo Alto	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer None	Occupation Venture Capitalist	, , *
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) Bob Jones		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address 9 Hillside Rd		Transaction ID : SA11AI.4513
City westport	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	, *
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Geoffrey Drin Kalish		Date of Receipt M M / D D / Y Y Y 12 / 04 / 2015
Mailing Address 33 Larchmont Avenue		Transaction ID : SA11AI.4241
City Larchmont	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Aquiline Holdings LLC	Occupation Investor	, *
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	, , *	6000.00
TOTAL This Period (last page this line number only).....	, , *	

201603240200087680

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 107	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Timothy Kane		Date of Receipt M M / D D / Y Y Y 10 31 2015
Mailing Address 379 Stanwich Rd		Transaction ID : SA11AI.4243
City Greenwich	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1100.00
Name of Employer Goodway Technologies Corp.	Occupation President & CEO	\$ 1100.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 1100.00	

Full Name (Last, First, Middle Initial) B. John Kistler		Date of Receipt M M / D D / Y Y Y Y 12 31 2015
Mailing Address 312 Chestnut Hill Rd		Transaction ID : SA11AI.4251
City Wilton	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 250.00
Name of Employer Amherst	Occupation Sales	\$ 250.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 250.00	

Full Name (Last, First, Middle Initial) C. John Knorring		Date of Receipt M M / D D / Y Y Y 12 12 2015
Mailing Address 6 E 1st St Apt 4B		Transaction ID : SA11AI.4257
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2700.00
Name of Employer DRW Commodities	Occupation Commodities Trader	\$ 2700.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 2700.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 4050.00
TOTAL This Period (last page this line number only).....	\$ \$ \$

201603240200087681

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 107	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) David H. Koch		Date of Receipt M M D D Y Y Y Y 11 23 2015
Mailing Address 667 Madison Ave FI 22		Transaction ID : SA11AI.4474
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ \$ 2700.00
Name of Employer Koch Industries, Inc.	Occupation Executive Vice President	Election Cycle-to-Date \$ \$ \$ 2700.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) David H. Koch		Date of Receipt M M D D Y Y Y Y 12 30 2015
Mailing Address 667 Madison Ave FI 22		Transaction ID : SA11AI.4259
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ \$ 2700.00
Name of Employer Koch Industries, Inc.	Occupation Executive Vice President	Election Cycle-to-Date \$ \$ \$ 5400.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) Julia Koch		Date of Receipt M M D D Y Y Y Y 11 23 2015
Mailing Address PO Box 5004		Transaction ID : SA11AI.4476
City Wichita	State KS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ \$ 2700.00
Name of Employer Homemaker	Occupation Homemaker	Election Cycle-to-Date \$ \$ \$ 2700.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

SUBTOTAL of Receipts This Page (optional).....	\$ \$ \$ 8100.00
TOTAL This Period (last page this line number only).....	\$ \$ \$.

201603240200087682

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Matthew J. Lambiase			Date of Receipt M M / D D Y Y 11 17 2015		
Mailing Address 164 East 66th Street			Transaction ID : SA11AI.4269		
City New York	State NY	Zip Code 10065	Amount of Each Receipt this Period \$, \$ * 2500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$, \$ * 2500.00		
Name of Employer Information requested		Occupation information requested		Election Cycle-to-Date \$, \$ * 2500.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$, \$ * 2500.00			
Full Name (Last, First, Middle Initial) B. Jeff Lane			Date of Receipt M M D D / Y Y Y 11 10 2015		
Mailing Address 800 Fifth Avenue			Transaction ID : SA11AI.4271		
City New York	State NY	Zip Code 10065	Amount of Each Receipt this Period \$, \$ * 400.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$, \$ * 400.00		
Name of Employer Lebenthal		Occupation Chairman		Election Cycle-to-Date \$, \$ * 5400.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, \$ * 5400.00			
Full Name (Last, First, Middle Initial) C. Jeff Lane			Date of Receipt M M D D Y Y 11 10 2015		
Mailing Address 800 Fifth Avenue			Transaction ID : SA11AI.4505		
City New York	State NY	Zip Code 10065	Amount of Each Receipt this Period \$, \$ * 1100.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$, \$ * 1100.00		
Name of Employer Lebenthal		Occupation Chairman		Election Cycle-to-Date \$, \$ * 6500.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, \$ * 6500.00			
SUBTOTAL of Receipts This Page (optional).....			\$, \$ * 4000.00		
TOTAL This Period (last page this line number only).....			\$, \$ *		

201603240200087683

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Brian Langille		Date of Receipt M M / D D / Y Y 11 / 10 / 2015
Mailing Address 24 Ridgewood Ave		Transaction ID : SA11AI.4273
City Madison	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$. 1250.00
Name of Employer Rem Industrial Solutions	Occupation President & Ceo	Election Cycle-to-Date \$, \$. 2250.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) Leighton Lee		Date of Receipt M M / D D / Y Y 10 / 01 / 2015
Mailing Address 7 Brookside Ave		Transaction ID : SA11AI.4279
City Madison	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$. 1000.00
Name of Employer The Lee Company	Occupation Engineer	Election Cycle-to-Date \$, \$. 1000.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) Thomas Lehrke		Date of Receipt M M / D D / Y Y 12 / 28 / 2015
Mailing Address 9517 Wyoming Ave S		Transaction ID : SA11AI.4281
City Minneapolis	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$. 2700.00
Name of Employer Holborn Corporation	Occupation Reinsurance Broker	Election Cycle-to-Date \$, \$. 5400.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	\$, \$. 4950.00
TOTAL This Period (last page this line number only).....	\$, \$.

201603240200087684

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 107
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Ethan Levinson		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2015
A. Mailing Address 3 Halliday Ct		Transaction ID : SA11AI.4287
City Harrison	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer Kfir Capitol	Occupation Finance	, \$ *
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 500.00	

Full Name (Last, First, Middle Initial) Matthew Levinson		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2015
B. Mailing Address 5 Sterling Rd N		Transaction ID : SA11AI.4285
City Armonk	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer Kfir Capitol	Occupation Finance	, \$ *
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 500.00	

Full Name (Last, First, Middle Initial) Michael Lilley		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2015
C. Mailing Address 12 Hartshome Ln		Transaction ID : SA11AI.4289
City Rumson	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer better education for nj kids	Occupation executive director	, \$ *
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 1500.00
TOTAL This Period (last page this line number only).....	\$ *

201603240200087685

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Edward Linekin		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 25 Flat Rock Dr		Transaction ID : SA11AI.4293
City Ridgefield	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$, 1000.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date \$, \$, 1000.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) John Lovisolo		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 180 Schuyler Rd		Transaction ID : SA11AI.4297
City Allendale	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$, 500.00
Name of Employer Coherence Capital Partners	Occupation COO	Election Cycle-to-Date \$, \$, 500.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) Donald F. Lucey		Date of Receipt M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 7 Meadow Ln		Transaction ID : SA11AI.4299
City Greenwich	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$, 500.00
Name of Employer PBF Energy - Various	Occupation Retired- Consultant	Election Cycle-to-Date \$, \$, 500.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

SUBTOTAL of Receipts This Page (optional).....	\$, \$, 2000.00
TOTAL This Period (last page this line number only).....	\$, \$, *

201603240200087686

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Matthew MacFarlane		Date of Receipt M M / D D Y Y Y 12 / 26 2015
A. Mailing Address 21 Holbrook Ln		Transaction ID : SA11AI.4496
City Briarcliff Manor	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ *
Name of Employer August Wolf for Senate	Occupation Republicanism	300.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ *	

Full Name (Last, First, Middle Initial) Matthew MacFarlane		Date of Receipt M M / D D / Y Y Y 12 / 31 2015
B. Mailing Address 21 Holbrook Ln		Transaction ID : SA11AI.4303
City Briarcliff Manor	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer August Wolf for Senate	Occupation Republicanism	500.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ *	

Full Name (Last, First, Middle Initial) Robert Manfred		Date of Receipt M M D D Y Y 12 10 2015
C. Mailing Address 81 Round A Bend Rd.		Transaction ID : SA11AI.4305
City Tarrytown	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ *
Name of Employer MLB	Occupation Commissioner	2700.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ *	

SUBTOTAL of Receipts This Page (optional).....	\$ \$ *	3200.00
TOTAL This Period (last page this line number only).....	\$ \$ *	

201603240200087687

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

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

FOR LINE NUMBER: (check only one)	PAGE 32 OF 107
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Philip Maritz		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 238 Peak Vw		Transaction ID : SA11AI.4309
City Avon	State CO	Zip Code 81620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer Maritz Properties Ltd	Occupation Reactor	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date	\$ 500.00

Full Name (Last, First, Middle Initial) B. Robert Marston		Date of Receipt M M / D D / Y Y 10 / 22 / 2015
Mailing Address 570 Park Ave		Transaction ID : SA11AI.4311
City New York	State NY	Zip Code 10065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 250.00
Name of Employer Self-employed	Occupation Public Relations Consultant	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date	\$ 250.00

Full Name (Last, First, Middle Initial) C. Robert Matthews		Date of Receipt M M / D D / Y Y 12 / 31 / 2015
Mailing Address 210 Central Park Ave Apt 18 A/B		Transaction ID : SA11AI.4317
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer Fieldpoint Private	Occupation President	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date	\$ 500.00

SUBTOTAL of Receipts This Page (optional).....	\$ 1250.00
TOTAL This Period (last page this line number only).....	\$

201603240200087688

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 107	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Andrew J. McKenna		Date of Receipt M M / D D / Y Y 11 / 04 / 2015	
Mailing Address 2000 Clarendon Blvd		Transaction ID : SA11AI.4319	
City Arlington	State VA	Zip Code 22201	Amount of Each Receipt this Period \$ \$ \$ 1250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ \$ 1250.00	
Name of Employer Arsenal Capital Partners	Occupation Partner		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ \$ 1250.00		

Full Name (Last, First, Middle Initial) B. Stephen McLean		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2015	
Mailing Address 100 Park Ave		Transaction ID : SA11AI.4321	
City New York	State NY	Zip Code 10017	Amount of Each Receipt this Period \$ \$ \$ 625.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ \$ 625.00	
Name of Employer REM Industrial Solutions	Occupation CEO		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ \$ 625.00		

Full Name (Last, First, Middle Initial) C. Kevin Meenan		Date of Receipt M M / D D / Y Y Y 12 / 02 / 2015	
Mailing Address 31 Gregory Ln		Transaction ID : SA11AI.4323	
City Millwood	State NY	Zip Code 10546	Amount of Each Receipt this Period \$ \$ \$ 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ \$ 1000.00	
Name of Employer Fundamental Corporate Credit US LLC	Occupation Alternative Investment Fund Manager		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ \$ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	\$ \$ \$ 2875.00
TOTAL This Period (last page this line number only).....	\$ \$ \$

201603240200087689

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 107	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. David Melrose		Date of Receipt M M / D D / Y Y Y 12 / 28 / 2015	
Mailing Address 22 Linden Ave		Transaction ID : SA11AI.4325	
City Larchmont	State NY	Zip Code 10538	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Holborn Corporation	Occupation Evp and Director	Amount of Each Receipt this Period 3700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) B. F. Rene Mendez		Date of Receipt M M / D D / Y Y Y 11 / 25 / 2015	
Mailing Address 22 Garden Pl		Transaction ID : SA11AI.4327	
City Brooklyn	State NY	Zip Code 11201	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pinehouse Capital LLC	Occupation Real Estate Investment	Amount of Each Receipt this Period 250.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) C. John Meyer		Date of Receipt M M / D D / Y Y Y 12 / 10 / 2015	
Mailing Address 10 South Ct		Transaction ID : SA11AI.4329	
City Port Washington	State NY	Zip Code 11050	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer Chief Graphix	Occupation Businessman	Amount of Each Receipt this Period 2700.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	

201603240200087690

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Richard Moley			Date of Receipt M M / D D Y Y Y 12 / 31 2015		
A. Mailing Address P.O. Box 4316			Transaction ID : SA11AI.4331		
City Carmel	State CA	Zip Code 93921	Amount of Each Receipt this Period \$, \$ *		
FEC ID number of contributing federal political committee. C			1500.00		
Name of Employer Self-Employed		Occupation Private Investor	\$, \$ *		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$, \$ 2500.00	\$, \$ *		

Full Name (Last, First, Middle Initial) Frank Nash			Date of Receipt M M / D D Y Y Y Y 12 / 23 2015		
B. Mailing Address 88 Cherry Valley Road			Transaction ID : SA11AI.4337		
City Greenwich	State CT	Zip Code 06831	Amount of Each Receipt this Period \$, \$ *		
FEC ID number of contributing federal political committee. C			2500.00		
Name of Employer All Partners		Occupation Investor	\$, \$ *		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, \$ 5200.00	\$, \$ *		

Full Name (Last, First, Middle Initial) Jill M. Notte			Date of Receipt M M / D D Y Y Y Y 11 / 16 2015		
C. Mailing Address 7 Winfield Ct			Transaction ID : SA11AI.4343		
City Fairfield	State NJ	Zip Code 07004	Amount of Each Receipt this Period \$, \$ *		
FEC ID number of contributing federal political committee. C			200.00		
Name of Employer APECER Life Sciences		Occupation Director, Global Marketing	\$, \$ *		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$, \$ 300.00	\$, \$ *		

SUBTOTAL of Receipts This Page (optional).....	\$, \$ *	4200.00
TOTAL This Period (last page this line number only).....	\$, \$ *	

201603240200087691

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 107	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) John O'Leary		Date of Receipt M M / D D / Y Y Y 11 / 17 / 2015	
Mailing Address 54 South State Road		Transaction ID : SA11AI.4345	
City Briarcliff Manor	State NY	Zip Code 10510	Amount of Each Receipt this Period \$, \$, 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$, 1000.00	
Name of Employer Information requested	Occupation information requested	Amount of Each Receipt this Period \$, \$, 1000.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$, \$, 1000.00	

Full Name (Last, First, Middle Initial) Michael Palazzi		Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2015	
Mailing Address 11 Lakeview Ave		Transaction ID : SA11AI.4355	
City Sleepy Hollow	State NY	Zip Code 10591	Amount of Each Receipt this Period \$, \$, 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$, 500.00	
Name of Employer Castle Hill	Occupation Financial Consulting	Amount of Each Receipt this Period \$, \$, 500.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$, \$, 500.00	

Full Name (Last, First, Middle Initial) Alexander Pendino		Date of Receipt M M / D D / Y Y Y 11 / 01 / 2015	
Mailing Address 10 Swedes Ln		Transaction ID : SA11AI.4359	
City Moorestown	State NJ	Zip Code 08057	Amount of Each Receipt this Period \$, \$, 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$, 250.00	
Name of Employer Neurology Associates of Hamilton	Occupation Physician	Amount of Each Receipt this Period \$, \$, 250.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$, \$, 250.00	

SUBTOTAL of Receipts This Page (optional).....	\$, \$, 1750.00
TOTAL This Period (last page this line number only).....	\$, \$, .

201603240200087692

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 107	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Murray Peyton		Date of Receipt M M D D / Y Y Y Y 12 29 2015
Mailing Address 18 Scudder Court		Transaction ID : SA11AI.4361
City Pennington	State NJ	Zip Code 08534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 450.00
Name of Employer Employer Requested	Occupation Occupation Requested	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date	\$ 700.00

Full Name (Last, First, Middle Initial) B. Fred Pillon		Date of Receipt M M D D / Y Y Y Y 12 08 2015
Mailing Address 5645 Castle Dr		Transaction ID : SA11AI.4363
City Oakland	State CA	Zip Code 94611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00
Name of Employer Gibson Dunn	Occupation Attorney	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date	\$ 1000.00

Full Name (Last, First, Middle Initial) C. Mary Lee Pimentel		Date of Receipt M M D D / Y Y Y Y 12 23 2015
Mailing Address 582 N Main St.		Transaction ID : SA11AI.5148
City Wallingford	State CT	Zip Code 06492
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 100.00
Name of Employer Information requested	Occupation information requested	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date	\$ 300.00

SUBTOTAL of Receipts This Page (optional).....	\$ 1550.00
TOTAL This Period (last page this line number only).....	\$

201603240200087693

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. Full Name (Last, First, Middle Initial) William Pruellage		Date of Receipt M M / D D / Y Y Y Y 11 12 / 2015	
Mailing Address 1185 Park Ave		Transaction ID : SA11AL4371	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period \$ \$ 1000.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 1000.00	
Name of Employer Occupation Pamplona Capital Management Investment Management	Election Cycle-to-Date \$ \$ 1000.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 1000.00		
B. Full Name (Last, First, Middle Initial) Allen Purnell		Date of Receipt M M / D D / Y Y Y Y 11 06 / 2015	
Mailing Address 3434 Buck Creek Road		Transaction ID : SA11AI.4373	
City State Zip Code Simpsonville KY 40067	Amount of Each Receipt this Period \$ \$ 1000.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 1000.00	
Name of Employer Occupation Lebenthal Financial Services	Election Cycle-to-Date \$ \$ 1000.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 1000.00		
C. Full Name (Last, First, Middle Initial) Mark Quinn		Date of Receipt M M D D Y Y Y Y 10 01 2015	
Mailing Address 16047 Collins Ave		Transaction ID : SA11AI.4375	
City State Zip Code Sunny Isles Beach FL 33160	Amount of Each Receipt this Period \$ \$ 250.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 250.00	
Name of Employer Occupation Cetera Financial Group Executive	Election Cycle-to-Date \$ \$ 250.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 250.00		
SUBTOTAL of Receipts This Page (optional).....		\$ \$ 2250.00	
TOTAL This Period (last page this line number only).....		\$ \$	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 107	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Walter Raquet		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2015	
A. Mailing Address 78 Zaccheus Mean Lane		Transaction ID : SA11AI.4377	
City Greenwich	State CT	Zip Code 06831	Amount of Each Receipt this Period \$ \$ *
FEC ID number of contributing federal political committee. C		2550.00	
Name of Employer Getg	Occupation Ceo		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ \$ 2800.00		

Full Name (Last, First, Middle Initial) Walter Raquet		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2015	
B. Mailing Address 78 Zaccheus Mean Lane		Transaction ID : SA11AI.5143	
City Greenwich	State CT	Zip Code 06831	Amount of Each Receipt this Period \$ \$ *
FEC ID number of contributing federal political committee. C		2450.00	
Name of Employer Getg	Occupation Ceo		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 5250.00		

Full Name (Last, First, Middle Initial) Michael Ricciardi		Date of Receipt M M / D D / Y Y Y Y 11 / 16 / 2015	
C. Mailing Address 170 Deer Run		Transaction ID : SA11AI.4383	
City Watchung	State NJ	Zip Code 07069	Amount of Each Receipt this Period \$ \$ *
FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Mercury Capital Advisors	Occupation Finance		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	\$ \$ *	5500.00
TOTAL This Period (last page this line number only).....	\$ \$ *	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (in Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Lacy Rice		Date of Receipt M M / D D / Y Y Y Y 11 17 / 2015	
Mailing Address 7205 Brookville Rd		Transaction ID : SA11AI.4385	
City Chevy Chase	State MD	Zip Code 20815	Amount of Each Receipt this Period \$ \$ \$ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer FCP	Occupation Real Estate		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 500.00		

Full Name (Last, First, Middle Initial) B. Linda Riefler		Date of Receipt M M / D D / Y Y Y Y 10 13 / 2015	
Mailing Address 330 Chicken Valley Rd		Transaction ID : SA11AI.4387	
City Locust Valley	State NY	Zip Code 11560	Amount of Each Receipt this Period \$ \$ \$ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Need FEC	Occupation Need FEC		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 500.00		

Full Name (Last, First, Middle Initial) C. Kevin Roach		Date of Receipt M M / D D / Y Y Y Y 11 13 / 2015	
Mailing Address 502 Mount Holly Road		Transaction ID : SA11AI.4389	
City Katonah	State NY	Zip Code 10536	Amount of Each Receipt this Period \$ \$ \$ 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Santander	Occupation Finance		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 2000.00		

SUBTOTAL of Receipts This Page (optional).....	\$ \$ \$ 3000.00
TOTAL This Period (last page this line number only).....	\$ \$ \$

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. Full Name (Last, First, Middle Initial) Brian D. Rusk		Date of Receipt M M / D D / Y Y 10 / 22 / 2015	
Mailing Address 340 Wellingford Dr		Transaction ID : SA11AI.4395	
City East Amherst	State NY	Zip Code 14051	Amount of Each Receipt this Period \$ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Southern Engineering	Occupation Real Estate Developer		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 250.00		

B. Full Name (Last, First, Middle Initial) Rob Rusk		Date of Receipt M M / D D / Y Y 12 / 31 / 2015	
Mailing Address 54 Byram Shore Road		Transaction ID : SA11AI.4393	
City Greenwich	State CT	Zip Code 06830	Amount of Each Receipt this Period \$ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cypress Associates Llc	Occupation Finance		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 1250.00		

C. Full Name (Last, First, Middle Initial) Camillo Santomero		Date of Receipt M M / D D / Y Y 12 / 30 / 2015	
Mailing Address 393 Guard Hill Road		Transaction ID : SA11AI.4403	
City Bedford	State NY	Zip Code 10506	Amount of Each Receipt this Period \$ 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Guard Hill Holdings	Occupation Managing Partner		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ 2700.00		

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

201603240200087697

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 107
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Camillo Santomero		Date of Receipt M M / D D / Y Y Y 12 / 30 / 2015
Mailing Address 393 Guard Hill Road		Transaction ID : SA11AI.5142
City Bedford	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 400.00
Name of Employer Guard Hill Holdings	Occupation Managing Partner	Amount of Each Receipt this Period \$ \$ 3100.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ \$	

Full Name (Last, First, Middle Initial) B. Drew Saunders		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 136 Todd Lane		Transaction ID : SA11AI.4405
City Briarcliff	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 500.00
Name of Employer Jones Lang LaSalle, IP, Inc.	Occupation Real Estate Broker	Amount of Each Receipt this Period \$ \$ 500.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$	

Full Name (Last, First, Middle Initial) C. Scott Scarfman		Date of Receipt M M / D D / Y Y 12 / 23 / 2015
Mailing Address 18 Bryon Rd		Transaction ID : SA11AI.4511
City Old Greenwich	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ 2000.00
Name of Employer Mill Road	Occupation investor	Amount of Each Receipt this Period \$ \$ 2000.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$	

SUBTOTAL of Receipts This Page (optional).....	\$ \$ 2900.00
TOTAL This Period (last page this line number only).....	\$ \$

201603240200087698

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

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

FOR LINE NUMBER: (check only one)		PAGE 43 OF 107							
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Albert H. Small		Date of Receipt M M D D Y Y Y Y 10 22 2015	
Mailing Address 7116 Glenbrook Rd		Transaction ID : SA11AI.4413	
City	State	Zip Code	Amount of Each Receipt this Period \$ \$ *
Bethesda	MD	20814	
FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Homemaker		Occupation Homemaker	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$ \$ 250.00	

Full Name (Last, First, Middle Initial) B. James Stanard		Date of Receipt M M D D Y Y 12 08 2015	
Mailing Address PO Box 14309		Transaction ID : SA11AI.4421	
City	State	Zip Code	Amount of Each Receipt this Period \$ \$ *
Cleveland	OH	44114	
FEC ID number of contributing federal political committee. C		2700.00	
Name of Employer Retired		Occupation Investor	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$ \$ 2700.00	

Full Name (Last, First, Middle Initial) C. Dean G. Tanella		Date of Receipt M M D D Y Y 10 07 2015	
Mailing Address 2502 N Rocky Point Dr		Transaction ID : SA11AI.4427	
City	State	Zip Code	Amount of Each Receipt this Period \$ \$ *
Tampa	FL	33607	
FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Harbor Light Capital Group, LLC		Occupation Investment Banking	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$ \$ 500.00	

SUBTOTAL of Receipts This Page (optional).....	\$ \$ *	3450.00
TOTAL This Period (last page this line number only).....	\$ \$ *	

201603240200087699

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 107	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Zane Tankel		Date of Receipt M M / D D / Y Y Y 10 / 22 / 2015
Mailing Address 550 Mamaroneck Ave		Transaction ID : SA11AI.4429
City Harrison	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ *
Name of Employer Urstadt Biddle	Occupation Real Estate Developer	\$ \$ *
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 375.00	

Full Name (Last, First, Middle Initial) Haral Tenney		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 4 W Mountain Rd		Transaction ID : SA11AI.4433
City Ridgefield	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ *
Name of Employer Retired	Occupation Retired	\$ \$ *
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 2700.00	

Full Name (Last, First, Middle Initial) Patricia Tenney		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 4 W Mountain Rd		Transaction ID : SA11AI.4435
City Ridgefield	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ *
Name of Employer Retired	Occupation Retired	\$ \$ *
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 2700.00	

SUBTOTAL of Receipts This Page (optional).....	\$ \$ *	5775.00
TOTAL This Period (last page this line number only).....	\$ \$ *	

20160324020008700

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Roderick Thaler		Date of Receipt M M / D D / Y Y Y 12 / 29 / 2015
Mailing Address 20 Cove Woods Rd		Transaction ID : SA11AI.4437
City Oyster Bay	State NY	Zip Code 11771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$. 1000.00
Name of Employer Holborn Inc.	Occupation Reinsurance Broker	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$, \$. 1000.00	

Full Name (Last, First, Middle Initial) Brian Tobin		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 49 Dellwood Ave		Transaction ID : SA11AI.4439
City Chatham	State NJ	Zip Code 07928
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$. 1000.00
Name of Employer Holborn	Occupation Reinsurance Broker	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$, \$. 1000.00	

Full Name (Last, First, Middle Initial) William Trimble		Date of Receipt M M / D D / Y Y 12 / 06 / 2015
Mailing Address 409 Chattolane Hill Rd.		Transaction ID : SA11AI.4441
City Owings Mills	State MD	Zip Code 21117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$. 500.00
Name of Employer Self	Occupation Attorney	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$, \$. 500.00	

SUBTOTAL of Receipts This Page (optional).....	\$, \$. 2500.00
TOTAL This Period (last page this line number only).....	\$, \$. .

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 107	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Charles J. Urstadt		Date of Receipt M M / D D / Y Y Y 10 / 01 / 2015	
Mailing Address 321 Railroad Ave		Transaction ID : SA11AI.4492	
City Greenwich	State CT	Zip Code 06830	Amount of Each Receipt this Period \$, \$ *
FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Urstadt Biddle	Occupation Real Estate Developer		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$, \$ 2000.00		

Full Name (Last, First, Middle Initial) Charles J. Urstadt		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2015	
Mailing Address 321 Railroad Ave		Transaction ID : SA11AI.4524	
City Greenwich	State CT	Zip Code 06830	Amount of Each Receipt this Period \$, \$ *
FEC ID number of contributing federal political committee. C		375.00	
Name of Employer Urstadt Biddle	Occupation Real Estate Developer		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$, \$ 2375.00		

Full Name (Last, First, Middle Initial) Charles J. Urstadt		Date of Receipt M M / D D / Y Y 11 / 24 / 2015	
Mailing Address 321 Railroad Ave		Transaction ID : SA11AI.5141	
City Greenwich	State CT	Zip Code 06830	Amount of Each Receipt this Period \$, \$ *
FEC ID number of contributing federal political committee. C		325.00	
Name of Employer Urstadt Biddle	Occupation Real Estate Developer		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$, \$ 2700.00		

SUBTOTAL of Receipts This Page (optional).....	\$, \$ *	1700.00
TOTAL This Period (last page this line number only).....	\$, \$ *	

201603240200087702

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 107	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) Charles J. Urstadt		Date of Receipt M M / D D / Y Y Y 11 / 25 / 2015
Mailing Address 321 Railroad Ave		Transaction ID : SA11AI.4497
City Greenwich	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ *
Name of Employer Urstadt Biddle	Occupation Real Estate Developer	675.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$ 3375.00	

Full Name (Last, First, Middle Initial) Raymund Uy		Date of Receipt M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 215 Marblehead Ln		Transaction ID : SA11AI.4449
City Roswell	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ *
Name of Employer Information requested	Occupation information requested	2700.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$, \$ 2700.00	

Full Name (Last, First, Middle Initial) Lawrence Waterhouse		Date of Receipt M M / D D / Y Y 12 / 31 / 2015
Mailing Address 100 Summit Lake Dr Suite 140		Transaction ID : SA11AI.4451
City Valhalla	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ *
Name of Employer FIC Capital, Inc.	Occupation Advisor	500.00
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$, \$ 500.00	

SUBTOTAL of Receipts This Page (optional).....	\$, \$ *	3875.00
TOTAL This Period (last page this line number only).....	\$, \$ *	

201603240200087703

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 107	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. Full Name (Last, First, Middle Initial) Henry Wendt III		Date of Receipt M M / D D / Y Y 12 / 08 / 2015
Mailing Address 560 Warbass Way		Transaction ID : SA11AI.4453
City Friday Harbor	State WA	
Zip Code 98250		2700.00
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Retired Pharmaceutical Executive	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 2700.00	

B. Full Name (Last, First, Middle Initial) John Yurtchuk		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 27 S Woodside Ln		Transaction ID : SA11AI.4461
City Williamsville	State NY	
Zip Code 14221		2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Calspan Corporation	Occupation Chairman	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 2500.00	

C. Full Name (Last, First, Middle Initial) Dan Zucchi		Date of Receipt M M / D D / Y Y 12 / 23 / 2015
Mailing Address 4102 Fairway Dr N		Transaction ID : SA11AI.4463
City Jupiter	State FL	
Zip Code 33477		250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Media Consultant	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date \$ \$ 250.00	

SUBTOTAL of Receipts This Page (optional).....	\$ \$ 5450.00
TOTAL This Period (last page this line number only).....	\$ \$ 171325.00

201603240200087704

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) KOCHPAC		Date of Receipt M M / D D Y Y Y 12 / 15 2015	
A. Mailing Address 600 14th St NW		Transaction ID : SA11C.4464	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period \$ \$ \$ 1000.00
FEC ID number of contributing federal political committee. C COO236489			
Name of Employer		Occupation	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$ \$ \$ 1000.00	

Full Name (Last, First, Middle Initial) New Hampshire for Scott Brown		Date of Receipt M M / D D Y Y Y 10 / 28 2015	
B. Mailing Address PO BOX 600		Transaction ID : SA11C.4481	
City Rye	State NH	Zip Code 03870	Amount of Each Receipt this Period \$ \$ \$ 1000.00
FEC ID number of contributing federal political committee. C C00560003			
Name of Employer		Occupation	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$ \$ \$ 1000.00	

Full Name (Last, First, Middle Initial) PRAXAIR, INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D Y Y Y 12 / 23 2015	
C. Mailing Address 39 OLD RIDGEBURY ROAD PO BOX 2958		Transaction ID : SA11C.4489	
City DANBURY	State CT	Zip Code 06813	Amount of Each Receipt this Period \$ \$ \$ 333.34
FEC ID number of contributing federal political committee. C C00283440			
Name of Employer		Occupation	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date \$ \$ \$ 333.34	

SUBTOTAL of Receipts This Page (optional).....	\$ \$ \$ 2333.34
TOTAL This Period (last page this line number only).....	\$ \$ \$ 2333.34

201603240200087705

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 107			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Alexander Horan		Date of Disbursement M M D D / Y Y 10 08 / 2015	
Mailing Address 36 E 51St Street			
City New York	State NY	Zip Code 10028	Amount of Each Disbursement this Period \$ 1079.47
Purpose of Disbursement Salary		Category/ Type	Transaction ID : SB17.4747
Candidate Name AUGUST WOLF FOR SENATE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT District: 00			

Full Name (Last, First, Middle Initial) B. Alexander Horan		Date of Disbursement M M D D / Y Y 10 22 / 2015	
Mailing Address 36 E 51St Street			
City New York	State NY	Zip Code 10028	Amount of Each Disbursement this Period \$ 1079.47
Purpose of Disbursement Salary		Category/ Type	Transaction ID : SB17.5150
Candidate Name AUGUST WOLF FOR SENATE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT District: 00			

Full Name (Last, First, Middle Initial) C. Alexander Horan		Date of Disbursement M M / D D Y Y 11 05 2015	
Mailing Address 36 E 51St Street			
City New York	State NY	Zip Code 10028	Amount of Each Disbursement this Period \$ 1079.47
Purpose of Disbursement Salary		Category/ Type	Transaction ID : SB17.5159
Candidate Name AUGUST WOLF FOR SENATE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT District: 00			

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	3238.41
TOTAL This Period (last page this line number only).....	\$	\$	*

201603240200087706

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

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Alexander Horan		Date of Disbursement M M / D D / Y Y Y 11 / 23 / 2015	
Mailing Address 36 E 51St Street		Amount of Each Disbursement this Period 1458.33 Transaction ID : SB17.4552	
City New York	State NY		Zip Code 10028
Purpose of Disbursement Salary	Category/ Type 001		
Candidate Name AUGUST WOLF FOR SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT	District: 00		

Full Name (Last, First, Middle Initial) B. Alexander Horan		Date of Disbursement M M / D D / Y Y Y 12 / 07 / 2015	
Mailing Address 36 E 51St Street		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4841	
City New York	State NY		Zip Code 10028
Purpose of Disbursement Salary	Category/ Type 001		
Candidate Name AUGUST WOLF FOR SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT	District: 00		

Full Name (Last, First, Middle Initial) C. AMAZON.COM		Date of Disbursement M M / D D / Y Y Y 12 / 03 / 2015	
Mailing Address 1200 12th Ave. South Ste. 1200		Amount of Each Disbursement this Period 212.50 Transaction ID : SB17.4563	
City Seattle	State WA		Zip Code 98144
Purpose of Disbursement Campaign Materials	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	2920.83
TOTAL This Period (last page this line number only).....	\$	\$	

201603240200087707

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. AMAZON.COM		Date of Disbursement M M / D D Y Y Y 12 / 04 2015
Mailing Address 1200 12th Ave. South Ste. 1200		Amount of Each Disbursement this Period \$, \$, 423.95
City Seattle	State WA	
Purpose of Disbursement Campaign Materials		Transaction ID : SB17.4562
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. AMAZON MKTPLACE		Date of Disbursement M M / D D Y Y Y 12 / 07 2015
Mailing Address 1200 12th Ave. South Ste. 1200		Amount of Each Disbursement this Period \$, \$, 110.81
City Seattle	State WA	
Purpose of Disbursement Campaign Materials		Transaction ID : SB17.4556
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. Beacon Harbor Point		Date of Disbursement M M / D D Y Y Y 11 / 18 2015
Mailing Address 1 Harbor Point Rd		Amount of Each Disbursement this Period \$, \$, 2775.00
City Stamford	State CT	
Purpose of Disbursement Staff Lodging		Transaction ID : SB17.4569
Candidate Name AUGUST WOLF FOR SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT District: 00		

SUBTOTAL of Disbursements This Page (optional).....	\$, \$, 3309.76
TOTAL This Period (last page this line number only).....	\$, \$, *

201603240200087708

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

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. Cashman + Katz

Full Name (Last, First, Middle Initial)
Cashman + Katz

Date of Disbursement
M M / D D Y Y
10 08 2015

Mailing Address 76 Eastern Blvd #1

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement Media Training

Candidate Name **AUGUST WOLF FOR SENATE**

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: CT District: 00

Amount of Each Disbursement this Period
\$ \$ 1500.00

Transaction ID : SB17.4571

B. Christophe Esposito

Full Name (Last, First, Middle Initial)
Christophe Esposito

Date of Disbursement
M M D D / Y Y Y
10 08 2015

Mailing Address 21 Long Lots Rd

City Westport State CT Zip Code 06880

Purpose of Disbursement Salary

Candidate Name **AUGUST WOLF FOR SENATE**

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: CT District: 00

Amount of Each Disbursement this Period
\$ \$ 1210.90

Transaction ID : SB17.5151

C. Christophe Esposito

Full Name (Last, First, Middle Initial)
Christophe Esposito

Date of Disbursement
M M D D Y Y
10 22 2015

Mailing Address 21 Long Lots Rd

City Westport State CT Zip Code 06880

Purpose of Disbursement Salary

Candidate Name **AUGUST WOLF FOR SENATE**

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: CT District: 00

Amount of Each Disbursement this Period
\$ \$ 1210.90

Transaction ID : SB17.5152

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	3921.80
TOTAL This Period (last page this line number only).....	\$	\$	*

201603240200087709

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Christophe Esposito		Date of Disbursement M M / D D / Y Y 11 / 05 / 2015	
Mailing Address 21 Long Lots Rd		Amount of Each Disbursement this Period \$, , 1210.90	
City Westport	State CT	Zip Code 06880	Category/ Type 001
Purpose of Disbursement Salary			
Candidate Name AUGUST WOLF FOR SENATE		Transaction ID : SB17.5160	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT	District: 00		

Full Name (Last, First, Middle Initial) B. Christophe Esposito		Date of Disbursement M M / D D / Y Y Y 11 / 23 / 2015	
Mailing Address 21 Long Lots Rd		Amount of Each Disbursement this Period \$, , 1666.67	
City Westport	State CT	Zip Code 06880	Category/ Type 001
Purpose of Disbursement Salary			
Candidate Name AUGUST WOLF FOR SENATE		Transaction ID : SB17.4573	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT	District: 00		

Full Name (Last, First, Middle Initial) c. Christophe Esposito		Date of Disbursement M M / D D / Y Y 12 / 07 / 2015	
Mailing Address 21 Long Lots Rd		Amount of Each Disbursement this Period \$, , 1666.67	
City Westport	State CT	Zip Code 06880	Category/ Type 001
Purpose of Disbursement Salary			
Candidate Name AUGUST WOLF FOR SENATE		Transaction ID : SB17.4840	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT	District: 00		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	4544.24
TOTAL This Period (last page this line number only).....	\$	\$.

201603240200087710

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M D D Y Y 10 20 2015
Mailing Address 1593 Spring Road #400		Amount of Each Disbursement this Period \$, \$ 1000.00
City Vienna	State VA Zip Code 22182	
Purpose of Disbursement Database	Candidate Name AUGUST WOLF FOR SENATE	Transaction ID : SB17.4575
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT District: 00	Category/Type	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M D D Y Y 11 19 2015
Mailing Address 1593 Spring Road #400		Amount of Each Disbursement this Period \$, \$ 1000.00
City Vienna	State VA Zip Code 22182	
Purpose of Disbursement Database	Candidate Name AUGUST WOLF FOR SENATE	Transaction ID : SB17.4576
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT District: 00	Category/Type	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M D D Y Y 12 21 2015
Mailing Address 1593 Spring Road #400		Amount of Each Disbursement this Period \$, \$ 1000.00
City Vienna	State VA Zip Code 22182	
Purpose of Disbursement Database	Candidate Name AUGUST WOLF FOR SENATE	Transaction ID : SB17.4577
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT District: 00	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	\$, \$ 3000.00
TOTAL This Period (last page this line number only).....	\$, \$ *

20160324020008711

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

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. CUSTOMINK LLC

Full Name (Last, First, Middle Initial)
CUSTOMINK LLC

Date of Disbursement
M M D D Y Y Y
10 21 2015

Mailing Address 2910 District Avenue

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement
Campaign Materials

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Amount of Each Disbursement this Period
\$ 932.80

Transaction ID : SB17.4579

B. Dentons US LLP

Full Name (Last, First, Middle Initial)
Dentons US LLP

Date of Disbursement
M M D D Y Y Y
10 02 2015

Mailing Address 1301 K Street, NW
Suite 600, East Tower

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Legal Fees

Candidate Name
AUGUST WOLF FOR SENATE

Category/Type

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: CT District: 00

Amount of Each Disbursement this Period
\$ 5000.00

Transaction ID : SB17.4586

C. Dentons US LLP

Full Name (Last, First, Middle Initial)
Dentons US LLP

Date of Disbursement
M M D D Y Y Y
11 06 2015

Mailing Address 1301 K Street, NW
Suite 600, East Tower

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Legal Fees

Candidate Name
AUGUST WOLF FOR SENATE

Category/Type

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: CT District: 00

Amount of Each Disbursement this Period
\$ 5000.00

Transaction ID : SB17.4587

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	10932.80
TOTAL This Period (last page this line number only).....	\$	\$	

20160324020008712

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 107			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Dentons US LLP		Date of Disbursement M M D D Y Y Y 12 23 2015	
Mailing Address 1301 K Street, NW Suite 600, East Tower		Amount of Each Disbursement this Period \$ 2500.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Legal Fees	Category/ Type	Transaction ID : SB17.4585
Candidate Name AUGUST WOLF FOR SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT District: 00			

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M D D Y Y Y 10 19 2015	
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ 250.24	
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement Social Media Advertising	Category/ Type	Transaction ID : SB17.4611
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M D D Y Y Y 10 20 2015	
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ 500.41	
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement Social Media Advertising	Category/ Type	Transaction ID : SB17.4604
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$ 3250.65
TOTAL This Period (last page this line number only).....	\$

201603240200087713

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

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

FOR LINE NUMBER: (check only one)
 17 20a 18 20b 19a 20c 19b 21
 PAGE 58 OF 107

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M D D Y Y Y 10 22 2015	
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 750.48	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SB17.4619
Purpose of Disbursement Social Media Advertising		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M D D Y Y Y 10 26 2015	
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 750.99	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SB17.4614
Purpose of Disbursement Social Media Advertising		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D Y Y Y 10 28 2015	
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 751.22	
City Mento Park	State CA	Zip Code 94025	Transaction ID : SB17.4608
Purpose of Disbursement Social Media Advertising		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	2252.69
TOTAL This Period (last page this line number only).....	\$	\$	

201603240200087714

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 107			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M D D Y Y 11 02 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ \$ 318.06
City Menlo Park	State CA	
Purpose of Disbursement Social Media Advertising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.4616	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M / D D Y Y 11 06 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ \$ 750.48
City Menlo Park	State CA	
Purpose of Disbursement Social Media Advertising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.4602	

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M D D Y Y 11 09 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ \$ 750.57
City Menlo Park	State CA	
Purpose of Disbursement Social Media Advertising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.4599	

SUBTOTAL of Disbursements This Page (optional).....	\$ \$ 1819.11
TOTAL This Period (last page this line number only).....	\$ \$ *

201603240200087715

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M D D Y Y 11 09 2015	
Mailing Address 1 Hacker Way			
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 750.03
Purpose of Disbursement Social Media Advertising	Candidate Name		Transaction ID : SB17.4601
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M D D Y Y 11 12 2015	
Mailing Address 1 Hacker Way			
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 750.14
Purpose of Disbursement Social Media Advertising	Candidate Name		Transaction ID : SB17.4615
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D Y Y 11 13 2015	
Mailing Address 1 Hacker Way			
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 750.76
Purpose of Disbursement Social Media Advertising	Candidate Name		Transaction ID : SB17.4618
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Category/ Type		

SUBTOTAL of Disbursements This Page (optional).....	2250.93
TOTAL This Period (last page this line number only).....	

201603240200087716

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 107	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y 11 / 17 / 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$, \$ 750.56
City Menlo Park	State CA	
Purpose of Disbursement Social Media Advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : SB17.4620
State:	District:	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M / D D / Y Y 11 / 19 / 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$, \$ 750.09
City Menlo Park	State CA	
Purpose of Disbursement Social Media Advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : SB17.4613
State:	District:	

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$, \$ 750.02
City Menlo Park	State CA	
Purpose of Disbursement Social Media Advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : SB17.4612
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$, \$ 2250.67
TOTAL This Period (last page this line number only).....	\$, \$

201603240200087717

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 107	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M D D Y Y Y 11 25 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ \$ 750.11
City Menlo Park	State CA	
Purpose of Disbursement Social Media Advertising	Zip Code 94025	Transaction ID : SB17.4603
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M D D / Y Y 11 30 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ \$ 750.33
City Menlo Park	State CA	
Purpose of Disbursement Social Media Advertising	Zip Code 94025	Transaction ID : SB17.4609
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D Y Y 12 01 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ \$ 92.87
City Menlo Park	State CA	
Purpose of Disbursement Social Media Advertising	Zip Code 94025	Transaction ID : SB17.4600
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ \$ 1593.31
TOTAL This Period (last page this line number only).....	\$ \$ *

201603240200087718

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D Y Y Y Y 12 / 01 2015	
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ \$ \$ 262.21 Transaction ID : SB17.4606	
City Menlo Park	State CA		Zip Code 94025
Purpose of Disbursement Social Media Advertising	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M D D Y Y 12 21 2015	
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ \$ \$ 25.51 Transaction ID : SB17.4617	
City Menlo Park	State CA		Zip Code 94025
Purpose of Disbursement Social Media Advertising	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M D D Y Y Y Y 12 22 2015	
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ \$ \$ 50.10 Transaction ID : SB17.4605	
City Menlo Park	State CA		Zip Code 94025
Purpose of Disbursement Social Media Advertising	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		

SUBTOTAL of Disbursements This Page (optional).....	\$ \$ \$ 337.82
TOTAL This Period (last page this line number only).....	\$ \$ \$

201603240200087719

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M D D Y Y 12 29 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period \$ 250.36
City Menlo Park	State CA	
Purpose of Disbursement Social Media Advertising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.4598	

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 10 05 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 63.23
City Chicago	State IL	
Purpose of Disbursement Food	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.4669	

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M / D D / Y Y 10 07 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 64.41
City Chicago	State IL	
Purpose of Disbursement Food	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.4671	

SUBTOTAL of Disbursements This Page (optional).....	\$ 378.00
TOTAL This Period (last page this line number only).....	\$

201603240200087720

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 107			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 10 08 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ \$ 68.27	
City Chicago	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food			
Candidate Name		Transaction ID : SB17.4672	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 10 09 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ \$ 30.89	
City Chicago	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food			
Candidate Name		Transaction ID : SB17.4639	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 10 13 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ \$ 28.67	
City Chicago	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food			
Candidate Name		Transaction ID : SB17.4636	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	127.83
TOTAL This Period (last page this line number only).....	\$	\$	\$

201603240200087721

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 10 15 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, , 71.53 Transaction ID : SB17.4674
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food	Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 10 16 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, , 71.18 Transaction ID : SB17.4673
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food	Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 10 19 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, , 42.68 Transaction ID : SB17.4647
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food	Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$, , 185.39
TOTAL This Period (last page this line number only).....	\$, ,

201603240200087722

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y Y 10 19 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, 60.42 Transaction ID : SB17.4667
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y Y 10 21 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, 72.89 Transaction ID : SB17.4675
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food -	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M D D / Y Y Y 10 23 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, 44.04 Transaction ID : SB17.4650
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	\$, \$.	177.35
TOTAL This Period (last page this line number only).....	\$, \$.	

201603240200087723

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 10 26 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ \$ \$ 44.75	
City Chicago	State IL		
Purpose of Disbursement Food		Transaction ID : SB17.4651	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 10 26 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ \$ \$ 55.24	
City Chicago	State IL		
Purpose of Disbursement Food		Transaction ID : SB17.4661	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M D D / Y Y 10 28 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ \$ \$ 63.58	
City Chicago	State IL		
Purpose of Disbursement Food		Transaction ID : SB17.4670	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$ \$ \$	163.57
TOTAL This Period (last page this line number only).....	\$ \$ \$	*

201603240200087724

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

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

FOR LINE NUMBER: (check only one)
 17
 18
 19a
 19b
 20a
 20b
 20c
 21
 PAGE 69 OF 107

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. GRUBHUB SEAMLES

Full Name (Last, First, Middle Initial)
Mailing Address 111 West Washington Street
Suite 400

City Chicago State IL Zip Code 60602

Purpose of Disbursement Food

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M D D / Y Y Y Y
10 29 2015

Amount of Each Disbursement this Period
\$ 14.04

Transaction ID : SB17.4627

B. GRUBHUB SEAMLES

Full Name (Last, First, Middle Initial)
Mailing Address 111 West Washington Street
Suite 400

City Chicago State IL Zip Code 60602

Purpose of Disbursement Food

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M D D / Y Y Y Y
10 29 2015

Amount of Each Disbursement this Period
\$ 36.51

Transaction ID : SB17.4643

C. GRUBHUB SEAMLES

Full Name (Last, First, Middle Initial)
Mailing Address 111 West Washington Street
Suite 400

City Chicago State IL Zip Code 60602

Purpose of Disbursement Food

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M D D / Y Y Y Y
11 02 2015

Amount of Each Disbursement this Period
\$ 52.01

Transaction ID : SB17.4657

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	102.56
TOTAL This Period (last page this line number only).....	\$	\$	

201603240200087725

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

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

FOR LINE NUMBER: (check only one)
 17
 18
 19a
 19b
 20a
 20b
 20c
 21
 PAGE 70 OF 107

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. GRUBHUB SEAMLES

Full Name (Last, First, Middle Initial)
Mailing Address 111 West Washington Street
Suite 400

City Chicago State IL Zip Code 60602

Purpose of Disbursement Food

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M D D Y Y
11 02 2015

Amount of Each Disbursement this Period
\$ 52.53

Transaction ID : SB17.4658

B. GRUBHUB SEAMLES

Full Name (Last, First, Middle Initial)
Mailing Address 111 West Washington Street
Suite 400

City Chicago State IL Zip Code 60602

Purpose of Disbursement Food

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M D D Y Y
11 04 2015

Amount of Each Disbursement this Period
\$ 40.27

Transaction ID : SB17.4644

C. GRUBHUB SEAMLES

Full Name (Last, First, Middle Initial)
Mailing Address 111 West Washington Street
Suite 400

City Chicago State IL Zip Code 60602

Purpose of Disbursement Food

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M / D D Y Y
11 05 2015

Amount of Each Disbursement this Period
\$ 33.24

Transaction ID : SB17.4641

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	126.04
TOTAL This Period (last page this line number only).....	\$	\$	

201603240200087726

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M D D / Y Y 11 06 / 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$ 61.29	
City Chicagg	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food		Transaction ID : SB17.4668	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: District:		Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M D D / Y Y 11 09 / 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$ 25.65	
City Chicagg	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food		Transaction ID : SB17.4634	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: District:		Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M D D / Y Y 11 09 / 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$ 47.85	
City Chicagg	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food		Transaction ID : SB17.4652	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: District:		Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

SUBTOTAL of Disbursements This Page (optional).....	\$, \$ 134.79
TOTAL This Period (last page this line number only).....	\$, \$

201603240200087727

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 11 12 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$. 42.59	
City Chicago	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food			
Candidate Name		Transaction ID : SB17.4646	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 11 12 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$. 48.44	
City Chicago	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food			
Candidate Name		Transaction ID : SB17.4653	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M / D D / Y Y 11 13 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$. 30.36	
City Chicago	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food			
Candidate Name		Transaction ID : SB17.4637	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$, \$. 121.39
TOTAL This Period (last page this line number only).....	\$, \$.

201603240200087728

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 107			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (in Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M / D D / Y Y 11 / 16 / 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period 21.63
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food	Candidate Name	Transaction ID : SB17.4630
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M / D D / Y Y 11 / 16 / 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period 51.41
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food	Candidate Name	Transaction ID : SB17.4655
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M / D D / Y Y 11 / 18 / 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period 36.02
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food	Candidate Name	Transaction ID : SB17.4642
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	109.06
TOTAL This Period (last page this line number only).....	

201603240200087729

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M / D D Y Y 11 / 19 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$ 51.94
City Chicago State IL Zip Code 60602	Category/ Type	
Purpose of Disbursement Food	Candidate Name	Transaction ID : SB17.4656
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M / D D Y Y 11 / 23 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$ 40.34
City Chicago State IL Zip Code 60602	Category/ Type	
Purpose of Disbursement Food	Candidate Name	Transaction ID : SB17.4645
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M / D D Y Y 11 / 23 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$ 43.69
City Chicago State IL Zip Code 60602	Category/ Type	
Purpose of Disbursement Food	Candidate Name	Transaction ID : SB17.4649
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$, \$ 135.97
TOTAL This Period (last page this line number only).....	\$, \$

201603240200087730

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y Y 11 25 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 30.89
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food	Candidate Name	Transaction ID : SB17.4640
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y Y 11 27 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 23.97
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food	Candidate Name	Transaction ID : SB17.4632
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y Y 12 02 2015
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 58.84
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Food	Candidate Name	Transaction ID : SB17.4665
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	113.70
TOTAL This Period (last page this line number only).....	\$	\$	

201603240200087731

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y Y Y 12 03 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 58.84	
City Chicago	State IL	Zip Code 60602	Transaction ID : SB17.4666
Purpose of Disbursement Food	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M D D / Y Y Y Y 12 04 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 53.69	
City Chicago	State IL	Zip Code 60602	Transaction ID : SB17.4659
Purpose of Disbursement Food	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M / D D / Y Y Y Y 12 07 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 23.40	
City Chicago	State IL	Zip Code 60602	Transaction ID : SB17.4631
Purpose of Disbursement Food	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	\$ 135.93
TOTAL This Period (last page this line number only).....	\$

201603240200087732

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 107	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M / D D / Y Y 12 / 07 / 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 43.19	
City Chicago	State IL	Zip Code 60602	Transaction ID : SB17.4648
Purpose of Disbursement Food		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M / D D / Y Y 12 / 07 / 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 54.97	
City Chicago	State IL	Zip Code 60602	Transaction ID : SB17.4660
Purpose of Disbursement Food		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M / D D / Y Y 12 / 07 / 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 57.22	
City Chicago	State IL	Zip Code 60602	Transaction ID : SB17.4663
Purpose of Disbursement Food		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$	155.38
TOTAL This Period (last page this line number only).....	\$	\$

201603240200087733

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 107	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 12 08 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$. 25.06	
City Chicago	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Transaction ID : SB17.4633		

Full Name (Last, First, Middle Initial) B. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 12 08 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$. 117.71	
City Chicago	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Transaction ID : SB17.4676		

Full Name (Last, First, Middle Initial) C. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 12 09 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$, \$. 20.80	
City Chicago	State IL	Zip Code 60602	Category/ Type
Purpose of Disbursement Food		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Transaction ID : SB17.4629		

SUBTOTAL of Disbursements This Page (optional).....	\$, \$. 163.57
TOTAL This Period (last page this line number only).....	\$, \$.

201603240200087734

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

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

FOR LINE NUMBER: (check only one)
 17
 18
 19a
 19b
 20a
 20b
 20c
 21
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. GRUBHUB SEAMLES

Full Name (Last, First, Middle Initial)
AUGUST WOLF FOR SENATE

Mailing Address 111 West Washington Street
Suite 400

City Chicago State IL Zip Code 60602

Purpose of Disbursement Food

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M / D D / Y Y Y
12 / 11 / 2015

Amount of Each Disbursement this Period
\$, \$, \$ 19.56

Transaction ID : SB17.4628

B. GRUBHUB SEAMLES

Full Name (Last, First, Middle Initial)
AUGUST WOLF FOR SENATE

Mailing Address 111 West Washington Street
Suite 400

City Chicago State IL Zip Code 60602

Purpose of Disbursement Food

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M / D D / Y Y Y
12 / 14 / 2015

Amount of Each Disbursement this Period
\$, \$, \$ 30.40

Transaction ID : SB17.4638

C. GRUBHUB SEAMLES

Full Name (Last, First, Middle Initial)
AUGUST WOLF FOR SENATE

Mailing Address 111 West Washington Street
Suite 400

City Chicago State IL Zip Code 60602

Purpose of Disbursement Food

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M / D D / Y Y Y
12 / 16 / 2015

Amount of Each Disbursement this Period
\$, \$, \$ 28.07

Transaction ID : SB17.4635

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	\$ 78.03
TOTAL This Period (last page this line number only).....	\$	\$	\$

201603240200087735

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. GRUBHUB SEAMLES		Date of Disbursement M M D D Y Y 12 17 2015	
Mailing Address 111 West Washington Street Suite 400		Amount of Each Disbursement this Period \$ 41.27	
City Chicago	State IL	Zip Code 60602	Transaction ID : SB17.4626
Purpose of Disbursement Food	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State:	District:		

Full Name (Last, First, Middle Initial) B. I360		Date of Disbursement M M D D Y Y 10 02 2015	
Mailing Address 2300 Clarendon Blvd Suite 800		Amount of Each Disbursement this Period \$ 4500.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : SB17.4685
Purpose of Disbursement Data	Candidate Name AUGUST WOLF FOR SENATE		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT	District: 00		

Full Name (Last, First, Middle Initial) C. I360		Date of Disbursement M M D D Y Y 11 30 2015	
Mailing Address 2300 Clarendon Blvd Suite 800		Amount of Each Disbursement this Period \$ 3000.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : SB17.4684
Purpose of Disbursement Data	Candidate Name AUGUST WOLF FOR SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT	District: 00		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	7541.27
TOTAL This Period (last page this line number only).....	\$	\$	

201603240200087736

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. INTUIT *QUICKBO		Date of Disbursement M M D D Y Y Y Y 10 29 2015	
Mailing Address 2700 Coast Ave		Amount of Each Disbursement this Period \$, , 201.95 Transaction ID : SB17.4693	
City Mountain View	State CA		Zip Code 94043
Purpose of Disbursement Accounting	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) B. Krista Carter		Date of Disbursement M M D D Y Y Y Y 10 08 2015	
Mailing Address 509 Crawford Rd		Amount of Each Disbursement this Period \$, , 1625.41 Transaction ID : SB17.5153	
City Rayville	State LA		Zip Code 21269
Purpose of Disbursement Salary	Category/ Type		
Candidate Name AUGUST WOLF FOR SENATE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT District: 00			

Full Name (Last, First, Middle Initial) C. Krista Carter		Date of Disbursement M M D D Y Y Y Y 10 22 2015	
Mailing Address 509 Crawford Rd		Amount of Each Disbursement this Period \$, , 1625.41 Transaction ID : SB17.5154	
City Rayville	State LA		Zip Code 21269
Purpose of Disbursement Salary	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$, \$, 3452.77
TOTAL This Period (last page this line number only).....	\$, \$,

201603240200087737

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 107
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Krista Carter		Date of Disbursement M M / D D / Y Y Y 10 / 28 / 2015	
Mailing Address 509 Crawford Rd		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4699	
City Rayville	State LA		Zip Code 21269
Purpose of Disbursement Reimbursement	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) B. Krista Carter		Date of Disbursement M M / D D / Y Y Y 11 / 09 / 2015	
Mailing Address 509 Crawford Rd		Amount of Each Disbursement this Period 1625.41 Transaction ID : SB17.4700	
City Rayville	State LA		Zip Code 21269
Purpose of Disbursement Salary	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) C. Krista Carter		Date of Disbursement M M / D D / Y Y Y 11 / 20 / 2015	
Mailing Address 509 Crawford Rd		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4701	
City Rayville	State LA		Zip Code 21269
Purpose of Disbursement Salary	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	6925.41
TOTAL This Period (last page this line number only).....	

201603240200087738

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. LANDMARK PRINT		Date of Disbursement M M / D D Y Y Y 10 05 2015	
Mailing Address 375 Fairfield Ave		Amount of Each Disbursement this Period \$, 270.00 Transaction ID : SB17.4705	
City Stamford	State CT		Zip Code 06902
Purpose of Disbursement Printing	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) B. LANDMARK PRINT		Date of Disbursement M M / D D Y Y Y 10 05 2015	
Mailing Address 375 Fairfield Ave		Amount of Each Disbursement this Period \$, 680.00 Transaction ID : SB17.4707	
City Stamford	State CT		Zip Code 06902
Purpose of Disbursement Printing	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) C. LANDMARK PRINT		Date of Disbursement M M / D D Y Y Y 10 26 2015	
Mailing Address 375 Fairfield Ave		Amount of Each Disbursement this Period \$, 175.00 Transaction ID : SB17.4703	
City Stamford	State CT		Zip Code 06902
Purpose of Disbursement Printing	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	1125.00
TOTAL This Period (last page this line number only).....	\$	\$	*

201603240200087739

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. LANDMARK PRINT		Date of Disbursement M M / D D / Y Y 12 / 01 / 2015	
Mailing Address 375 Fairfield Ave		Amount of Each Disbursement this Period \$, \$ 485.00 Transaction ID : SB17.4706	
City Stamford	State CT		Zip Code 06902
Purpose of Disbursement Printing	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) B. LANDMARK PRINT		Date of Disbursement M M / D D / Y Y 12 / 08 / 2015	
Mailing Address 375 Fairfield Ave		Amount of Each Disbursement this Period \$, \$ 520.00 Transaction ID : SB17.4526	
City Stamford	State CT		Zip Code 06902
Purpose of Disbursement Printing	Category/ Type 006		
Candidate Name AUGUST WOLF FOR SENATE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT District: 00			

Full Name (Last, First, Middle Initial) C. MAILCHIMP		Date of Disbursement M M / J D / Y Y Y Y 12 / 15 / 2015	
Mailing Address 675 Ponce de Leon Ave Suite 500		Amount of Each Disbursement this Period \$, \$ 85.00 Transaction ID : SB17.4713	
City Atlanta	State GA		Zip Code 30308
Purpose of Disbursement Email	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	\$, \$ 1090.00
TOTAL This Period (last page this line number only)	\$, \$.

201603240200087740

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. MAILCHIMP		Date of Disbursement M M D D Y Y 12 17 2015	
Mailing Address 675 Ponce de Leon Ave Suite 500		Amount of Each Disbursement this Period \$ 50.00	
City Atlanta	State GA	Zip Code 30308	Transaction ID : SB17.4712
Purpose of Disbursement Email		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Other (specify) Convention		State: District:	

Full Name (Last, First, Middle Initial) B. Matthew MacFarlane		Date of Disbursement M M D D Y Y 10 08 2015	
Mailing Address 21 Holbrook Ln		Amount of Each Disbursement this Period \$ 784.07	
City Briarcliff Manor	State NY	Zip Code 10510	Transaction ID : SB17.5155
Purpose of Disbursement Salary		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Other (specify) Convention		State: District:	

Full Name (Last, First, Middle Initial) c. Matthew MacFarlane		Date of Disbursement M M / D D Y Y Y Y 10 22 2015	
Mailing Address 21 Holbrook Ln		Amount of Each Disbursement this Period \$ 947.59	
City Briarcliff Manor	State NY	Zip Code 10510	Transaction ID : SB17.5156
Purpose of Disbursement Salary		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Other (specify) Convention		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	1781.66
TOTAL This Period (last page this line number only).....	\$	\$	*

20160324020008741

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

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

FOR LINE NUMBER: (check only one)
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 18
 19a
 19b
 20a
 20b
 20c
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Matthew MacFarlane		Date of Disbursement M M D D Y Y 10 23 2015	
Mailing Address 21 Holbrook Ln			
City Briarcliff Manor	State NY	Zip Code 10510	Amount of Each Disbursement this Period 290.90 \$, .
Purpose of Disbursement Mileage	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State:	District:	Category/ Type	
Transaction ID : SB17.4715			

Full Name (Last, First, Middle Initial) B. Matthew MacFarlane		Date of Disbursement M M D D / Y Y 11 05 2015	
Mailing Address 21 Holbrook Ln			
City Briarcliff Manor	State NY	Zip Code 10510	Amount of Each Disbursement this Period 947.63 \$, .
Purpose of Disbursement Salary	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State:	District:	Category/ Type	
Transaction ID : SB17.5158			

Full Name (Last, First, Middle Initial) C. Matthew MacFarlane		Date of Disbursement M M D D / Y Y Y 11 23 2015	
Mailing Address 21 Holbrook Ln			
City Briarcliff Manor	State NY	Zip Code 10510	Amount of Each Disbursement this Period 1450.33 \$, .
Purpose of Disbursement Salary	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State:	District:	Category/ Type	
Transaction ID : SB17.4716			

SUBTOTAL of Disbursements This Page (optional).....	\$, .	2688.86
TOTAL This Period (last page this line number only).....	\$, .	.

201603240200087742

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

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

FOR LINE NUMBER: (check only one)
 17
 18
 19a
 19b
 20a
 20b
 20c
 21
 PAGE 87 OF 107

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. Matthew MacFarlane

Full Name (Last, First, Middle Initial)

Date of Disbursement
M M / D D / Y Y Y Y
11 / 23 / 2015

Mailing Address 21 Holbrook Ln

City Briarcliff Manor State NY Zip Code 10510

Purpose of Disbursement Salary

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Amount of Each Disbursement this Period
\$ 1458.33

Transaction ID : SB17.4717

B. Matthew MacFarlane

Full Name (Last, First, Middle Initial)

Date of Disbursement
M M / D D / Y Y Y Y
12 / 18 / 2015

Mailing Address 21 Holbrook Ln

City Briarcliff Manor State NY Zip Code 10510

Purpose of Disbursement Mileage

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Amount of Each Disbursement this Period
\$ 327.15

Transaction ID : SB17.4718

C. Matthew MacFarlane

Full Name (Last, First, Middle Initial)

Date of Disbursement
M M / D D / Y Y Y Y
12 / 22 / 2015

Mailing Address 21 Holbrook Ln

City Briarcliff Manor State NY Zip Code 10510

Purpose of Disbursement Salary

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Amount of Each Disbursement this Period
\$ 1500.00

Transaction ID : SB17.4719

SUBTOTAL of Disbursements This Page (optional).....	3285.48
TOTAL This Period (last page this line number only).....	

201603240200087743

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

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

FOR LINE NUMBER: (check only one)
 17
 18
 19a
 19b
 20a
 20b
 20c
 21
 PAGE 88 OF 107

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Michael Napoli		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 38 Havemeyer		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.4723
City Old Greenwich	State CT	
Zip Code 06870	Category/ Type	
Purpose of Disbursement Salary		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State:	District:	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 520 S Grand Ave		Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.4729
City Los Angeles	State CA	
Zip Code 90071	Category/ Type	
Purpose of Disbursement Data		
Candidate Name AUGUST WOLF FOR SENATE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State: CT	District: 00	

Full Name (Last, First, Middle Initial) C. Optimum		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 28 Cross Street		Amount of Each Disbursement this Period 115.18 Transaction ID : SB17.4732
City Norwalk	State CT	
Zip Code 06851	Category/ Type	
Purpose of Disbursement Utilities		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State:	District:	

SUBTOTAL of Disbursements This Page (optional) 484.18
TOTAL This Period (last page this line number only)

201603240200087744

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Optimum		Date of Disbursement M M D D Y Y Y 12 11 2015	
Mailing Address 28 Cross Street		Amount of Each Disbursement this Period 317.45	
City Norwalk	State CT	Zip Code 06851	Category/ Type
Purpose of Disbursement Utilities		Transaction ID : SB17.4733	
Candidate Name		Disbursement For: 2016	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State:	District:		

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M D D Y Y Y 10 09 2015	
Mailing Address 800 Connecticut Avenue		Amount of Each Disbursement this Period 2215.54	
City Norwalk	State CT	Zip Code 06854	Category/ Type
Purpose of Disbursement Payroll Services		Transaction ID : SB17.4742	
Candidate Name AUGUST WOLF FOR SENATE		Disbursement For: 2016	
Office Sought:	<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 00		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D Y Y Y 10 23 2015	
Mailing Address 800 Connecticut Avenue		Amount of Each Disbursement this Period 65.94	
City Norwalk	State CT	Zip Code 06854	Category/ Type
Purpose of Disbursement Payroll Services fees		Transaction ID : SB17.4740	
Candidate Name		Disbursement For: 2016	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	2598.93
TOTAL This Period (last page this line number only).....	

201603240200087745

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

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

FOR LINE NUMBER:
(check only one)

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20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M D D Y Y 10 23 2015	
Mailing Address 800 Connecticut Avenue			
City Norwalk State CT Zip Code 06854	Amount of Each Disbursement this Period , , 2301.60		
Purpose of Disbursement Payroll Services Fees	Transaction ID : SB17.4743		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			
Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M D D Y Y Y 11 06 2015	
Mailing Address 800 Connecticut Avenue			
City Norwalk State CT Zip Code 06854	Amount of Each Disbursement this Period , , 65.72		
Purpose of Disbursement Payroll Services Fees	Transaction ID : SB17.4737		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			
Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M D D / Y Y 11 06 2015	
Mailing Address 800 Connecticut Avenue			
City Norwalk State CT Zip Code 06854	Amount of Each Disbursement this Period , 1314.20		
Purpose of Disbursement Payroll Services fees	Transaction ID : SB17.4741		
Candidate Name AUGUST WOLF FOR SENATE	Category/ Type		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT District: 00			
SUBTOTAL of Disbursements This Page (optional).....		, , 3681.52	
TOTAL This Period (last page this line number only).....		, ,	

201603240200087746

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y 11 / 06 / 2015
Mailing Address 800 Connecticut Avenue		Amount of Each Disbursement this Period \$, \$. 2390.35 Transaction ID : SB17.4744
City Norwalk	State CT Zip Code 06854	
Purpose of Disbursement Payroll Services Fees	Category/ Type	
Candidate Name AUGUST WOLF FOR SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention State: CT District: 00	

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y 11 / 06 / 2015
Mailing Address 800 Connecticut Avenue		Amount of Each Disbursement this Period \$, \$. 3237.61 Transaction ID : SB17.5163
City Norwalk	State CT Zip Code 06854	
Purpose of Disbursement Payroll Services Fees	Category/ Type	
Candidate Name AUGUST WOLF FOR SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention State: CT District: 00	

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y 11 / 09 / 2015
Mailing Address 800 Connecticut Avenue		Amount of Each Disbursement this Period \$, \$. 65.72 Transaction ID : SB17.4738
City Norwalk	State CT Zip Code 06854	
Purpose of Disbursement Payroll Services Fees	Category/ Type	
Candidate Name AUGUST WOLF FOR SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention State: CT District: 00	

SUBTOTAL of Disbursements This Page (optional).....	\$, \$. 5693.68
TOTAL This Period (last page this line number only).....	\$, \$.

201603240200087747

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

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M D D Y Y 12 09 2015	
Mailing Address 800 Connecticut Avenue		Amount of Each Disbursement this Period \$, \$. 2608.68 Transaction ID : SB17.4530	
City Norwalk	State CT		Zip Code 06854
Purpose of Disbursement Payroll Services Fees			Category/ Type
Candidate Name AUGUST WOLF FOR SENATE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT	District: 00		

Full Name (Last, First, Middle Initial) B. Progress Park Corp		Date of Disbursement M M D D Y Y 10 13 2015	
Mailing Address 76 Progress Park		Amount of Each Disbursement this Period \$, \$. 3000.00 Transaction ID : SB17.4757	
City Stamford	State CT		Zip Code 06902
Purpose of Disbursement Office Rent			Category/ Type
Candidate Name AUGUST WOLF FOR SENATE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT	District: 00		

Full Name (Last, First, Middle Initial) c. Progress Park Corp		Date of Disbursement M M D D Y Y 11 19 2015	
Mailing Address 76 Progress Park		Amount of Each Disbursement this Period \$, \$. 3000.00 Transaction ID : SB17.4758	
City Stamford	State CT		Zip Code 06902
Purpose of Disbursement Office Rent			Category/ Type
Candidate Name AUGUST WOLF FOR SENATE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT	District: 00		

SUBTOTAL of Disbursements This Page (optional).....	\$, \$.	8608.68
TOTAL This Period (last page this line number only).....	\$, \$.	

201603240200087748

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Progress Park Corp		Date of Disbursement M M D D Y Y 12 21 2015
Mailing Address 76 Progress Park		
City Stamford	State CT	Zip Code 06902
Purpose of Disbursement Rent	Amount of Each Disbursement this Period 3000.00	
Candidate Name AUGUST WOLF FOR SENATE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT District: 00	Transaction ID : SB17.4554	

Full Name (Last, First, Middle Initial) B. Progress Park Corp		Date of Disbursement M M D D Y Y 12 21 2015
Mailing Address 76 Progress Park		
City Stamford	State CT	Zip Code 06902
Purpose of Disbursement Office Rent	Amount of Each Disbursement this Period 300.00	
Candidate Name AUGUST WOLF FOR SENATE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT District: 00	Transaction ID : SB17.4759	

Full Name (Last, First, Middle Initial) C. SCM ASSOCIATES		Date of Disbursement M M D D Y Y 10 05 2015
Mailing Address PO Box 254		
City Dublin	State NH	Zip Code 03444
Purpose of Disbursement Fundraising	Amount of Each Disbursement this Period 2474.56	
Candidate Name AUGUST WOLF FOR SENATE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT District: 00	Transaction ID : SB17.4761	

SUBTOTAL of Disbursements This Page (optional).....	5774.56
TOTAL This Period (last page this line number only).....	

201603240200087749

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

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

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(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M D D / Y Y Y Y 10 05 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$, \$, 236.41	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State:	District:	Transaction ID : SB17.4765	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M D D / Y Y Y Y 10 08 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$, \$, 44.66	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State:	District:	Transaction ID : SB17.4766	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D Y Y 10 14 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$, \$, 144.16	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State:	District:	Transaction ID : SB17.4776	

SUBTOTAL of Disbursements This Page (optional).....	\$, \$, 425.23
TOTAL This Period (last page this line number only).....	\$, \$, .

201603240200087750

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M D D Y Y 10 20 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$ \$ 172.71	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State:	District:	Transaction ID : SB17.4768	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M D D Y Y 10 20 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$ \$ 172.08	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State:	District:	Transaction ID : SB17.4779	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M D D Y Y 11 30 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$ \$ 172.55	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State:	District:	Transaction ID : SB17.4769	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	517.34
TOTAL This Period (last page this line number only).....	\$	\$	*

201603240200087751

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D Y Y Y Y 12 01 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$, \$. 170.76	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies			
Candidate Name		Transaction ID : SB17.4767	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D Y Y Y Y 12 03 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$, \$. 1220.47	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies			
Candidate Name		Transaction ID : SB17.4783	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 12 04 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$, \$. 339.26	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies			
Candidate Name		Transaction ID : SB17.4781	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$, \$.	1730.49
TOTAL This Period (last page this line number only).....	\$, \$.	

201603240200087752

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M D D Y Y Y 12 07 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$ \$ 124.59	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State: District:		Transaction ID : SB17.4775	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M D D Y Y Y 12 07 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$ \$ 724.32	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State: District:		Transaction ID : SB17.4782	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M D D / Y Y Y 12 08 / 2015	
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$ \$ 144.22	
City Stamford	State CT	Zip Code 06905	Category/ Type
Purpose of Disbursement Office Supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State: District:		Transaction ID : SB17.4777	

SUBTOTAL of Disbursements This Page (optional).....	\$ \$ 993.13
TOTAL This Period (last page this line number only).....	\$ \$

201603240200087753

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

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

FOR LINE NUMBER: (check only one)
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 18
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 19b
 20a
 20b
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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D Y Y Y Y 12 / 09 2015
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$, , 215.32 Transaction ID : SB17.4780
City Stamford	State CT	
Zip Code 06905	Category/Type	
Purpose of Disbursement Office Supplies	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D Y Y Y Y 12 / 14 2015
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$, , 46.91 Transaction ID : SB17.4773
City Stamford	State CT	
Zip Code 06905	Category/Type	
Purpose of Disbursement Office Supplies	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D Y Y Y Y 12 / 18 2015
Mailing Address 2299 Summer Street		Amount of Each Disbursement this Period \$, , 30.81 Transaction ID : SB17.4770
City Stamford	State CT	
Zip Code 06905	Category/Type	
Purpose of Disbursement Office Supplies	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$, , 293.04
TOTAL This Period (last page this line number only).....	\$, , 4

201603240200087754

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

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

FOR LINE NUMBER: (check only one)
 17
 18
 19a
 19b
 20a
 20b
 20c
 21
 PAGE 99 OF 107

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. STAPLES

Full Name (Last, First, Middle Initial)
AUGUST WOLF FOR SENATE

Mailing Address 2299 Summer Street

City Stamford State CT Zip Code 06905

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M D D Y Y Y
12 18 2015

Amount of Each Disbursement this Period
36.78

Transaction ID : SB17.4771

B. STAPLES

Full Name (Last, First, Middle Initial)
AUGUST WOLF FOR SENATE

Mailing Address 2299 Summer Street

City Stamford State CT Zip Code 06905

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M D D Y Y Y
12 18 2015

Amount of Each Disbursement this Period
66.90

Transaction ID : SB17.4774

C. STAPLES

Full Name (Last, First, Middle Initial)
AUGUST WOLF FOR SENATE

Mailing Address 2299 Summer Street

City Stamford State CT Zip Code 06905

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement
M M / D D / Y Y Y
12 24 2015

Amount of Each Disbursement this Period
168.56

Transaction ID : SB17.4778

SUBTOTAL of Disbursements This Page (optional)..... 272.24

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

201603240200087755

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Tom Daly		Date of Disbursement M M D D Y Y 10 02 2015
Mailing Address 35 Appletree Ln		Amount of Each Disbursement this Period \$ 3000.00
City North Haven	State CT	
Zip Code 06473	Purpose of Disbursement Payroll	Transaction ID : SB17.4798
Candidate Name AUGUST WOLF FOR SENATE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT	District: 00	

Full Name (Last, First, Middle Initial) B. Tom Daly		Date of Disbursement M M D D / Y Y 10 20 2015
Mailing Address 35 Appletree Ln		Amount of Each Disbursement this Period \$ 1500.00
City North Haven	State CT	
Zip Code 06473	Purpose of Disbursement Payroll	Transaction ID : SB17.4798
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State:	District:	

Full Name (Last, First, Middle Initial) C. Tom Daly		Date of Disbursement M M D D / Y Y 11 04 2015
Mailing Address 35 Appletree Ln		Amount of Each Disbursement this Period \$ 1500.00
City North Haven	State CT	
Zip Code 06473	Purpose of Disbursement Payroll	Transaction ID : SB17.4800
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$ 6000.00
TOTAL This Period (last page this line number only).....	\$

201603240200087757

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 107	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. TRAIL BLAZER		Date of Disbursement M M D D Y Y 12 17 2015	
Mailing Address 620 Mendelssohn Avenue North #186		Amount of Each Disbursement this Period \$ \$ 1000.00	
City Golden Valley	State MN	Zip Code 55427	Category/ Type
Purpose of Disbursement Database	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Transaction ID : SB17.4804		

Full Name (Last, First, Middle Initial) B. TRAIL BLAZER		Date of Disbursement M M D D Y Y 12 18 2015	
Mailing Address 620 Mendelssohn Avenue North #186		Amount of Each Disbursement this Period \$ \$ 300.00	
City Golden Valley	State MN	Zip Code 55427	Category/ Type
Purpose of Disbursement Database	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Transaction ID : SB17.4803		

Full Name (Last, First, Middle Initial) C. TRAIL BLAZER		Date of Disbursement M M D D / Y Y 12 22 2015	
Mailing Address 620 Mendelssohn Avenue North #186		Amount of Each Disbursement this Period \$ \$ 250.00	
City Golden Valley	State MN	Zip Code 55427	Category/ Type
Purpose of Disbursement Database	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:	Transaction ID : SB17.4802		

SUBTOTAL of Disbursements This Page (optional).....	\$ \$ 1550.00
TOTAL This Period (last page this line number only).....	\$ \$ *

201603240200087758

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. Troy Meeker		Date of Disbursement M M D D Y Y 12 21 2015
Mailing Address 1717 Country Club Dr		Amount of Each Disbursement this Period \$ 388.97
City Middletown	State CT	
Zip Code 06457	Purpose of Disbursement Reimbursement	Transaction ID : SB17.4806
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. Troy Meeker		Date of Disbursement M M D D Y Y 12 23 2015
Mailing Address 1717 Country Club Dr		Amount of Each Disbursement this Period \$ 1500.00
City Middletown	State CT	
Zip Code 06457	Purpose of Disbursement payroll	Transaction ID : SB17.4807
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) c. Union League Club		Date of Disbursement M M D D Y Y 12 30 2015
Mailing Address 38 E 37th Street		Amount of Each Disbursement this Period \$ 1225.45
City New York	State NY	
Zip Code 10016	Purpose of Disbursement event	Transaction ID : SB17.4809
Candidate Name AUGUST WOLF FOR SENATE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: CT District: 00		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	3114.42
TOTAL This Period (last page this line number only).....	\$	\$.

201603240200087759

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 107	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M D D Y Y 12 01 2015
Mailing Address 317 West Avenue		Amount of Each Disbursement this Period \$, \$ 113.50
City Stamford	State CT	
Purpose of Disbursement Postage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.4822	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M D D Y Y 12 03 2015
Mailing Address 317 West Avenue		Amount of Each Disbursement this Period \$, \$ 98.00
City Stamford	State CT	
Purpose of Disbursement Postage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.4823	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M D D Y Y 12 07 2015
Mailing Address 317 West Avenue		Amount of Each Disbursement this Period \$, \$ 490.00
City Stamford	State CT	
Purpose of Disbursement Postage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.4824	

SUBTOTAL of Disbursements This Page (optional).....	\$, \$ 701.50
TOTAL This Period (last page this line number only).....	\$, \$

201603240200087760

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 107			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D Y Y 12 / 10 2015	
Mailing Address 317 West Avenue		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4825	
City Stamford	State CT		Zip Code 06902
Purpose of Disbursement Postage	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D Y Y 12 / 23 2015	
Mailing Address 317 West Avenue		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.4815	
City Stamford	State CT		Zip Code 06902
Purpose of Disbursement Postage	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: District:			

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y 11 / 09 2015	
Mailing Address 100 Greyrock Pl		Amount of Each Disbursement this Period 671.24 Transaction ID : SB17.4544	
City Stamford	State CT		Zip Code 06901
Purpose of Disbursement Cell phone	Category/ Type		
Candidate Name AUGUST WOLF FOR SENATE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: CT District: 00			

SUBTOTAL of Disbursements This Page (optional).....	785.24
TOTAL This Period (last page this line number only).....	

201603240200087761

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 107			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

Full Name (Last, First, Middle Initial) A. VISTAPRINT		Date of Disbursement	
Mailing Address 275 Wyman St		M M	D D Y Y Y
City State Zip Code Waltham MA 02451		12	17 2015
Purpose of Disbursement Printing		Amount of Each Disbursement this Period	
Candidate Name		, , 239.59	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type	
Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Transaction ID : SB17.4837	
State:	District:		

Full Name (Last, First, Middle Initial) B. VISTAPRINT		Date of Disbursement	
Mailing Address 275 Wyman St		M M	D D Y Y Y
City State Zip Code Waltham MA 02451		12	28 2015
Purpose of Disbursement Printing		Amount of Each Disbursement this Period	
Candidate Name		, , 126.09	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type	
Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Transaction ID : SB17.4836	
State:	District:		

Full Name (Last, First, Middle Initial) c. Wolfgang Schmidt		Date of Disbursement	
Mailing Address 353 Asterwood Circle		M M	D D Y Y Y
City State Zip Code Covenant Creek FL 33073		12	16 2015
Purpose of Disbursement Salary		Amount of Each Disbursement this Period	
Candidate Name		, , 651.18	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type	
Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Transaction ID : SB17.4839	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	, , 1016.86
TOTAL This Period (last page this line number only).....	, , 137071.81

201603240200087762

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
AUGUST WOLF FOR SENATE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor August Wolf	Nature of Debt (Purpose): Reimbursement
Mailing Address PO Box 113255	
City State Zip Code Stamford CT 06911	

Outstanding Balance Beginning This Period	Transaction ID : SD9.4853	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
6212.72	0.00	6212.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ...	6212.72
2) TOTALS This Period (last page this line number only) ...	6212.72
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	6212.72

201603240200087763



CHAMPION THE AMERICAN DREAM

PO Box 113255
Stamford, CT 06911

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SECRETARY OF THE SENATE
PUBLIC RECORDS

16 MAR 24 PM 12:22

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510-7116

Dear Sirs:

March 21, 2016

Please find the enclosed filings:

1-FORM 1 amended, reflecting John Pascal assuming role of Treasurer.

2-FORM 3 for Q4 2015. The delay was due to the termination of a contractor who was our Treasurer on 1/24/16. We are sorry about the delay.

We are assembling a team of professionals for the upcoming Convention, Primary and General Election, and expect to have future filings submitted in a timely fashion. Feel free to call me if you have any questions. Thank you.

Sincerely,

August Wolf
August Wolf for Senate
PO BOX 113255
Stamford CT 06911

www.wolf2016.com

augustwolf@wolf2016.com
Personal Cell 860-422-5444

Cc: Justin Clark, Davis, Clark & Bonafonte, LLC

201603240200087764

Express

Sender: You must seal flap before shipping.

Press here to seal. Press here to seal. Press here to seal.



FedEx carbon-neutral envelope shipping

4305 03.22

10:30

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ORIGIN ID: JSDA (860) 422-5444
AUGUST WOLF

88 MAPLE TREE LANE
UNIT C
STAMFORD, CT 06906
UNITED STATES US

SHIP DATE: 21MAR16
ACTWGT: 1.00 LB
CAD: 4059691/NET3732

BILL SENDER

TO US SENATE
SECRETARY OF THE SENATE
232 HART SENATE OFFICE BUILDING

54011CF34727F

WASHINGTON DC 20510

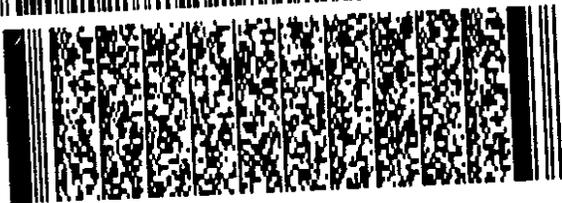
(202) 694-1000

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INV:

DEPT:

PO:



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0201

20510

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MAR 22 2016

201603240200087765

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
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USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>3-21-16</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

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FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 3-24-16

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