



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**WOLF PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="123637.99"/>	<input type="text" value="123637.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="147887.44"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="240005.99"/>	<input type="text" value="533112.40"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="387893.43"/>	<input type="text" value="656750.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="179812.66"/>	<input type="text" value="448669.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="208080.77"/>	<input type="text" value="208080.77"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**WOLF PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2017 To: M M / D D / Y Y Y Y Y 12 / 31 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	89915.00	132864.00
(ii) Unitemized .....	148614.19	396915.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	238529.19	529779.64
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	238529.19	529779.64
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1476.80	3332.76
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	240005.99	533112.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	240005.99	533112.40

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	178662.66	441992.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	178662.66	441992.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	27.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	27.00
29. Other Disbursements (Including Non-Federal Donations).....	1150.00	6650.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	179812.66	448669.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	179812.66	448669.62

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	238529.19	529779.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	27.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	238529.19	529752.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	178662.66	441992.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1476.80	3332.76
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	177185.86	438659.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.31442**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

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

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.31443**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

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

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.31444**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Aarness, Anders, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3207 Brinkley Dr  
 City Spring Lake State NC Zip Code 28390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAF Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

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

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

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

**C. Adams, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 534 S. Oak Knoll Ave., #204  
 City Pasadena State CA Zip Code 91101-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Adams, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 534 S. Oak Knoll Ave., #204  
 City Pasadena State CA Zip Code 91101-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2017  
**Transaction ID : SA11AI.31456**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Adams, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 534 S. Oak Knoll Ave., #204  
 City Pasadena State CA Zip Code 91101-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2017  
**Transaction ID : SA11AI.31457**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Adams, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 534 S. Oak Knoll Ave., #204  
 City Pasadena State CA Zip Code 91101-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2017  
**Transaction ID : SA11AI.31458**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 119 Betsy Ln Apt. 123

City Indianapolis	State IN	Zip Code 46227
----------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) none
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

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

**Transaction ID : SA11Al.31478**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 119 Betsy Ln Apt. 123

City Indianapolis	State IN	Zip Code 46227
----------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) none
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

**Transaction ID : SA11Al.31479**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 119 Betsy Ln Apt. 123

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

Name of Employer (for Individual) N/A	Occupation (for Individual) none
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

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

**Transaction ID : SA11Al.31480**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Al-Hamed, Ibrahim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Betsy Ln Apt. 123  
 City Indianapolis State IN Zip Code 46227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11AI.31481**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. alanis, gustavo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14420 S TROY AVE  
 City POSEN State IL Zip Code 60469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) David Mason & Associates Occupation (for Individual) Structural Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2017  
**Transaction ID : SA11AI.31462**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. alanis, gustavo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14420 S TROY AVE  
 City POSEN State IL Zip Code 60469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) David Mason & Associates Occupation (for Individual) Structural Designer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11AI.31463**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 14420 S TROY AVE

City POSEN	State IL	Zip Code 60469
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

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

**Transaction ID : SA11Al.31464**

Amount of Each Receipt this Period  
27.00

Memo Item

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

Mailing Address 14420 S TROY AVE

City POSEN	State IL	Zip Code 60469
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

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

**Transaction ID : SA11Al.31465**

Amount of Each Receipt this Period  
27.00

Memo Item

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

Mailing Address 14420 S TROY AVE

City POSEN	State IL	Zip Code 60469
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
324.00

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

**Transaction ID : SA11Al.31466**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Alcott, Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3200 Old Winter Garden Rd Apt 1918  
 City Ocoee State FL Zip Code 34761-4533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) disabled  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 26 / 2017**  
**Transaction ID : SA11Al.31469**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Alcott, Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3200 Old Winter Garden Rd Apt 1918  
 City Ocoee State FL Zip Code 34761-4533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) disabled  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 26 / 2017**  
**Transaction ID : SA11Al.31470**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

Date of Receipt **11 / 26 / 2017**  
**Transaction ID : SA11Al.31471**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11AI.31472**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Alexander, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6374 Greenway Rd  
 City Fort Worth State TX Zip Code 76116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2017  
**Transaction ID : SA11AI.31473**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Allen, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1808 12th Ave  
 City Milton State WA Zip Code 98354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sellen Construction Occupation (for Individual) Carpenter  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2017  
**Transaction ID : SA11AI.31482**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Allen, Evan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1808 12th Ave

City Milton	State WA	Zip Code 98354
----------------	-------------	-------------------

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

Name of Employer (for Individual) Sellen Construction	Occupation (for Individual) Carpenter
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2017

**Transaction ID : SA11AI.31483**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 1808 12th Ave

City Milton	State WA	Zip Code 98354
----------------	-------------	-------------------

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

Name of Employer (for Individual) Sellen Construction	Occupation (for Individual) Carpenter
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11AI.31484**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Allen, Harry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12335 Southmeadow Dr

City Stafford	State TX	Zip Code 77477
------------------	-------------	-------------------

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

Name of Employer (for Individual) Grahm Media Group	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

**Transaction ID : SA11AI.31486**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Allen, Harry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12335 Southmeadow Dr  
 City Stafford State TX Zip Code 77477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Grahm Media Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

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

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

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

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

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Allen, Harry, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2017		
Mailing Address 12335 Southmeadow Dr			<b>Transaction ID : SA11AI.31490</b>		
City Stafford	State TX	Zip Code 77477	Amount of Each Receipt this Period 27.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Grahm Media Group		Occupation (for Individual)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 324.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Allen, Jim, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2017		
Mailing Address 1957 N Hood St			<b>Transaction ID : SA11AI.31493</b>		
City Wichita	State KS	Zip Code 67203	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Self Employed		Occupation (for Individual)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Allen, Jim, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2017		
Mailing Address 1957 N Hood St			<b>Transaction ID : SA11AI.31494</b>		
City Wichita	State KS	Zip Code 67203	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Self Employed		Occupation (for Individual)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1957 N Hood St

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

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

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
11 / 04 / 2017  
Transaction ID : SA11AI.31495

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1957 N Hood St

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

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

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 04 / 2017  
Transaction ID : SA11AI.31496

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 2450 S Worchester Ct Unit #A

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

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

Name of Employer (for Individual)  
Nelnet, Inc

Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
08 / 10 / 2017  
Transaction ID : SA11AI.31502

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 684
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

**B. Allsberry, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 Union Blvd 1A  
 City Islip State NY Zip Code 11751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Broadridge Financial Solutions Occupation (for Individual) Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 19 / 2017  
**Transaction ID : SA11AI.31509**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Allsberry, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2455 Union Blvd 1A  
 City Islip State NY Zip Code 11751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Broadridge Financial Solutions Occupation (for Individual) Project Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2017  
**Transaction ID : SA11AI.31510**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

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

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 77.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 21 OF 684  
(check only one)

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

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

**A. Apgar, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 538 5th Ave E

City Kalispell	State MT	Zip Code 59901
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Oakla NetMetrics	Occupation (for Individual) Founder/Chief Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11AI.34809**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Arnold, Brandon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 408 W 9th St

City Quanah	State TX	Zip Code 79252
----------------	-------------	-------------------

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

Name of Employer (for Individual) Georgia Pacific	Occupation (for Individual) Warehouseman
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2017

**Transaction ID : SA11AI.31524**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Arnold, Brandon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 408 W 9th St

City Quanah	State TX	Zip Code 79252
----------------	-------------	-------------------

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

Name of Employer (for Individual) Georgia Pacific	Occupation (for Individual) Warehouseman
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2017

**Transaction ID : SA11AI.31525**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Arnold, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 W 9th St  
 City Quanah State TX Zip Code 79252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Georgia Pacific Occupation (for Individual) Warehouseman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2017  
**Transaction ID : SA11AI.31526**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Arnold, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 W 9th St  
 City Quanah State TX Zip Code 79252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Georgia Pacific Occupation (for Individual) Warehouseman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2017  
**Transaction ID : SA11AI.31527**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Arnold, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 W 9th St  
 City Quanah State TX Zip Code 79252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Georgia Pacific Occupation (for Individual) Warehouseman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2017  
**Transaction ID : SA11AI.31528**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Arnold, Brandon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 W 9th St

City Quannah	State TX	Zip Code 79252
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Georgia Pacific	Occupation (for Individual) Warehouseman
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

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

**Transaction ID : SA11AI.31529**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 2 Sunny Dr.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : SA11AI.31395**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 14500 McNab Avenue, Apt. 2410

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

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

**Transaction ID : SA11AI.31534**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Austin, Tommy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14500 McNab Avenue, Apt. 2410  
 City Bellflower State CA Zip Code 90706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northrup-Grumman Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11AI.31535**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Austin, Tommy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14500 McNab Avenue, Apt. 2410  
 City Bellflower State CA Zip Code 90706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northrup-Grumman Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2017  
**Transaction ID : SA11AI.31536**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Aycock, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 S Spring St Apt #1605  
 City Los Angeles State CA Zip Code 90014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) City of Chino Hills Occupation (for Individual) IT Analyst  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2017  
**Transaction ID : SA11AI.31537**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 25 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Aycock, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 S Spring St Apt #1605  
 City Los Angeles State CA Zip Code 90014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) City of Chino Hills Occupation (for Individual) IT Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

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

**B. Aycock, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 S Spring St Apt #1605  
 City Los Angeles State CA Zip Code 90014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) City of Chino Hills Occupation (for Individual) IT Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017  
**Transaction ID : SA11AI.31539**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Aycock, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 S Spring St Apt #1605  
 City Los Angeles State CA Zip Code 90014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) City of Chino Hills Occupation (for Individual) IT Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2017  
**Transaction ID : SA11AI.31540**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 600 S Spring St Apt #1605

City Los Angeles	State CA	Zip Code 90014
---------------------	-------------	-------------------

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

Name of Employer (for Individual) City of Chino Hills	Occupation (for Individual) IT Analyst
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : SA11AI.31541**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 600 S Spring St Apt #1605

City Los Angeles	State CA	Zip Code 90014
---------------------	-------------	-------------------

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

Name of Employer (for Individual) City of Chino Hills	Occupation (for Individual) IT Analyst
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

**Transaction ID : SA11AI.31542**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. azenkot, shiri, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 E 85th St apt 7G

City New York	State NY	Zip Code 10028
------------------	-------------	-------------------

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

Name of Employer (for Individual) Cornell University	Occupation (for Individual)
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2017

**Transaction ID : SA11AI.31544**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	127.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 27 OF 684  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 azenkot, shiri, , ,  
 Mailing Address 400 E 85th St apt 7G  
 City New York State NY Zip Code 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Cornell University  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 09 / 09 / 2017  
**Transaction ID : SA11AI.31545**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 azenkot, shiri, , ,  
 Mailing Address 400 E 85th St apt 7G  
 City New York State NY Zip Code 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Cornell University  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 10 / 09 / 2017  
**Transaction ID : SA11AI.31546**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 azenkot, shiri, , ,  
 Mailing Address 400 E 85th St apt 7G  
 City New York State NY Zip Code 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Cornell University  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 11 / 09 / 2017  
**Transaction ID : SA11AI.31547**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. azenkot, shiri, , ,</b>			Date of Receipt
Mailing Address 400 E 85th St apt 7G			<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10028	<b>Transaction ID : SA11AI.31548</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Cornell University		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="324.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Baeten, John, , ,</b>			Date of Receipt
Mailing Address 508 W Douglass Ave			<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Houghton	State MI	Zip Code 49931	<b>Transaction ID : SA11AI.31552</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Michigan Tech.		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Baeten, John, , ,</b>			Date of Receipt
Mailing Address 508 W Douglass Ave			<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Houghton	State MI	Zip Code 49931	<b>Transaction ID : SA11AI.31553</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Michigan Tech.		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

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

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

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

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2017  
**Transaction ID : SA11AI.31569**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 31 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Bakken, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 Main St  
 City Harwood State ND Zip Code 58042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Agri-Resources Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : SA11AI.31570**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

**C. Bakken, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 Main St  
 City Harwood State ND Zip Code 58042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Agri-Resources Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11AI.31572**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

75.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Baldwin, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 840 W Corunna Ave Apt 8a  
 City Corunna State MI Zip Code 48817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) General Motors Occupation (for Individual) Assembly Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

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

**B. Baldwin, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 840 W Corunna Ave Apt 8a  
 City Corunna State MI Zip Code 48817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) General Motors Occupation (for Individual) Assembly Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2017  
**Transaction ID : SA11AI.31574**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11AI.31575**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Banker, Cathlene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 359 Middlesex Ave  
 City Metuchen State NJ Zip Code 08840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) C. Elston & Associates, LLC Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

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

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

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

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

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.31580**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 684
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Banker, Cathlene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 359 Middlesex Ave  
 City Metuchen State NJ Zip Code 08840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) C. Elston & Associates, LLC Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 09 / 2017**  
**Transaction ID : SA11AI.31581**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Barker, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16218 E Glenview Pl  
 City Fountain Hills State AZ Zip Code 85268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Banner Health Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.31585**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Barker, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16218 E Glenview Pl  
 City Fountain Hills State AZ Zip Code 85268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Banner Health Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11AI.31586**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Barker, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16218 E Glenview Pl  
 City Fountain Hills State AZ Zip Code 85268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Banner Health Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 10 / 2017  
**Transaction ID : SA11AI.31587**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

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

Date of Receipt  
 11 / 09 / 2017  
**Transaction ID : SA11AI.31592**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Barry, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11926 NW 54 PI Coral Springs, FI 3  
 City Coral Springs State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPS Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11AI.31593**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Barth, Erica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 W 64 St Apt 5C  
 City New York State NY Zip Code 10023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harlem Yoga Studio Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

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

**C. Bashaw, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4051 287th Ave SE  
 City Fall City State WA Zip Code 98024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Coder  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11AI.31603**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bashaw, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4051 287th Ave SE  
 City Fall City State WA Zip Code 98024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Coder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11AI.31604**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Bashaw, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4051 287th Ave SE  
 City Fall City State WA Zip Code 98024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Coder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11AI.31605**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Bashaw, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4051 287th Ave SE  
 City Fall City State WA Zip Code 98024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Coder  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11AI.31606**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

Date of Receipt 11 / 03 / 2017  
**Transaction ID : SA11AI.31611**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Bassett, Jeffrey, , ,**

Mailing Address 4729 Falcon St

City Rockville	State MD	Zip Code 20853
-------------------	-------------	-------------------

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

Name of Employer (for Individual) George Mason University	Occupation (for Individual) Researcher
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2017

**Transaction ID : SA11AI.31612**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 9541 Signal Ct.

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2017

**Transaction ID : SA11AI.31625**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 9541 Signal Ct.

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2017

**Transaction ID : SA11AI.31626**

Amount of Each Receipt this Period  
25.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bell, Christine, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2017
Mailing Address 9541 Signal Ct.		<b>Transaction ID : SA11AI.31627</b>
City Sacramento	State CA	Zip Code 95827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bell, Christine, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 07 / 2017
Mailing Address 9541 Signal Ct.		<b>Transaction ID : SA11AI.31628</b>
City Sacramento	State CA	Zip Code 95827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bell, Michael, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 03 / 2017
Mailing Address 9541 Signal Ct		<b>Transaction ID : SA11AI.31629</b>
City Sacramento	State CA	Zip Code 95827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Guided Wave	Occupation (for Individual) Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9541 Signal Ct

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2017

**Transaction ID : SA11AI.31630**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 9541 Signal Ct

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

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

**Transaction ID : SA11AI.31631**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 9541 Signal Ct

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : SA11AI.31632**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 9541 Signal Ct

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2017

**Transaction ID : SA11AI.31633**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 2070 meade Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

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

**Transaction ID : SA11AI.31639**

Amount of Each Receipt this Period  
27.00

Memo Item

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

Mailing Address 2070 meade Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

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

**Transaction ID : SA11AI.31640**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bicher, Travis, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2017
Mailing Address 17 Windmill Ln Apt 211			<b>Transaction ID : SA11AI.31652</b>
City New Castle	State DE	Zip Code 19720	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Pennsylvania Hospital		Occupation (for Individual) Medical Lab Scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Biggs, W, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2017
Mailing Address 8058 Scotts Store Rd			<b>Transaction ID : SA11AI.31665</b>
City Greenwood	State DE	Zip Code 19950	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Biggs, W, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2017
Mailing Address 8058 Scotts Store Rd			<b>Transaction ID : SA11AI.31666</b>
City Greenwood	State DE	Zip Code 19950	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bingaman, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 B Monroe St  
 City Philadelphia State PA Zip Code 19147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Marketing Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2017  
**Transaction ID : SA11AI.31669**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Bingaman, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 B Monroe St  
 City Philadelphia State PA Zip Code 19147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Marketing Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2017  
**Transaction ID : SA11AI.31670**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Bingaman, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 B Monroe St  
 City Philadelphia State PA Zip Code 19147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Marketing Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2017  
**Transaction ID : SA11AI.31671**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bingaman, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 B Monroe St  
 City Philadelphia State PA Zip Code 19147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Marketing Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : SA11Al.31672**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Bingaman, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 B Monroe St  
 City Philadelphia State PA Zip Code 19147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Marketing Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 07 / 2017  
**Transaction ID : SA11Al.31673**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Bissex, Dan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 Thomas Rd  
 City Rindge State NH Zip Code 03461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) InterSystems Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bissex, Dan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 Thomas Rd

City Rindge	State NH	Zip Code 03461
----------------	-------------	-------------------

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

Name of Employer (for Individual) InterSystems	Occupation (for Individual)
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

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

**Transaction ID : SA11Al.31678**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Bissex, Dan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 Thomas Rd

City Rindge	State NH	Zip Code 03461
----------------	-------------	-------------------

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

Name of Employer (for Individual) InterSystems	Occupation (for Individual)
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

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

**Transaction ID : SA11Al.31679**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Bissex, Dan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 Thomas Rd

City Rindge	State NH	Zip Code 03461
----------------	-------------	-------------------

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

Name of Employer (for Individual) InterSystems	Occupation (for Individual)
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2017

**Transaction ID : SA11Al.31680**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bledsoe, Tammy, , ,</b>		Date of Receipt
Mailing Address 11588 shockley Rd		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2017"/>
City grass valley	State CA	Zip Code 95945
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.31690</b>
Name of Employer (for Individual) N/A		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="text" value="250.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bledsoe, Tammy, , ,</b>		Date of Receipt
Mailing Address 11588 shockley Rd		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2017"/>
City grass valley	State CA	Zip Code 95945
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.31691</b>
Name of Employer (for Individual) N/A		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="text" value="300.00"/>		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="127.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Block, Jacob, , ,</b>		Date of Receipt
Mailing Address 1011 Highland Ave		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2017"/>
City Wauconda	State IL	Zip Code 60084
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.31694</b>
Name of Employer (for Individual) Harman International		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Block, Jacob, , ,</b>		Date of Receipt
Mailing Address 1011 Highland Ave		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2017"/>
City Wauconda	State IL	Zip Code 60084
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.31695</b>
Name of Employer (for Individual) Harman International		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Blood, Mark, , ,</b>		Date of Receipt
Mailing Address 85 Harvest Cir Unit 19A		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2017"/>
City Holden	State MA	Zip Code 01520
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.31696</b>
Name of Employer (for Individual) Raytheon		Occupation (for Individual) Software Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="300.00"/>
		<input type="checkbox"/> Memo Item

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

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

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

FOR LINE NUMBER: PAGE 50 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Bloom, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6566 N Range Line Rd  
 City Glendale State WI Zip Code 53209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Digalog Systems Inc. Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 12 / 2017  
**Transaction ID : SA11AI.31698**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Bloom, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6566 N Range Line Rd  
 City Glendale State WI Zip Code 53209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Digalog Systems Inc. Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11AI.31699**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

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

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

**C. Bomke, Kurt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 74 Sierra Springs Dr  
 City Crowley Lake State CA Zip Code 93546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2017  
**Transaction ID : SA11AI.31704**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bomke, Kurt, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2017
Mailing Address 74 Sierra Springs Dr		<b>Transaction ID : SA11AI.31705</b>
City Crowley Lake	State CA	Zip Code 93546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bomke, Kurt, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2017
Mailing Address 74 Sierra Springs Dr		<b>Transaction ID : SA11AI.31706</b>
City Crowley Lake	State CA	Zip Code 93546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bomke, Kurt, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2017
Mailing Address 74 Sierra Springs Dr		<b>Transaction ID : SA11AI.31707</b>
City Crowley Lake	State CA	Zip Code 93546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bomke, Kurt, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2017
Mailing Address 74 Sierra Springs Dr		<b>Transaction ID : SA11AI.31708</b>
City Crowley Lake	State CA	Zip Code 93546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bomke, Kurt, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2017
Mailing Address 74 Sierra Springs Dr		<b>Transaction ID : SA11AI.31709</b>
City Crowley Lake	State CA	Zip Code 93546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bowen, Nathaniel, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 08 / 2017
Mailing Address 2328 Pine St unit B		<b>Transaction ID : SA11AI.31722</b>
City Boulder	State CO	Zip Code 80302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) N/A	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bowen, Nathaniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2328 Pine St unit B  
 City Boulder State CO Zip Code 80302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 08 / 2017  
**Transaction ID : SA11AI.31723**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Bowen, Nathaniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2328 Pine St unit B  
 City Boulder State CO Zip Code 80302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : SA11AI.31724**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Boyer, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Ray Drive  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

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

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11AI.31736**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 56 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Bredehoeft, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6401 S Boston St, Unit G204  
 City Greenwood Village State CO Zip Code 80111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) IT Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11Al.31739**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Bredehoeft, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6401 S Boston St, Unit G204  
 City Greenwood Village State CO Zip Code 80111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) IT Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11Al.31740**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Bredehoeft, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6401 S Boston St, Unit G204  
 City Greenwood Village State CO Zip Code 80111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) IT Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11Al.31741**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Bredehoeft, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6401 S Boston St, Unit G204

City Greenwood Village	State CO	Zip Code 80111
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) IT Consultant
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11AI.31742**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Brenner, Melanie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 Mars St

City Palm Springs	State CA	Zip Code 92264
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2017

**Transaction ID : SA11AI.31748**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Brescia, Casey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 Mina Dr

City Wappingers Falls	State NY	Zip Code 12590
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Secular Coalition for America	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2017

**Transaction ID : SA11AI.31750**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brescia, Casey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 Mina Dr

City Wappingers Falls State NY Zip Code 12590

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

Name of Employer (for Individual) Secular Coalition for America Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : SA11AI.31751**

Amount of Each Receipt this Period 27.00

Memo Item

**B. Brown, Martin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 162 E 2nd Ave

City Columbus State OH Zip Code 43201

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

Name of Employer (for Individual) OhioHealth Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 21 / 2017  
**Transaction ID : SA11AI.31764**

Amount of Each Receipt this Period 25.00

Memo Item

**C. Brown, Martin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 162 E 2nd Ave

City Columbus State OH Zip Code 43201

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

Name of Employer (for Individual) OhioHealth Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11AI.31765**

Amount of Each Receipt this Period 20.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11AI.31766**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

Date of Receipt 12 / 20 / 2017  
**Transaction ID : SA11AI.31767**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11AI.31768**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Bruder, Robert, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 438 W Jackson St

City York	State PA	Zip Code 17401
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

**Transaction ID : SA11Al.31772**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 438 W Jackson St

City York	State PA	Zip Code 17401
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11Al.31773**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 438 W Jackson St

City York	State PA	Zip Code 17401
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

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

**Transaction ID : SA11Al.31774**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bruder, Robert, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 438 W Jackson St

City York	State PA	Zip Code 17401
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : SA11AI.31775**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 438 W Jackson St

City York	State PA	Zip Code 17401
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

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

**Transaction ID : SA11AI.31776**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 438 W Jackson St

City York	State PA	Zip Code 17401
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11AI.31777**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Brunetta, Mathew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 406 Jamestown Rd  
 City Edgewater Park State NJ Zip Code 08010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) P. Agnes Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.31782**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Brunetta, Mathew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 406 Jamestown Rd  
 City Edgewater Park State NJ Zip Code 08010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) P. Agnes Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.31783**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Brunetta, Mathew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 406 Jamestown Rd  
 City Edgewater Park State NJ Zip Code 08010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) P. Agnes Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.31784**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 406 Jamestown Rd

City Edgewater Park	State NJ	Zip Code 08010
------------------------	-------------	-------------------

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

Name of Employer (for Individual) P. Agnes	Occupation (for Individual)
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2017

**Transaction ID : SA11AI.31785**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Brunk, Corey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8200 W 122nd St

City Overland Park	State KS	Zip Code 66213
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Mercer Technical Services	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2017

**Transaction ID : SA11AI.31787**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Brunk, Corey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8200 W 122nd St

City Overland Park	State KS	Zip Code 66213
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Mercer Technical Services	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2017

**Transaction ID : SA11AI.31788**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

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

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

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

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

**B. Bugg, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6501 13th Street, NW  
 City Washington State DC Zip Code 20012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2017  
**Transaction ID : SA11AI.31808**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Bugg, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6501 13th Street, NW  
 City Washington State DC Zip Code 20012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2017  
**Transaction ID : SA11AI.31809**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6501 13th Street, NW

City Washington	State DC	Zip Code 20012
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

**Transaction ID : SA11Al.31810**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 4221 LEXINGTON Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

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

**Transaction ID : SA11Al.31813**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 4221 LEXINGTON Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : SA11Al.31814**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bui, Hong, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 27 / 2017 <b>Transaction ID : SA11AI.31815</b>
Mailing Address 4221 LEXINGTON Ave		Amount of Each Receipt this Period 25.00
City Los Angeles	State CA	Zip Code 90029
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UTLA	Occupation (for Individual) Union Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bui, Hong, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 27 / 2017 <b>Transaction ID : SA11AI.31816</b>
Mailing Address 4221 LEXINGTON Ave		Amount of Each Receipt this Period 25.00
City Los Angeles	State CA	Zip Code 90029
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UTLA	Occupation (for Individual) Union Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Burch, Larsson, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2017 <b>Transaction ID : SA11AI.31820</b>
Mailing Address 2990 Eagle Way Apartment 1		Amount of Each Receipt this Period 25.00
City Boulder	State CO	Zip Code 80301
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Sphero, Inc.	Occupation (for Individual) Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

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

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

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

FOR LINE NUMBER: PAGE 69 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Burch, Larsson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2990 Eagle Way Apartment 1  
 City Boulder State CO Zip Code 80301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sphero, Inc. Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2017  
**Transaction ID : SA11AI.31821**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Burch, Larsson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2990 Eagle Way Apartment 1  
 City Boulder State CO Zip Code 80301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sphero, Inc. Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 23 / 2017  
**Transaction ID : SA11AI.31822**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Burch, Larsson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2990 Eagle Way Apartment 1  
 City Boulder State CO Zip Code 80301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sphero, Inc. Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2017  
**Transaction ID : SA11AI.31823**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

75.00

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

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

FOR LINE NUMBER: PAGE 70 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Burns, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23-67 crescent St 2nd floor  
 City Astoria State NY Zip Code 11105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Curious incident tour lp. Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 11 / 2017  
**Transaction ID : SA11AI.31825**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Burns, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23-67 crescent St 2nd floor  
 City Astoria State NY Zip Code 11105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Curious incident tour lp. Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 11 / 2017  
**Transaction ID : SA11AI.31826**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Burns, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23-67 crescent St 2nd floor  
 City Astoria State NY Zip Code 11105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Curious incident tour lp. Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11AI.31827**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 23-67 crescent St 2nd floor

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

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

**Transaction ID : SA11AI.31828**

Amount of Each Receipt this Period  
27.00

Memo Item

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

Mailing Address 23-67 crescent St 2nd floor

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11AI.31829**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Busald, Janine, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Gunnerson Ln The Wolf Den

City Rio Dell	State CA	Zip Code 95562
------------------	-------------	-------------------

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

Name of Employer (for Individual) none	Occupation (for Individual) none
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

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

**Transaction ID : SA11AI.31830**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Busald, Janine, , ,</b>			Date of Receipt
Mailing Address 601 Gunnerson Ln The Wolf Den			<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Rio Dell	State CA	Zip Code 95562	<b>Transaction ID : SA11AI.31831</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) none		Occupation (for Individual) none	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Busald, Janine, , ,</b>			Date of Receipt
Mailing Address 601 Gunnerson Ln The Wolf Den			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Rio Dell	State CA	Zip Code 95562	<b>Transaction ID : SA11AI.31832</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) none		Occupation (for Individual) none	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Busald, Janine, , ,</b>			Date of Receipt
Mailing Address 601 Gunnerson Ln The Wolf Den			<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Rio Dell	State CA	Zip Code 95562	<b>Transaction ID : SA11AI.31833</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) none		Occupation (for Individual) none	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

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



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

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

FOR LINE NUMBER: PAGE 73 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Busald, Janine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Gunnerson Ln The Wolf Den  
 City Rio Dell State CA Zip Code 95562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11AI.31834**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Busald, Janine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Gunnerson Ln The Wolf Den  
 City Rio Dell State CA Zip Code 95562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11AI.31835**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Caesar-Walker, Jasmine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2750 Paint Dr  
 City Auburn State CA Zip Code 95603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UAIC Occupation (for Individual) Committee Chair  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2017  
**Transaction ID : SA11AI.31836**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Caesar-Walker, Jasmine, , ,</b>		Date of Receipt
Mailing Address 2750 Paint Dr		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Auburn	State CA	Zip Code 95603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.31837</b>
Name of Employer (for Individual) UAIC		Occupation (for Individual) Committee Chair
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Caesar-Walker, Jasmine, , ,</b>		Date of Receipt
Mailing Address 2750 Paint Dr		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Auburn	State CA	Zip Code 95603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.31838</b>
Name of Employer (for Individual) UAIC		Occupation (for Individual) Committee Chair
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Caesar-Walker, Jasmine, , ,</b>		Date of Receipt
Mailing Address 2750 Paint Dr		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Auburn	State CA	Zip Code 95603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.31839</b>
Name of Employer (for Individual) UAIC		Occupation (for Individual) Committee Chair
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Caesar-Walker, Jasmine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2750 Paint Dr  
 City Auburn State CA Zip Code 95603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UAIC Occupation (for Individual) Committee Chair  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : SA11AI.31840**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Caesar-Walker, Jasmine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2750 Paint Dr  
 City Auburn State CA Zip Code 95603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UAIC Occupation (for Individual) Committee Chair  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11AI.31841**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Canman, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Pinehurst Ave  
 City New York State NY Zip Code 10033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Scientist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2017  
**Transaction ID : SA11AI.31855**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 76 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Canman, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Pinehurst Ave  
 City New York State NY Zip Code 10033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **07 / 11 / 2017**  
**Transaction ID : SA11AI.31856**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Canman, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Pinehurst Ave  
 City New York State NY Zip Code 10033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **08 / 06 / 2017**  
**Transaction ID : SA11AI.31857**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Canman, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Pinehurst Ave  
 City New York State NY Zip Code 10033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **08 / 11 / 2017**  
**Transaction ID : SA11AI.31858**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Canman, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Pinehurst Ave  
 City New York State NY Zip Code 10033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2017  
**Transaction ID : SA11AI.31859**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Canman, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Pinehurst Ave  
 City New York State NY Zip Code 10033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2017  
**Transaction ID : SA11AI.31860**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

**C. cartier, brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1416 corona Dr  
 City lexington State KY Zip Code 40514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) lexmark intl Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2017  
**Transaction ID : SA11AI.31881**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Caruso, James, , ,</b>			Date of Receipt		
Mailing Address 13545 Corliss Ave N			M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2017		
City Seattle	State WA	Zip Code 98133	<b>Transaction ID : SA11AI.31883</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00		
Name of Employer (for Individual) Facebook		Occupation (for Individual) Designer	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Caruso, James, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2017 <b>Transaction ID : SA11AI.31885</b>		
Mailing Address 13545 Corliss Ave N			Amount of Each Receipt this Period 50.00		
City Seattle	State WA	Zip Code 98133	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Facebook		Occupation (for Individual) Designer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Castaneda, Humberto, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2017 <b>Transaction ID : SA11AI.31890</b>		
Mailing Address 12215 102nd PI NE			Amount of Each Receipt this Period 27.00		
City Kirkland	State WA	Zip Code 98034	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Google		Occupation (for Individual) Product Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 243.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Castaneda, Humberto, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2017 <b>Transaction ID : SA11AI.31891</b>
Mailing Address 12215 102nd PI NE		Amount of Each Receipt this Period 27.00
City Kirkland	State WA	Zip Code 98034
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Google	Occupation (for Individual) Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Castaneda, Humberto, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2017 <b>Transaction ID : SA11AI.31892</b>
Mailing Address 12215 102nd PI NE		Amount of Each Receipt this Period 27.00
City Kirkland	State WA	Zip Code 98034
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Google	Occupation (for Individual) Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Castaneda, Humberto, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2017 <b>Transaction ID : SA11AI.31893</b>
Mailing Address 12215 102nd PI NE		Amount of Each Receipt this Period 27.00
City Kirkland	State WA	Zip Code 98034
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Google	Occupation (for Individual) Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 324.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

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

Date of Receipt **09 / 28 / 2017**  
**Transaction ID : SA11AI.31902**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

Date of Receipt **12 / 28 / 2017**  
**Transaction ID : SA11AI.31905**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

**c. Chang, ChiaNing, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4660 N Spaulding Ave #2  
 City Chicago State IL Zip Code 60625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hyatt Occupation (for Individual) DBA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017  
**Transaction ID : SA11AI.31919**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1077.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Chang, ChiaNing, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4660 N Spaulding Ave #2  
 City Chicago State IL Zip Code 60625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hyatt Occupation (for Individual) DBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : SA11AI.31920**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

Date of Receipt 11 / 25 / 2017  
**Transaction ID : SA11AI.31921**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Chang, ChiaNing, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4660 N Spaulding Ave #2  
 City Chicago State IL Zip Code 60625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hyatt Occupation (for Individual) DBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 25 / 2017  
**Transaction ID : SA11AI.31922**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 88 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Chapin, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Doire Rd  
 City Cumberland State RI Zip Code 02864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 14 / 2017  
**Transaction ID : SA11AI.31924**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Chapin, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Doire Rd  
 City Cumberland State RI Zip Code 02864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 14 / 2017  
**Transaction ID : SA11AI.31925**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Chapin, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Doire Rd  
 City Cumberland State RI Zip Code 02864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Chapin, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Doire Rd  
 City Cumberland State RI Zip Code 02864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

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

**B. Chapin, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Doire Rd  
 City Cumberland State RI Zip Code 02864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 90 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

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

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

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

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2017  
**Transaction ID : SA11AI.31934**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Chavez, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11100 Acama St Apt 16  
 City Studio City State CA Zip Code 91602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frank's Fabrics, Inc. Occupation (for Individual) Businessman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

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

**C. Chay, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 Barnes St  
 City Providence State RI Zip Code 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brown University Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2017  
**Transaction ID : SA11AI.31941**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 92 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Chay, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 Barnes St  
 City Providence State RI Zip Code 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brown University Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 11 / 07 / 2017  
**Transaction ID : SA11AI.31942**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

Date of Receipt  
 12 / 07 / 2017  
**Transaction ID : SA11AI.31943**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Chesterman, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 bellerose Dr suite 138  
 City saint albert State ZZ Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 30 / 2017  
**Transaction ID : SA11AI.31950**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 311 bellerose Dr suite 138

City saint albert State ZZ Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017

**Transaction ID : SA11AI.31951**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 311 bellerose Dr suite 138

City saint albert State ZZ Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

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

**Transaction ID : SA11AI.31952**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 311 bellerose Dr suite 138

City saint albert State ZZ Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017

**Transaction ID : SA11AI.31953**

Amount of Each Receipt this Period  
25.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Childers, Paul, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 17 / 2017
Mailing Address PO Box 227			<b>Transaction ID : SA11AI.31959</b>
City Peralta	State NM	Zip Code 87042	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) D&H United Fueling Solutions		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Childers, Paul, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 17 / 2017
Mailing Address PO Box 227			<b>Transaction ID : SA11AI.31960</b>
City Peralta	State NM	Zip Code 87042	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) D&H United Fueling Solutions		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Choppelas, Jon, , ,</b>		Date of Receipt
Mailing Address 3215 Clement St #201		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City San Francisco	State CA	Zip Code 94121
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.31965</b>
Name of Employer (for Individual) Self		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
	<input type="text" value="300.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Choppelas, Jon, , ,</b>		Date of Receipt
Mailing Address 3215 Clement St #201		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City San Francisco	State CA	Zip Code 94121
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.31966</b>
Name of Employer (for Individual) Self		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
	<input type="text" value="400.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Chow, Eddy, , ,</b>		Date of Receipt
Mailing Address 5040 Tujunga Ave #18		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City North Hollywood	State CA	Zip Code 91601
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.31968</b>
Name of Employer (for Individual) Titmouse, Inc.		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
	<input type="text" value="216.00"/>	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="227.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 96 OF 684  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

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

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

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

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.31971**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 97 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Church, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1516 sunset Dr  
 City Council Bluffs    State IA    Zip Code 51503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delmar Gardens    Occupation (for Individual) LPN  
 Receipt For:  Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

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

**B. Church, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1516 sunset Dr  
 City Council Bluffs    State IA    Zip Code 51503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delmar Gardens    Occupation (for Individual) LPN  
 Receipt For:  Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2017  
**Transaction ID : SA11AI.31975**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Church, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1516 sunset Dr  
 City Council Bluffs    State IA    Zip Code 51503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delmar Gardens    Occupation (for Individual) LPN  
 Receipt For:  Primary     General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2017  
**Transaction ID : SA11AI.31976**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Church, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1516 sunset Dr  
 City Council Bluffs State IA Zip Code 51503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delmar Gardens Occupation (for Individual) LPN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

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

**B. Church, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1516 sunset Dr  
 City Council Bluffs State IA Zip Code 51503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delmar Gardens Occupation (for Individual) LPN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2017  
**Transaction ID : SA11AI.31978**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Church, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1516 sunset Dr  
 City Council Bluffs State IA Zip Code 51503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delmar Gardens Occupation (for Individual) LPN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2017  
**Transaction ID : SA11AI.31979**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Clauson, Cooper, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 95912  
 City Seattle State WA Zip Code 98145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intentional Software Corporation Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2017  
**Transaction ID : SA11AI.31982**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Clauson, Cooper, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 95912  
 City Seattle State WA Zip Code 98145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intentional Software Corporation Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2017  
**Transaction ID : SA11AI.31983**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Clauson, Cooper, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 95912  
 City Seattle State WA Zip Code 98145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intentional Software Corporation Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2017  
**Transaction ID : SA11AI.31984**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Clauson, Cooper, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 95912  
 City Seattle State WA Zip Code 98145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intentional Software Corporation Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2017  
**Transaction ID : SA11AI.31985**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Clauson, Cooper, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 95912  
 City Seattle State WA Zip Code 98145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intentional Software Corporation Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2017  
**Transaction ID : SA11AI.31986**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Clauson, Cooper, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 95912  
 City Seattle State WA Zip Code 98145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intentional Software Corporation Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2017  
**Transaction ID : SA11AI.31987**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 101 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Clemons, Tyler, , ,</b>			Date of Receipt
Mailing Address 4725 Bentham Dr			<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City Columbus	State OH	Zip Code 43220	<b>Transaction ID : SA11AI.31991</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) Manta Media Inc		Occupation (for Individual) Data Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Clemons, Tyler, , ,</b>			Date of Receipt
Mailing Address 4725 Bentham Dr			<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City Columbus	State OH	Zip Code 43220	<b>Transaction ID : SA11AI.31992</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) Manta Media Inc		Occupation (for Individual) Data Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Clemons, Tyler, , ,</b>			Date of Receipt
Mailing Address 4725 Bentham Dr			<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City Columbus	State OH	Zip Code 43220	<b>Transaction ID : SA11AI.31993</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) Manta Media Inc		Occupation (for Individual) Data Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 102 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Cline, Brody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1701 SE 121st St  
 City Everett State WA Zip Code 98208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boeing Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2017  
**Transaction ID : SA11AI.31996**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Cline, Brody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1701 SE 121st St  
 City Everett State WA Zip Code 98208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boeing Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2017  
**Transaction ID : SA11AI.31997**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cline, Brody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1701 SE 121st St  
 City Everett State WA Zip Code 98208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boeing Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 02 / 2017**  
**Transaction ID : SA11AI.31999**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

**C. Cohen, Ben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2617 St Davids Lane  
 City Ardmore State PA Zip Code 19003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ben & Jerry's Occupation (for Individual) Co-Founder  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 09 / 2017**  
**Transaction ID : SA11AI.32004**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Cohen, Ben, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 09 / 2017 <b>Transaction ID : SA11AI.32005</b>
Mailing Address 2617 St Davids Lane			Amount of Each Receipt this Period 27.00
City Ardmore	State PA	Zip Code 19003	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Ben & Jerry's		Occupation (for Individual) Co-Founder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Cohen, Ben, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 09 / 2017 <b>Transaction ID : SA11AI.32006</b>
Mailing Address 2617 St Davids Lane			Amount of Each Receipt this Period 27.00
City Ardmore	State PA	Zip Code 19003	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Ben & Jerry's		Occupation (for Individual) Co-Founder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cohen, Ben, , ,</b>			Date of Receipt MM / DD / YYYY 12 / 09 / 2017 <b>Transaction ID : SA11AI.32007</b>
Mailing Address 2617 St Davids Lane			Amount of Each Receipt this Period 27.00
City Ardmore	State PA	Zip Code 19003	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Ben & Jerry's		Occupation (for Individual) Co-Founder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 324.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Cole, Jonathan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 95 Trowbridge St Apt 1

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Athenium Inc	Occupation (for Individual) Software Engineer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

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

**Transaction ID : SA11AI.32008**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Colliton, Paul O, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 Greenwich Street

City New York	State NY	Zip Code 10013
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2017

**Transaction ID : SA11AI.32012**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Colton, Cheryl, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3144 Country Lake Dr

City Powder Springs	State GA	Zip Code 30127
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Wellstar Health System	Occupation (for Individual)
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : SA11AI.32016**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Conradt, Phil, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2017 <b>Transaction ID : SA11AI.32023</b>
Mailing Address 6444 Orland St		Amount of Each Receipt this Period 25.00
City Falls Church	State VA	Zip Code 22043
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Eaton	Occupation (for Individual) Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Conradt, Phil, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 23 / 2017 <b>Transaction ID : SA11AI.32024</b>
Mailing Address 6444 Orland St		Amount of Each Receipt this Period 25.00
City Falls Church	State VA	Zip Code 22043
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Eaton	Occupation (for Individual) Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Conradt, Phil, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 23 / 2017 <b>Transaction ID : SA11AI.32025</b>
Mailing Address 6444 Orland St		Amount of Each Receipt this Period 25.00
City Falls Church	State VA	Zip Code 22043
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Eaton	Occupation (for Individual) Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 275.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 107 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Conradt, Phil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6444 Orland St  
 City Falls Church State VA Zip Code 22043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eaton Occupation (for Individual) Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 23 / 2017**  
**Transaction ID : SA11AI.32026**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Cooper, Savanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1165 San Sebastian Ct  
 City Grover Beach State CA Zip Code 93433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **07 / 19 / 2017**  
**Transaction ID : SA11AI.32030**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Cooper, Savanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1165 San Sebastian Ct  
 City Grover Beach State CA Zip Code 93433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt **08 / 19 / 2017**  
**Transaction ID : SA11AI.32031**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Cooper, Savanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1165 San Sebastian Ct  
 City Grover Beach State CA Zip Code 93433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2017  
**Transaction ID : SA11AI.32032**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Cooper, Savanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1165 San Sebastian Ct  
 City Grover Beach State CA Zip Code 93433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11AI.32033**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Cooper, Savanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1165 San Sebastian Ct  
 City Grover Beach State CA Zip Code 93433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2277.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2017  
**Transaction ID : SA11AI.32034**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	527.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Cooper, Savanna, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1165 San Sebastian Ct

City Grover Beach	State CA	Zip Code 93433
----------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2304.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2017

**Transaction ID : SA11AI.32035**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Cork, Suzanne M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 692 Broyles Ranch Rd Apt 1

City Battle Mountain	State NV	Zip Code 89820
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2017

**Transaction ID : SA11AI.32038**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Cork, Suzanne M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 692 Broyles Ranch Rd Apt 1

City Battle Mountain	State NV	Zip Code 89820
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11AI.32039**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Cork, Suzanne M., , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2017
Mailing Address 692 Broyles Ranch Rd Apt 1		<b>Transaction ID : SA11AI.32040</b>
City Battle Mountain	State NV	Zip Code 89820
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) self	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Cork, Suzanne M., , ,</b>		Date of Receipt MM / DD / YYYY 12 / 26 / 2017
Mailing Address 692 Broyles Ranch Rd Apt 1		<b>Transaction ID : SA11AI.32041</b>
City Battle Mountain	State NV	Zip Code 89820
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) self	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cornelson, George, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 30 / 2017
Mailing Address 615 S Columbus Ave B		<b>Transaction ID : SA11AI.32044</b>
City Glendale	State CA	Zip Code 91204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Rosano Partners	Occupation (for Individual) Commercial Real Estate Agent	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cotner, William, , ,</b>		Date of Receipt
Mailing Address 7095 W 50 S		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2017"/>
City Logansport	State IN	Zip Code 46947
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.32056
Name of Employer (for Individual) SPI		Amount of Each Receipt this Period
Occupation (for Individual)		<input type="text" value="27.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
	<input type="text" value="216.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="327.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 7095 W 50 S

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

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

Name of Employer (for Individual) SPI	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2017

**Transaction ID : SA11AI.32057**

Amount of Each Receipt this Period  
27.00

Memo Item

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

Mailing Address 7095 W 50 S

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

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

Name of Employer (for Individual) SPI	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2017

**Transaction ID : SA11AI.32058**

Amount of Each Receipt this Period  
27.00

Memo Item

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

Mailing Address 7095 W 50 S

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

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

Name of Employer (for Individual) SPI	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2017

**Transaction ID : SA11AI.32059**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2017  
**Transaction ID : SA11AI.32066**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 115 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Cravener, Kaylee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2307 Eastbluff Dr  
 City Newport Beach State CA Zip Code 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tricon American Homes Occupation (for Individual) Financial Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

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

**B. Cravener, Kaylee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2307 Eastbluff Dr  
 City Newport Beach State CA Zip Code 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tricon American Homes Occupation (for Individual) Financial Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.32075**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Cravener, Kaylee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2307 Eastbluff Dr  
 City Newport Beach State CA Zip Code 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tricon American Homes Occupation (for Individual) Financial Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Crispell, Kris, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 14 / 2017 <b>Transaction ID : SA11AI.32080</b>
Mailing Address 24950 SW Rainbow Ln		Amount of Each Receipt this Period 27.00
City Hillsboro	State OR	Zip Code 97123
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Crispell, Kris, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2017 <b>Transaction ID : SA11AI.32081</b>
Mailing Address 24950 SW Rainbow Ln		Amount of Each Receipt this Period 27.00
City Hillsboro	State OR	Zip Code 97123
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Croft, Cynthia, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2017 <b>Transaction ID : SA11AI.32082</b>
Mailing Address 383 Rivermoor Dr		Amount of Each Receipt this Period 50.00
City Marietta	State PA	Zip Code 17547
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self-employed	Occupation (for Individual) Realtor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Croft, Cynthia, , ,

Mailing Address 383 Rivermoor Dr

City Marietta	State PA	Zip Code 17547
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2017

**Transaction ID : SA11AI.32083**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Croft, Cynthia, , ,

Mailing Address 383 Rivermoor Dr

City Marietta	State PA	Zip Code 17547
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11AI.32084**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Croft, Cynthia, , ,

Mailing Address 383 Rivermoor Dr

City Marietta	State PA	Zip Code 17547
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2017

**Transaction ID : SA11AI.32085**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Croft, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 383 Rivermoor Dr  
 City Marietta State PA Zip Code 17547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Realtor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11AI.32086**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Croft, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 383 Rivermoor Dr  
 City Marietta State PA Zip Code 17547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Realtor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2017  
**Transaction ID : SA11AI.32087**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Cuomo, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Alton Ave  
 City Greenlawn State NY Zip Code 11740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Value drugs Occupation (for Individual) Pharmacy Stocker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2017  
**Transaction ID : SA11AI.32093**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	127.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 119 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Cuomo, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Alton Ave  
 City Greenlawn State NY Zip Code 11740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Value drugs Occupation (for Individual) Pharmacy Stocker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2017  
**Transaction ID : SA11AI.32094**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Cuomo, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Alton Ave  
 City Greenlawn State NY Zip Code 11740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Value drugs Occupation (for Individual) Pharmacy Stocker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11AI.32095**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Cuomo, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Alton Ave  
 City Greenlawn State NY Zip Code 11740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Value drugs Occupation (for Individual) Pharmacy Stocker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017  
**Transaction ID : SA11AI.32096**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 28 Alton Ave

City Greenlawn State NY Zip Code 11740

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

Name of Employer (for Individual) Value drugs Occupation (for Individual) Pharmacy Stocker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 26 / 2017**

**Transaction ID : SA11AI.32097**

Amount of Each Receipt this Period 27.00

Memo Item

**B. Cupples, Courtney, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Ridgewood Ave

City North Haven State CT Zip Code 06473

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

Name of Employer (for Individual) Alexion Pharma Occupation (for Individual) Marketing Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 11 / 2017**

**Transaction ID : SA11AI.32098**

Amount of Each Receipt this Period 50.00

Memo Item

**C. Cupples, Courtney, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Ridgewood Ave

City North Haven State CT Zip Code 06473

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

Name of Employer (for Individual) Alexion Pharma Occupation (for Individual) Marketing Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 11 / 2017**

**Transaction ID : SA11AI.32099**

Amount of Each Receipt this Period 50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 127.00

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



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

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

FOR LINE NUMBER: PAGE 121 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Cupples, Courtney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Ridgewood Ave  
 City North Haven State CT Zip Code 06473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alexion Pharma Occupation (for Individual) Marketing Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 11 / 2017  
**Transaction ID : SA11AI.32100**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Cupples, Courtney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Ridgewood Ave  
 City North Haven State CT Zip Code 06473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alexion Pharma Occupation (for Individual) Marketing Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11AI.32101**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Dahan, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 483 Beacon St #81  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Entrepreneur  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : SA11AI.32104**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Darmanin, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1909 Sheffield Ct  
 City Oldsmar State FL Zip Code 34677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BMC Software Inc. Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 10 / 2017  
**Transaction ID : SA11AI.32108**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Darmanin, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1909 Sheffield Ct  
 City Oldsmar State FL Zip Code 34677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BMC Software Inc. Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 10 / 2017  
**Transaction ID : SA11AI.32109**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 1909 Sheffield Ct

City Oldsmar	State FL	Zip Code 34677
-----------------	-------------	-------------------

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

Name of Employer (for Individual) BMC Software Inc.	Occupation (for Individual) Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

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

**Transaction ID : SA11AI.32111**

Amount of Each Receipt this Period  
27.00

Memo Item

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

Mailing Address 1909 Sheffield Ct

City Oldsmar	State FL	Zip Code 34677
-----------------	-------------	-------------------

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

Name of Employer (for Individual) BMC Software Inc.	Occupation (for Individual) Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

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

**Transaction ID : SA11AI.32112**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Davidson, Diane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Charles Ct P.O. Box 416

City Ringo	State NJ	Zip Code 08551
---------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2017

**Transaction ID : SA11AI.32118**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Dayton, Isaac, , ,**

Mailing Address 2255 Emerald Rd

City Boulder	State CO	Zip Code 80304
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017

**Transaction ID : SA11AI.32125**

Amount of Each Receipt this Period  
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Dayton, Isaac, , ,**

Mailing Address 2255 Emerald Rd

City Boulder	State CO	Zip Code 80304
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017

**Transaction ID : SA11AI.32126**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 923 SW High Ave

City Topeka	State KS	Zip Code 66606
----------------	-------------	-------------------

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

Name of Employer (for Individual) Pizza Pub LLC	Occupation (for Individual) Delivery Driver
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

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

**Transaction ID : SA11AI.32128**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

**C. DeDonder, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 923 SW High Ave  
 City Topeka State KS Zip Code 66606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pizza Pub LLC Occupation (for Individual) Delivery Driver  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11AI.32131**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DeDonder, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 923 SW High Ave  
 City Topeka State KS Zip Code 66606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pizza Pub LLC Occupation (for Individual) Delivery Driver  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2017  
**Transaction ID : SA11AI.32132**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Demos, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 Saturn Ter  
 City Sunnyvale State CA Zip Code 94086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanford university hospital Occupation (for Individual) Resident Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2017  
**Transaction ID : SA11AI.32138**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Denley, walter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2546 Oakwood Trce  
 City Smyrna State GA Zip Code 30080-8291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Denley, walter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2546 Oakwood Trce  
 City Smyrna State GA Zip Code 30080-8291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11AI.32142**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Dewar, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Geordie Ln  
 City Hubbardston State MA Zip Code 01452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NRG Services Inc. Occupation (for Individual) Steam Fireman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2017  
**Transaction ID : SA11AI.32148**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Dewar, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Geordie Ln  
 City Hubbardston State MA Zip Code 01452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NRG Services Inc. Occupation (for Individual) Steam Fireman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : SA11AI.32149**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

**B. Dewar, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Geordie Ln  
 City Hubbardston State MA Zip Code 01452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NRG Services Inc. Occupation (for Individual) Steam Fireman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 13 / 2017**  
**Transaction ID : SA11AI.32151**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. dhallan, kamlesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6502 westland Rd  
 City bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : SA11AI.32152**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 129 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 6502 westland Rd

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11AI.32153**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 6502 westland Rd

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

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

**Transaction ID : SA11AI.32154**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 6502 westland Rd

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID : SA11AI.32155**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 6502 westland Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

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

**Transaction ID : SA11AI.32156**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 4044 N Lincoln Ave #223

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

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

**Transaction ID : SA11AI.32157**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 4044 N Lincoln Ave #223

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2017

**Transaction ID : SA11AI.32158**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Dikkers, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4044 N Lincoln Ave #223  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

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

**B. Dikkers, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4044 N Lincoln Ave #223  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2017  
**Transaction ID : SA11AI.32160**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Dikkers, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4044 N Lincoln Ave #223  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dikkers, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4044 N Lincoln Ave #223  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

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

**B. Djuren, Julif, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Papakapu PI  
 City Wailuku State HI Zip Code 96793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 25 / 2017**  
**Transaction ID : SA11AI.32166**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Djuren, Julif, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Papakapu PI  
 City Wailuku State HI Zip Code 96793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Djuren, Juif, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Papakapu PI  
 City Wailuku State HI Zip Code 96793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

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

**B. Djuren, Juif, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Papakapu PI  
 City Wailuku State HI Zip Code 96793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

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

**C. Djuren, Juif, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Papakapu PI  
 City Wailuku State HI Zip Code 96793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2017  
**Transaction ID : SA11AI.32170**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Doyle, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5450 Leary Ave NW  
 Apt 552  
 City Seattle State WA Zip Code 98107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11AI.32179**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Doyle, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5450 Leary Ave NW  
 Apt 552  
 City Seattle State WA Zip Code 98107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017  
**Transaction ID : SA11AI.32180**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Doyle, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5450 Leary Ave NW  
 Apt 552  
 City Seattle State WA Zip Code 98107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11AI.32181**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Doyle, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5450 Leary Ave NW  
 Apt 552  
 City Seattle State WA Zip Code 98107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017  
**Transaction ID : SA11AI.32182**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Eaglin, Nicolas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 idlewild Ct  
 City Pacifica State CA Zip Code 94044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pacifica School District Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2017  
**Transaction ID : SA11AI.32196**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Eaglin, Nicolas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 idlewild Ct  
 City Pacifica State CA Zip Code 94044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pacifica School District Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2017  
**Transaction ID : SA11AI.32197**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 136 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Eaglin, Nicolas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 idlewild Ct  
 City Pacifica State CA Zip Code 94044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pacifica School District Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2017  
**Transaction ID : SA11AI.32198**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Eaglin, Nicolas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 idlewild Ct  
 City Pacifica State CA Zip Code 94044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pacifica School District Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2017  
**Transaction ID : SA11AI.32199**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

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

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Edwards, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Ann Ave  
 City Salem State NH Zip Code 03079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11AI.32205**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Edwards, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Ann Ave  
 City Salem State NH Zip Code 03079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017  
**Transaction ID : SA11AI.32206**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Edwards, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Ann Ave  
 City Salem State NH Zip Code 03079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Edwards, Lynne, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2017
Mailing Address 13 Ann Ave		<b>Transaction ID : SA11AI.32208</b>
City Salem	State NH	Zip Code 03079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) N/A	Occupation (for Individual) N/A	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Eeg, Kurt, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2017
Mailing Address 2240 E Stone Pointe Cir		<b>Transaction ID : SA11AI.32209</b>
City Sioux Falls	State SD	Zip Code 57108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Eeg, Kurt, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2017
Mailing Address 2240 E Stone Pointe Cir		<b>Transaction ID : SA11AI.32210</b>
City Sioux Falls	State SD	Zip Code 57108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 2240 E Stone Pointe Cir

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

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

**Transaction ID : SA11AI.32211**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 2240 E Stone Pointe Cir

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

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

Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2017

**Transaction ID : SA11AI.32212**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Eeg, Kurt, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2240 E Stone Pointe Cir

City Sioux Falls	State SD	Zip Code 57108
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

**Transaction ID : SA11AI.32213**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Eggenberger, Florian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 279 Springridge Dr  
 City North Salt Lake State UT Zip Code 84054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual) IT System Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 25 / 2017  
**Transaction ID : SA11AI.32216**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Eggenberger, Florian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 279 Springridge Dr  
 City North Salt Lake State UT Zip Code 84054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual) IT System Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2017  
**Transaction ID : SA11AI.32217**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Eggenberger, Florian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 279 Springridge Dr  
 City North Salt Lake State UT Zip Code 84054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual) IT System Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 25 / 2017  
**Transaction ID : SA11AI.32218**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Eggenberger, Florian, , ,**

Mailing Address 279 Springridge Dr

City North Salt Lake    State UT    Zip Code 84054

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self employed    Occupation (for Individual) IT System Designer

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 25 / 2017**

**Transaction ID : SA11AI.32219**

Amount of Each Receipt this Period **25.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Eichenlaub, Ronald, , ,**

Mailing Address 100 Rosewood Cv

City Bellefonte    State PA    Zip Code 16823

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Remcom, Inc.    Occupation (for Individual) Software Engineering Manager

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **10 / 10 / 2017**

**Transaction ID : SA11AI.32223**

Amount of Each Receipt this Period **27.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Eichenlaub, Ronald, , ,**

Mailing Address 100 Rosewood Cv

City Bellefonte    State PA    Zip Code 16823

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Remcom, Inc.    Occupation (for Individual) Software Engineering Manager

Receipt For:  Primary     General     Other (specify)

Aggregate Year-to-Date ▼ **243.00**

Date of Receipt **12 / 10 / 2017**

**Transaction ID : SA11AI.32224**

Amount of Each Receipt this Period **27.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **79.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Emerson, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Cub PI  
 City Asheville State NC Zip Code 28806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 02 / 2017**  
**Transaction ID : SA11AI.32238**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**B. Emerson, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Cub PI  
 City Asheville State NC Zip Code 28806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 02 / 2017**  
**Transaction ID : SA11AI.32239**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**C. Emerson, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Cub PI  
 City Asheville State NC Zip Code 28806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 02 / 2017**  
**Transaction ID : SA11AI.32240**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Emerson, William, , ,**

Mailing Address 15 Cub Pl

City Asheville State NC Zip Code 28806

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2017

**Transaction ID : SA11AI.32241**

Amount of Each Receipt this Period  
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Eustache, Alain, , ,**

Mailing Address 1500 Crescent Cir B115

City Lake Park State FL Zip Code 33403

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dept of VA Affairs Occupation (for Individual) Admin Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2017

**Transaction ID : SA11AI.32249**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Ewing, Douglas, , ,**

Mailing Address 8 Pepperidge Rd

City Tuxedo Park State NY Zip Code 10987

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advanced Laparoscopic Associates Occupation (for Individual) surgeon

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11AI.32252**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	302.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ex, Caren, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3810 W Jarlath

City Lincolnwood	State IL	Zip Code 60712
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carina, Inc	Occupation (for Individual) Social Worker
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

**Transaction ID : SA11AI.32253**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Ex, Caren, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3810 W Jarlath

City Lincolnwood	State IL	Zip Code 60712
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carina, Inc	Occupation (for Individual) Social Worker
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2017

**Transaction ID : SA11AI.32254**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Ex, Caren, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3810 W Jarlath

City Lincolnwood	State IL	Zip Code 60712
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carina, Inc	Occupation (for Individual) Social Worker
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

**Transaction ID : SA11AI.32255**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ex, Caren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 W Jarlath  
 City Lincolnwood State IL Zip Code 60712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carina, Inc Occupation (for Individual) Social Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11AI.32256**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Ex, Caren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 W Jarlath  
 City Lincolnwood State IL Zip Code 60712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carina, Inc Occupation (for Individual) Social Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11AI.32257**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Exploding Sax**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 E. 96th Street, 3D  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11AI.31399**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 146 OF 684
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Exploding Sax**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 E. 96th Street, 3D

City New York	State NY	Zip Code 10128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017

**Transaction ID : SA11AI.31400**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Exploding Sax**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 E. 96th Street, 3D

City New York	State NY	Zip Code 10128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017

**Transaction ID : SA11AI.31401**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Exploding Sax**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 E. 96th Street, 3D

City New York	State NY	Zip Code 10128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017

**Transaction ID : SA11AI.31402**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fahey, Garrett, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 Whitehall Ave

City San Jose	State CA	Zip Code 95128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) County of San Mateo	Occupation (for Individual) Assistant
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2017

**Transaction ID : SA11AI.32260**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Fahey, Garrett, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 Whitehall Ave

City San Jose	State CA	Zip Code 95128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) County of San Mateo	Occupation (for Individual) Assistant
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

**Transaction ID : SA11AI.32261**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Fahey, Garrett, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 Whitehall Ave

City San Jose	State CA	Zip Code 95128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) County of San Mateo	Occupation (for Individual) Assistant
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2017

**Transaction ID : SA11AI.32262**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 148 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fahey, Garrett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1240 Whitehall Ave  
 City San Jose State CA Zip Code 95128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) County of San Mateo Occupation (for Individual) Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.32263**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Fahey, Garrett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1240 Whitehall Ave  
 City San Jose State CA Zip Code 95128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) County of San Mateo Occupation (for Individual) Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11AI.32264**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Fahey, Garrett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1240 Whitehall Ave  
 City San Jose State CA Zip Code 95128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) County of San Mateo Occupation (for Individual) Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 10 / 2017  
**Transaction ID : SA11AI.32265**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 149 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fallon, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 E Lincoln Ave  
 City Valley Stream State NY Zip Code 11580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Park Assist Occupation (for Individual) Electrical Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11AI.32266**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Fallon, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 E Lincoln Ave  
 City Valley Stream State NY Zip Code 11580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Park Assist Occupation (for Individual) Electrical Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 13 / 2017  
**Transaction ID : SA11AI.32267**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Fallon, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 E Lincoln Ave  
 City Valley Stream State NY Zip Code 11580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Park Assist Occupation (for Individual) Electrical Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 13 / 2017  
**Transaction ID : SA11AI.32268**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Fallon, Peter, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2017 <b>Transaction ID : SA11AI.32269</b>
Mailing Address 91 E Lincoln Ave		Amount of Each Receipt this Period 100.00
City Valley Stream	State NY	Zip Code 11580
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Park Assist	Occupation (for Individual) Electrical Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Fallon, Peter, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2017 <b>Transaction ID : SA11AI.32270</b>
Mailing Address 91 E Lincoln Ave		Amount of Each Receipt this Period 100.00
City Valley Stream	State NY	Zip Code 11580
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Park Assist	Occupation (for Individual) Electrical Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Fallon, Peter, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2017 <b>Transaction ID : SA11AI.32271</b>
Mailing Address 91 E Lincoln Ave		Amount of Each Receipt this Period 100.00
City Valley Stream	State NY	Zip Code 11580
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Park Assist	Occupation (for Individual) Electrical Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. farl, morgan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 584 Haiki Pl  
 City Wailuku State HI Zip Code 96793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Personal Chef  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 08 / 23 / 2017  
**Transaction ID : SA11AI.32273**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. farl, morgan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 584 Haiki Pl  
 City Wailuku State HI Zip Code 96793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Personal Chef  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 09 / 23 / 2017  
**Transaction ID : SA11AI.32274**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. farl, morgan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 584 Haiki Pl  
 City Wailuku State HI Zip Code 96793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Personal Chef  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 10 / 23 / 2017  
**Transaction ID : SA11AI.32275**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fatani, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3864 S 3760 west  
 City west valley city State UT Zip Code 84120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Progressive Leasing Occupation (for Individual) Underwriter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11AI.32281**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Fatani, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3864 S 3760 west  
 City west valley city State UT Zip Code 84120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Progressive Leasing Occupation (for Individual) Underwriter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11AI.32282**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Fatani, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3864 S 3760 west  
 City west valley city State UT Zip Code 84120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Progressive Leasing Occupation (for Individual) Underwriter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11AI.32283**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Fatani, Joseph, , ,**

Mailing Address 3864 S 3760 west

City west valley city	State UT	Zip Code 84120
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Progressive Leasing	Occupation (for Individual) Underwriter
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11AI.32284**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Fatani, Joseph, , ,**

Mailing Address 3864 S 3760 west

City west valley city	State UT	Zip Code 84120
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Progressive Leasing	Occupation (for Individual) Underwriter
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2017

**Transaction ID : SA11AI.32285**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Feezell, Shiloh, , ,**

Mailing Address 309 Church St

City Golden City	State MO	Zip Code 64748
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Golden Business Forms	Occupation (for Individual) Machine Operator
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2017

**Transaction ID : SA11AI.32289**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Feezell, Shiloh, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 Church St

City Golden City	State MO	Zip Code 64748
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Golden Business Forms	Occupation (for Individual) Machine Operator
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2017

**Transaction ID : SA11AI.32290**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Feezell, Shiloh, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 Church St

City Golden City	State MO	Zip Code 64748
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Golden Business Forms	Occupation (for Individual) Machine Operator
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11AI.32291**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Feezell, Shiloh, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 Church St

City Golden City	State MO	Zip Code 64748
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Golden Business Forms	Occupation (for Individual) Machine Operator
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

**Transaction ID : SA11AI.32292**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Feezell, Shiloh, , ,</b>		Date of Receipt
Mailing Address 309 Church St		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Golden City	State MO	Zip Code 64748
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.32293</b>
Name of Employer (for Individual) Golden Business Forms		Occupation (for Individual) Machine Operator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item
		Aggregate Year-to-Date ▼ <input type="text" value="324.00"/>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Fenn, Julie, , ,</b>		Date of Receipt
Mailing Address 210 S Weir Dr		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Denver	State CO	Zip Code 80219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.32297</b>
Name of Employer (for Individual) UCH		Occupation (for Individual) RN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item
		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. folllott, erica, , ,</b>		Date of Receipt
Mailing Address 1874 Cornelia St #2R		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Ridgewood	State NY	Zip Code 11385
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.32305</b>
Name of Employer (for Individual) self employed		Occupation (for Individual) Jeweler
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item
		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="327.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ffoliott, erica, , ,

Mailing Address 1874 Cornelia St #2R

City Ridgewood	State NY	Zip Code 11385
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self employed	Occupation (for Individual) Jeweler
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11AI.32306**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Fiallos, Mario, , ,

Mailing Address 3347 N Lamon Unit 2

City Chicago	State IL	Zip Code 60641
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Resnick auto group	Occupation (for Individual) Car Salesman
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2017

**Transaction ID : SA11AI.32308**

Amount of Each Receipt this Period  
27.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Fiallos, Mario, , ,

Mailing Address 3347 N Lamon Unit 2

City Chicago	State IL	Zip Code 60641
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Resnick auto group	Occupation (for Individual) Car Salesman
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2017

**Transaction ID : SA11AI.32309**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fiallos, Mario, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3347 N Lamon Unit 2

City Chicago	State IL	Zip Code 60641
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Resnick auto group	Occupation (for Individual) Car Salesman
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2017

**Transaction ID : SA11AI.32310**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Fiallos, Mario, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3347 N Lamon Unit 2

City Chicago	State IL	Zip Code 60641
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Resnick auto group	Occupation (for Individual) Car Salesman
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2017

**Transaction ID : SA11AI.32311**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Fiallos, Mario, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3347 N Lamon Unit 2

City Chicago	State IL	Zip Code 60641
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Resnick auto group	Occupation (for Individual) Car Salesman
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2017

**Transaction ID : SA11AI.32312**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fisher, Max, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 N Calvert St

City Baltimore	State MD	Zip Code 21202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KBRwyle	Occupation (for Individual) Aerospace Engineer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2017  
**Transaction ID : SA11AI.32319**

Amount of Each Receipt this Period  
 25.00

Memo Item

**B. Fisher, Max, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 N Calvert St

City Baltimore	State MD	Zip Code 21202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KBRwyle	Occupation (for Individual) Aerospace Engineer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2017  
**Transaction ID : SA11AI.32320**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C. Fisher, Max, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 N Calvert St

City Baltimore	State MD	Zip Code 21202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KBRwyle	Occupation (for Individual) Aerospace Engineer
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2017  
**Transaction ID : SA11AI.32321**

Amount of Each Receipt this Period  
 25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fisher, Max, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 910 N Calvert St

City Baltimore	State MD	Zip Code 21202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KBRwyle	Occupation (for Individual) Aerospace Engineer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

**Transaction ID : SA11AI.32322**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Fitzpatrick, Gerald, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 N Fry Rd #329

City Katy	State TX	Zip Code 77449
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Software Renovation Corp.	Occupation (for Individual) Consultant
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2017

**Transaction ID : SA11AI.32324**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Fitzpatrick, Gerald, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 N Fry Rd #329

City Katy	State TX	Zip Code 77449
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Software Renovation Corp.	Occupation (for Individual) Consultant
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2017

**Transaction ID : SA11AI.32325**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fitzpatrick, Gerald, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 N Fry Rd #329

City Katy	State TX	Zip Code 77449
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Software Renovation Corp.	Occupation (for Individual) Consultant
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

**Transaction ID : SA11AI.32326**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Fitzpatrick, Gerald, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 N Fry Rd #329

City Katy	State TX	Zip Code 77449
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Software Renovation Corp.	Occupation (for Individual) Consultant
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

**Transaction ID : SA11AI.32327**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Fitzpatrick, Gerald, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 N Fry Rd #329

City Katy	State TX	Zip Code 77449
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Software Renovation Corp.	Occupation (for Individual) Consultant
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

**Transaction ID : SA11AI.32328**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Flannery, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 Lisbon St Apt229  
 City Lisbon State ME Zip Code 04250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2017  
**Transaction ID : SA11AI.32331**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Flannery, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 Lisbon St Apt229  
 City Lisbon State ME Zip Code 04250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2017  
**Transaction ID : SA11AI.32332**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Flannery, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 Lisbon St Apt229  
 City Lisbon State ME Zip Code 04250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2017  
**Transaction ID : SA11AI.32333**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Flannery, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 Lisbon St Apt229  
 City Lisbon State ME Zip Code 04250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.32334**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Flannery, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 Lisbon St Apt229  
 City Lisbon State ME Zip Code 04250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.32335**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Flannery, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 Lisbon St Apt229  
 City Lisbon State ME Zip Code 04250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bath Iron Works Occupation (for Individual) Marine Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11AI.32336**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fleischer, Alex, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Westwind Way  
 City Dresher State PA Zip Code 19025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2017  
**Transaction ID : SA11AI.32339**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Fleischer, Alex, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Westwind Way  
 City Dresher State PA Zip Code 19025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2017  
**Transaction ID : SA11AI.32340**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Fleischer, Alex, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Westwind Way  
 City Dresher State PA Zip Code 19025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2017  
**Transaction ID : SA11AI.32341**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶  
**TOTAL** This Period (last page this line number only)..... ▶

150.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fleischer, Alex, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Westwind Way  
 City Dresher State PA Zip Code 19025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2017  
**Transaction ID : SA11AI.32342**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Fleischer, Alex, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Westwind Way  
 City Dresher State PA Zip Code 19025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11AI.32343**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Fleischer, Alex, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Westwind Way  
 City Dresher State PA Zip Code 19025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2017  
**Transaction ID : SA11AI.32344**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Florian LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 279 Springridge Dr

City North Salt Lake	State UT	Zip Code 84054
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

**Transaction ID : SA11AI.31405**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Florian LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 279 Springridge Dr

City North Salt Lake	State UT	Zip Code 84054
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2017

**Transaction ID : SA11AI.31406**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Florian LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 279 Springridge Dr

City North Salt Lake	State UT	Zip Code 84054
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2017

**Transaction ID : SA11AI.31407**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 684
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Florian LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 279 Springridge Dr

City North Salt Lake	State UT	Zip Code 84054
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2017

**Transaction ID : SA11AI.31408**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Ford, Sean, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2011 Hearst Ave.

City Berkeley	State CA	Zip Code 94709
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2017

**Transaction ID : SA11AI.32361**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Ford, Sean, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2011 Hearst Ave.

City Berkeley	State CA	Zip Code 94709
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017

**Transaction ID : SA11AI.32362**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ford, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2011 Hearst Ave.  
 City Berkeley State CA Zip Code 94709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 27 / 2017  
**Transaction ID : SA11AI.32363**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Ford, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2011 Hearst Ave.  
 City Berkeley State CA Zip Code 94709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11AI.32364**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Foster, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Catherine St  
 City Middletown State CT Zip Code 06457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 N/A Social Worker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 03 / 2017  
**Transaction ID : SA11AI.32367**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Foster, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Catherine St  
 City Middletown State CT Zip Code 06457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Social Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 03 / 2017**  
**Transaction ID : SA11AI.32368**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Foster, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Catherine St  
 City Middletown State CT Zip Code 06457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Social Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 03 / 2017**  
**Transaction ID : SA11AI.32369**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Foster, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Catherine St  
 City Middletown State CT Zip Code 06457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Social Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 03 / 2017**  
**Transaction ID : SA11AI.32370**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fountaine, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1846 Brown St  
 City Brooklyn State NY Zip Code 11229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Student Occupation (for Individual) Virginia Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 20 / 2017  
**Transaction ID : SA11AI.32377**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Francell, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2176  
 City Fort Davis State TX Zip Code 79734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Landscape Design  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 17 / 2017  
**Transaction ID : SA11AI.32380**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Francell, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2176  
 City Fort Davis State TX Zip Code 79734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Landscape Design  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11AI.32381**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Francell, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2176  
 City Fort Davis State TX Zip Code 79734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Landscape Design  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 17 / 2017  
**Transaction ID : SA11AI.32382**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Francell, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2176  
 City Fort Davis State TX Zip Code 79734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Landscape Design  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 17 / 2017  
**Transaction ID : SA11AI.32383**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Freeman, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 Candlewood Dr  
 City Weaverville State NC Zip Code 28787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Health System Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 14 / 2017  
**Transaction ID : SA11AI.32385**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Freeman, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 Candlewood Dr  
 City Weaverville State NC Zip Code 28787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Health System Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 14 / 2017**  
**Transaction ID : SA11AI.32386**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Freeman, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 Candlewood Dr  
 City Weaverville State NC Zip Code 28787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Health System Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 14 / 2017**  
**Transaction ID : SA11AI.32387**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Freeman, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 Candlewood Dr  
 City Weaverville State NC Zip Code 28787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Health System Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 14 / 2017**  
**Transaction ID : SA11AI.32390**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Freeman, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 Candlewood Dr  
 City Weaverville    State NC    Zip Code 28787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Health System    Occupation (for Individual) Physician  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 14 / 2017**  
**Transaction ID : SA11AI.32391**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Frisbie, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Oakmont Street  
 City McPherson    State KS    Zip Code 67460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wal Mart    Occupation (for Individual) Cart Pusher  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **09 / 29 / 2017**  
**Transaction ID : SA11AI.32394**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Frisbie, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Oakmont Street  
 City McPherson    State KS    Zip Code 67460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wal Mart    Occupation (for Individual) Cart Pusher  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **10 / 29 / 2017**  
**Transaction ID : SA11AI.32395**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Frisbie, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Oakmont Street  
 City McPherson State KS Zip Code 67460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wal Mart Occupation (for Individual) Cart Pusher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 11 / 29 / 2017  
**Transaction ID : SA11AI.32396**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Frisbie, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Oakmont Street  
 City McPherson State KS Zip Code 67460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wal Mart Occupation (for Individual) Cart Pusher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 12 / 29 / 2017  
**Transaction ID : SA11AI.32397**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Fuqua, Buford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1304 Pine Rd  
 City Corinth State MS Zip Code 38834-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MRHC Occupation (for Individual) PSR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 07 / 27 / 2017  
**Transaction ID : SA11AI.32400**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Fuqua, Buford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1304 Pine Rd  
 City Corinth State MS Zip Code 38834-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MRHC Occupation (for Individual) PSR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 27 / 2017  
**Transaction ID : SA11AI.32401**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Gaines, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 E Dewberry  
 City Omak State WA Zip Code 98841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Omak School District Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 10 / 2017  
**Transaction ID : SA11AI.32405**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Gaines, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 E Dewberry  
 City Omak State WA Zip Code 98841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Omak School District Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 10 / 2017  
**Transaction ID : SA11AI.32406**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Gaines, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 E Dewberry  
 City Omak State WA Zip Code 98841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Omak School District Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.32407**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Garcia, Leanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4355 Seago Rd  
 City Hephzibah State GA Zip Code 30815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) dental lab owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11AI.32416**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Garcia, Leanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4355 Seago Rd  
 City Hephzibah State GA Zip Code 30815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) dental lab owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11AI.32417**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Garcia, Leanne, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4355 Seago Rd

City Hephzibah	State GA	Zip Code 30815
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) dental lab owner
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

**Transaction ID : SA11AI.32418**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Garcia, Stephen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Dey St  
Loft 439

City Jersey City	State NJ	Zip Code 07306
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BFS	Occupation (for Individual) Security
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	04	/	2017

**Transaction ID : SA11AI.32419**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Garcia, Stephen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Dey St  
Loft 439

City Jersey City	State NJ	Zip Code 07306
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BFS	Occupation (for Individual) Security
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2017

**Transaction ID : SA11AI.32420**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Garcia, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Dey St  
Loft 439

City Jersey City State NJ Zip Code 07306

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BFS Occupation (for Individual) Security

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2017

**Transaction ID : SA11AI.32421**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Garcia, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Dey St  
Loft 439

City Jersey City State NJ Zip Code 07306

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BFS Occupation (for Individual) Security

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2017

**Transaction ID : SA11AI.32422**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Garcia, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Dey St  
Loft 439

City Jersey City State NJ Zip Code 07306

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BFS Occupation (for Individual) Security

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2017

**Transaction ID : SA11AI.32423**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Garcia, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Dey St  
 Loft 439  
 City Jersey City State NJ Zip Code 07306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BFS Occupation (for Individual) Security  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2017  
**Transaction ID : SA11AI.32424**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Garza, Alfredo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 607 Reggie Jackson Trl  
 City Round Rock State TX Zip Code 78665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ATT Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2017  
**Transaction ID : SA11AI.32426**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Garza, Alfredo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 607 Reggie Jackson Trl  
 City Round Rock State TX Zip Code 78665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ATT Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2017  
**Transaction ID : SA11AI.32427**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	154.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Garza, Alfredo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 607 Reggie Jackson Trl  
 City Round Rock State TX Zip Code 78665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ATT Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 08 / 2017**  
**Transaction ID : SA11AI.32428**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Garza, Alfredo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 607 Reggie Jackson Trl  
 City Round Rock State TX Zip Code 78665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ATT Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 08 / 2017**  
**Transaction ID : SA11AI.32429**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Garza, Alfredo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 607 Reggie Jackson Trl  
 City Round Rock State TX Zip Code 78665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ATT Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 08 / 2017**  
**Transaction ID : SA11AI.32430**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Gehrmann, Danny, , ,**

Mailing Address 2415 Ashby Ave

City Berkeley	State CA	Zip Code 94705
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) Researcher
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2017

**Transaction ID : SA11AI.32432**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Gehrmann, Danny, , ,**

Mailing Address 2415 Ashby Ave

City Berkeley	State CA	Zip Code 94705
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) Researcher
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

**Transaction ID : SA11AI.32433**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Gehrmann, Danny, , ,**

Mailing Address 2415 Ashby Ave

City Berkeley	State CA	Zip Code 94705
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) Researcher
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

**Transaction ID : SA11AI.32434**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Gehrmann, Danny, , ,**

Mailing Address 2415 Ashby Ave

City Berkeley	State CA	Zip Code 94705
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) Researcher
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

**Transaction ID : SA11AI.32435**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Gehrmann, Danny, , ,**

Mailing Address 2415 Ashby Ave

City Berkeley	State CA	Zip Code 94705
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) Researcher
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

**Transaction ID : SA11AI.32436**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Gfeller, Matthew, , ,**

Mailing Address 654 Elati St

City Denver	State CO	Zip Code 80204
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CrowdStrike	Occupation (for Individual) Consultant
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2017

**Transaction ID : SA11AI.32440**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Gfeller, Matthew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 654 Elati St

City Denver	State CO	Zip Code 80204
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CrowdStrike	Occupation (for Individual) Consultant
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

**Transaction ID : SA11AI.32441**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Gfeller, Matthew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 654 Elati St

City Denver	State CO	Zip Code 80204
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CrowdStrike	Occupation (for Individual) Consultant
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

**Transaction ID : SA11AI.32442**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Ghoto, Sylvia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1725 Flagler Ave

City Jacksonville	State FL	Zip Code 32207
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JPMChase	Occupation (for Individual) MIS Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2017

**Transaction ID : SA11AI.32446**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ghoto, Sylvia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1725 Flagler Ave  
 City Jacksonville State FL Zip Code 32207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JPMChase Occupation (for Individual) MIS Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : SA11AI.32447**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Ghoto, Sylvia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1725 Flagler Ave  
 City Jacksonville State FL Zip Code 32207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JPMChase Occupation (for Individual) MIS Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 15 / 2017  
**Transaction ID : SA11AI.32448**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Gilcrease, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 917 Dunn St  
 City Houma State LA Zip Code 70360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Behavior Analyst  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2017  
**Transaction ID : SA11AI.32449**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 184 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Gilcrease, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 917 Dunn St  
 City Houma State LA Zip Code 70360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Behavior Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.32450**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Gilcrease, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 917 Dunn St  
 City Houma State LA Zip Code 70360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Behavior Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.32451**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Gilcrease, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 917 Dunn St  
 City Houma State LA Zip Code 70360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Behavior Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.32452**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Gilcrease, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 917 Dunn St  
 City Houma State LA Zip Code 70360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Behavior Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2017  
**Transaction ID : SA11AI.32453**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Gilcrease, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 917 Dunn St  
 City Houma State LA Zip Code 70360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Behavior Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11AI.32454**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Glover, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4045 Colorado St  
 City Long Beach State CA Zip Code 90814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illumination Foundation Occupation (for Individual) Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2017  
**Transaction ID : SA11AI.32459**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Glover, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4045 Colorado St  
 City Long Beach State CA Zip Code 90814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illumination Foundation Occupation (for Individual) Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2017  
**Transaction ID : SA11AI.32460**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Glover, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4045 Colorado St  
 City Long Beach State CA Zip Code 90814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illumination Foundation Occupation (for Individual) Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2017  
**Transaction ID : SA11AI.32461**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Glover, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4045 Colorado St  
 City Long Beach State CA Zip Code 90814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illumination Foundation Occupation (for Individual) Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2017  
**Transaction ID : SA11AI.32462**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Goldstein, Neil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 Idlewild Cir  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2017  
**Transaction ID : SA11AI.32466**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Gomez, Nathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 Inwood Dr  
 City Campbell State CA Zip Code 95008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Altex Technologies Occupation (for Individual) Mechanical Design Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2017  
**Transaction ID : SA11AI.32469**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Gomez, Nathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 Inwood Dr  
 City Campbell State CA Zip Code 95008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Altex Technologies Occupation (for Individual) Mechanical Design Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2017  
**Transaction ID : SA11AI.32470**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Gomez, Nathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 Inwood Dr  
 City Campbell State CA Zip Code 95008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Altex Technologies Occupation (for Individual) Mechanical Design Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : SA11AI.32471**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Gomez, Nathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 Inwood Dr  
 City Campbell State CA Zip Code 95008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Altex Technologies Occupation (for Individual) Mechanical Design Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11AI.32472**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Gonzalez, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 318 Turtle Pond Pkwy  
 City Hyde Park State MA Zip Code 02136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USEPA Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11AI.32475**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 189 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Gonzalez, Ronald, , ,**

Mailing Address 318 Turtle Pond Pkwy

City Hyde Park	State MA	Zip Code 02136
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USEPA	Occupation (for Individual) Attorney
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

**Transaction ID : SA11AI.32476**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Gonzalez, Ronald, , ,**

Mailing Address 318 Turtle Pond Pkwy

City Hyde Park	State MA	Zip Code 02136
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USEPA	Occupation (for Individual) Attorney
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

**Transaction ID : SA11AI.32477**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Gonzalez, Ronald, , ,**

Mailing Address 318 Turtle Pond Pkwy

City Hyde Park	State MA	Zip Code 02136
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USEPA	Occupation (for Individual) Attorney
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

**Transaction ID : SA11AI.32478**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Gonzalez, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 318 Turtle Pond Pkwy  
 City Hyde Park State MA Zip Code 02136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USEPA Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt **12 / 31 / 2017**  
**Transaction ID : SA11AI.32479**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Graham, Randal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4032 20th Ave  
 City Sacramento State CA Zip Code 95820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Hope Public Schools Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 13 / 2017**  
**Transaction ID : SA11AI.32485**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Graham, Randal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4032 20th Ave  
 City Sacramento State CA Zip Code 95820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Hope Public Schools Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 13 / 2017**  
**Transaction ID : SA11AI.32486**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Greber, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3177  
 City Tonopah State NV Zip Code 89049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kinross Occupation (for Individual) ADR Plant Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2017  
**Transaction ID : SA11AI.32497**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Greber, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3177  
 City Tonopah State NV Zip Code 89049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kinross Occupation (for Individual) ADR Plant Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11AI.32498**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Greber, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3177  
 City Tonopah State NV Zip Code 89049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kinross Occupation (for Individual) ADR Plant Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11AI.32499**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Greber, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3177  
 City Tonopah State NV Zip Code 89049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kinross Occupation (for Individual) ADR Plant Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11AI.32500**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Greber, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3177  
 City Tonopah State NV Zip Code 89049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kinross Occupation (for Individual) ADR Plant Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 30 / 2017  
**Transaction ID : SA11AI.32501**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Green, Gretchen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 Pico Blvd #5  
 City Santa Monica State CA Zip Code 90405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RPA Occupation (for Individual) Digital Producer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 13 / 2017  
**Transaction ID : SA11AI.32503**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Green, Gretchen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 Pico Blvd #5  
 City Santa Monica State CA Zip Code 90405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RPA Occupation (for Individual) Digital Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 13 / 2017  
**Transaction ID : SA11AI.32504**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Green, Gretchen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 Pico Blvd #5  
 City Santa Monica State CA Zip Code 90405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RPA Occupation (for Individual) Digital Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 13 / 2017  
**Transaction ID : SA11AI.32505**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Green, Gretchen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 Pico Blvd #5  
 City Santa Monica State CA Zip Code 90405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RPA Occupation (for Individual) Digital Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11AI.32506**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Guardado, Ludwin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 E 15th St  
 City Irving State TX Zip Code 75060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Truck Driver  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **10 / 13 / 2017**  
**Transaction ID : SA11AI.32519**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**B. Guardado, Ludwin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 E 15th St  
 City Irving State TX Zip Code 75060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Truck Driver  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 13 / 2017**  
**Transaction ID : SA11AI.32520**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**C. Guardado, Ludwin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 E 15th St  
 City Irving State TX Zip Code 75060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Truck Driver  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **12 / 13 / 2017**  
**Transaction ID : SA11AI.32521**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 195 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Guta, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 748 SE Lambert  
 City portland State OR Zip Code 97202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) much Occupation (for Individual) Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2017  
**Transaction ID : SA11AI.32535**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Hagewood, Tyson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14851 Ingalls Ct  
 City Leesburg State VA Zip Code 20176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) HVAC Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2017  
**Transaction ID : SA11AI.32539**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Hagewood, Tyson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14851 Ingalls Ct  
 City Leesburg State VA Zip Code 20176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) HVAC Tech  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2017  
**Transaction ID : SA11AI.32540**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 196 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hagewood, Tyson, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2017 <b>Transaction ID : SA11AI.32541</b>		
Mailing Address 14851 Ingalls Ct			Amount of Each Receipt this Period 25.00		
City Leesburg	State VA	Zip Code 20176	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 275.00		
Name of Employer (for Individual) Self		Occupation (for Individual) HVAC Tech	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hagewood, Tyson, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2017 <b>Transaction ID : SA11AI.32542</b>		
Mailing Address 14851 Ingalls Ct			Amount of Each Receipt this Period 25.00		
City Leesburg	State VA	Zip Code 20176	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00		
Name of Employer (for Individual) Self		Occupation (for Individual) HVAC Tech	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hale, Cyndl, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2017 <b>Transaction ID : SA11AI.32546</b>		
Mailing Address 519 Matyland Ave #2			Amount of Each Receipt this Period 27.00		
City Oakmont	State PA	Zip Code 15139	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 216.00		
Name of Employer (for Individual) Trau-Loevner		Occupation (for Individual) Wholesale/Online Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Hale, Cyndl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 Matyland Ave #2  
 City Oakmont State PA Zip Code 15139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trau-Loevner Occupation (for Individual) Wholesale/Online Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : SA11AI.32547**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Hale, Cyndl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 Matyland Ave #2  
 City Oakmont State PA Zip Code 15139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trau-Loevner Occupation (for Individual) Wholesale/Online Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 13 / 2017  
**Transaction ID : SA11AI.32548**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Hale, Cyndl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 Matyland Ave #2  
 City Oakmont State PA Zip Code 15139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trau-Loevner Occupation (for Individual) Wholesale/Online Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11AI.32549**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Hanneken, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4603 Waterford Knoll Dr Apt 1835  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Horseshoe Solutions Occupation (for Individual) Software Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **11 / 17 / 2017**  
**Transaction ID : SA11AI.32558**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Hanneken, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4603 Waterford Knoll Dr Apt 1835  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Horseshoe Solutions Occupation (for Individual) Software Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 17 / 2017**  
**Transaction ID : SA11AI.32559**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Harbin, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5724 Northglen Rd  
 City Cincinnati State OH Zip Code 45248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) n/a  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 13 / 2017**  
**Transaction ID : SA11AI.32561**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Harbin, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5724 Northglen Rd  
 City Cincinnati State OH Zip Code 45248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) n/a  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 13 / 2017**  
**Transaction ID : SA11AI.32562**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Harbin, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5724 Northglen Rd  
 City Cincinnati State OH Zip Code 45248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) n/a  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **11 / 13 / 2017**  
**Transaction ID : SA11AI.32563**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Harbin, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5724 Northglen Rd  
 City Cincinnati State OH Zip Code 45248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) n/a  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **12 / 13 / 2017**  
**Transaction ID : SA11AI.32564**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Harmon, Larry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3853 Yellow Creek Rd w

City Akron	State OH	Zip Code 44333
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Web Developer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2017

**Transaction ID : SA11AI.32570**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Harmon, Larry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3853 Yellow Creek Rd w

City Akron	State OH	Zip Code 44333
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Web Developer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2017

**Transaction ID : SA11AI.32571**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Harmon, Larry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3853 Yellow Creek Rd w

City Akron	State OH	Zip Code 44333
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Web Developer
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

**Transaction ID : SA11AI.32572**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Harmon, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3853 Yellow Creek Rd w  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Web Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2017  
**Transaction ID : SA11AI.32573**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Harriman, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7633 Adams  
 City Forest Park State IL Zip Code 60130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Costco Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2017  
**Transaction ID : SA11AI.32576**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Harris, Carolynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 12th Pl N  
 City Edmonds State WA Zip Code 98020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2017  
**Transaction ID : SA11AI.32578**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 202 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Harris, Carolynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 12th PI N  
 City Edmonds State WA Zip Code 98020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 08 / 26 / 2017  
**Transaction ID : SA11AI.32579**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Harris, Carolynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 12th PI N  
 City Edmonds State WA Zip Code 98020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 26 / 2017  
**Transaction ID : SA11AI.32580**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Harris, Carolynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 12th PI N  
 City Edmonds State WA Zip Code 98020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 10 / 26 / 2017  
**Transaction ID : SA11AI.32581**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Harris, Carolynne, , ,**

Mailing Address 430 12th PI N

City Edmonds	State WA	Zip Code 98020
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

**Transaction ID : SA11AI.32582**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Harris, Carolynne, , ,**

Mailing Address 430 12th PI N

City Edmonds	State WA	Zip Code 98020
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

**Transaction ID : SA11AI.32583**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Harvison, Leonard, , ,**

Mailing Address 27084 Walls Rd

City Cameron	State OK	Zip Code 74932
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AES Shady Point LLC	Occupation (for Individual) Plant Operator
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2017

**Transaction ID : SA11AI.32587**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Harvison, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27084 Walls Rd  
 City Cameron State OK Zip Code 74932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AES Shady Point LLC Occupation (for Individual) Plant Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.32588**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Hays, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 SW Alder St. Apt. 409  
 City Portland State OR Zip Code 97205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CorVel Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 02 / 2017  
**Transaction ID : SA11AI.32603**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Hays, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 SW Alder St. Apt. 409  
 City Portland State OR Zip Code 97205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CorVel Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2017  
**Transaction ID : SA11AI.32604**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Hays, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 SW Alder St.  
 Apt. 409  
 City Portland State OR Zip Code 97205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CorVel Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI.32605**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Hays, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 SW Alder St.  
 Apt. 409  
 City Portland State OR Zip Code 97205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CorVel Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2017  
**Transaction ID : SA11AI.32606**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Hecht, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 E River Dr  
 City Altus AFB State OK Zip Code 73521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 USAF Ssgt, Security Forces  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2017  
**Transaction ID : SA11AI.32608**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 206 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Hecht, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 170 E River Dr

City Altus AFB	State OK	Zip Code 73521
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USAF	Occupation (for Individual) Ssgt, Security Forces
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : SA11Al.32609**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Hecht, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 170 E River Dr

City Altus AFB	State OK	Zip Code 73521
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USAF	Occupation (for Individual) Ssgt, Security Forces
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2017

**Transaction ID : SA11Al.32610**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Hecht, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 170 E River Dr

City Altus AFB	State OK	Zip Code 73521
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USAF	Occupation (for Individual) Ssgt, Security Forces
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2017

**Transaction ID : SA11Al.32611**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Hecht, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 E River Dr  
 City Altus AFB State OK Zip Code 73521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAF Occupation (for Individual) Ssgt. Security Forces  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11AI.32612**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Heesch, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3014 W Sentinel Rock Rd  
 City Phoenix State AZ Zip Code 85086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanguard Investment Group Occupation (for Individual) Operations Business Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 12 / 2017  
**Transaction ID : SA11AI.32613**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Heesch, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3014 W Sentinel Rock Rd  
 City Phoenix State AZ Zip Code 85086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanguard Investment Group Occupation (for Individual) Operations Business Admin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 12 / 2017  
**Transaction ID : SA11AI.32614**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 127.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Heesch, Jeremy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3014 W Sentinel Rock Rd

City Phoenix	State AZ	Zip Code 85086
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vanguard Investment Group	Occupation (for Individual) Operations Business Admin
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

**Transaction ID : SA11AI.32615**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Heesch, Jeremy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3014 W Sentinel Rock Rd

City Phoenix	State AZ	Zip Code 85086
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vanguard Investment Group	Occupation (for Individual) Operations Business Admin
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

**Transaction ID : SA11AI.32616**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Heesch, Jeremy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3014 W Sentinel Rock Rd

City Phoenix	State AZ	Zip Code 85086
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vanguard Investment Group	Occupation (for Individual) Operations Business Admin
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2017

**Transaction ID : SA11AI.32617**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Heesch, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3014 W Sentinel Rock Rd  
 City Phoenix State AZ Zip Code 85086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanguard Investment Group Occupation (for Individual) Operations Business Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 12 / 2017**  
**Transaction ID : SA11AI.32618**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Hernandez, Ramiro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 N state highway 16  
 City Hebronville State TX Zip Code 78361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jim Hogg County DA Office Occupation (for Individual) Scanner Clerk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 11 / 2017**  
**Transaction ID : SA11AI.32632**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Hernandez, Ramiro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 N state highway 16  
 City Hebronville State TX Zip Code 78361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jim Hogg County DA Office Occupation (for Individual) Scanner Clerk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 11 / 2017**  
**Transaction ID : SA11AI.32633**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 210 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Hernandez, Ramiro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 N state highway 16  
 City Hebronville State TX Zip Code 78361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jim Hogg County DA Office Occupation (for Individual) Scanner Clerk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 11 / 2017**  
**Transaction ID : SA11AI.32634**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Hernandez, Ramiro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 N state highway 16  
 City Hebronville State TX Zip Code 78361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jim Hogg County DA Office Occupation (for Individual) Scanner Clerk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 11 / 2017**  
**Transaction ID : SA11AI.32635**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Hernandez, Ramiro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 N state highway 16  
 City Hebronville State TX Zip Code 78361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jim Hogg County DA Office Occupation (for Individual) Scanner Clerk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 11 / 2017**  
**Transaction ID : SA11AI.32636**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 211 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Hernandez, Ricardo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4354 Westhampton Place Ct  
 City Saint Charles State MO Zip Code 63304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boone Hospital Center Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 27 / 2017**  
**Transaction ID : SA11AI.32638**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Hibbert, Cleveland, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 WEST 90TH STREET #10B  
 City New York State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Sky Studios Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : SA11AI.32642**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Hibbert, Cleveland, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 WEST 90TH STREET #10B  
 City New York State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Sky Studios Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 21 / 2017**  
**Transaction ID : SA11AI.32643**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Hibbert, Cleveland, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 WEST 90TH STREET #10B  
 City New York State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Sky Studios Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 21 / 2017**  
**Transaction ID : SA11AI.32644**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Hibbert, Cleveland, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 WEST 90TH STREET #10B  
 City New York State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Sky Studios Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 21 / 2017**  
**Transaction ID : SA11AI.32645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Higgins, Marilyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42685 Boulden Ct  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **07 / 21 / 2017**  
**Transaction ID : SA11AI.32648**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 75.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Higgins, Marilyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42685 Boulden Ct  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2017  
**Transaction ID : SA11AI.32649**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Higgins, Marilyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42685 Boulden Ct  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 21 / 2017  
**Transaction ID : SA11AI.32650**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Higgins, Marilyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42685 Boulden Ct  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 22 / 2017  
**Transaction ID : SA11AI.32651**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Higgins, Marilyn, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42685 Boulden Ct

City Canton	State MI	Zip Code 48187
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

**Transaction ID : SA11AI.32652**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Higgins, Marilyn, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42685 Boulden Ct

City Canton	State MI	Zip Code 48187
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

**Transaction ID : SA11AI.32653**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Higgins, Marilyn, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42685 Boulden Ct

City Canton	State MI	Zip Code 48187
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2017

**Transaction ID : SA11AI.32654**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Higgins, Marilyn, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2017 <b>Transaction ID : SA11AI.32655</b>		
Mailing Address 42685 Boulden Ct			Amount of Each Receipt this Period 25.00		
City Canton	State MI	Zip Code 48187	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) N/A		Occupation (for Individual) N/A	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Higgins, Marilyn, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2017 <b>Transaction ID : SA11AI.32656</b>		
Mailing Address 42685 Boulden Ct			Amount of Each Receipt this Period 25.00		
City Canton	State MI	Zip Code 48187	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) N/A		Occupation (for Individual) N/A	Aggregate Year-to-Date ▼ 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Higgins, Marilyn, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2017 <b>Transaction ID : SA11AI.32657</b>		
Mailing Address 42685 Boulden Ct			Amount of Each Receipt this Period 25.00		
City Canton	State MI	Zip Code 48187	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) N/A		Occupation (for Individual) N/A	Aggregate Year-to-Date ▼ 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Higgins, Marilyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42685 Boulden Ct  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11AI.32658**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Higgins, Marilyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42685 Boulden Ct  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11AI.32659**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Hjerstedt, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 W Broad St Apt 332  
 City Falls Church State VA Zip Code 22046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) My Country people Occupation (for Individual) Community Organizer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 16 / 2017  
**Transaction ID : SA11AI.32662**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 217 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Hjerstedt, Amy, , ,

Mailing Address 301 W Broad St Apt 332

City Falls Church    State VA    Zip Code 22046

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) My Country people    Occupation (for Individual) Community Organizer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 16 / 2017  
**Transaction ID : SA11AI.32663**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Hjerstedt, Amy, , ,

Mailing Address 301 W Broad St Apt 332

City Falls Church    State VA    Zip Code 22046

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) My Country people    Occupation (for Individual) Community Organizer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 16 / 2017  
**Transaction ID : SA11AI.32664**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Hjerstedt, Amy, , ,

Mailing Address 301 W Broad St Apt 332

City Falls Church    State VA    Zip Code 22046

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) My Country people    Occupation (for Individual) Community Organizer

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 16 / 2017  
**Transaction ID : SA11AI.32665**

Amount of Each Receipt this Period  
50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Hjerstedt, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 W Broad St Apt 332  
 City Falls Church State VA Zip Code 22046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) My Country people Occupation (for Individual) Community Organizer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt **11 / 16 / 2017**  
**Transaction ID : SA11AI.32666**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Hjerstedt, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 W Broad St Apt 332  
 City Falls Church State VA Zip Code 22046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) My Country people Occupation (for Individual) Community Organizer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 550.00

Date of Receipt **12 / 16 / 2017**  
**Transaction ID : SA11AI.32667**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Hoffman, Justin V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 La Barbara Rd  
 City Santa Fe State NM Zip Code 87505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Naturo Pathic Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 700.00

Date of Receipt **07 / 03 / 2017**  
**Transaction ID : SA11AI.32672**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hoffman, Justin V, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 03 / 2017 <b>Transaction ID : SA11AI.32673</b>
Mailing Address 144 La Barbaria Rd		Amount of Each Receipt this Period 100.00
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Naturopathic Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hoffman, Justin V, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2017 <b>Transaction ID : SA11AI.32674</b>
Mailing Address 144 La Barbaria Rd		Amount of Each Receipt this Period 100.00
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Naturopathic Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hoffman, Justin V, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 03 / 2017 <b>Transaction ID : SA11AI.32675</b>
Mailing Address 144 La Barbaria Rd		Amount of Each Receipt this Period 100.00
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Naturopathic Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Hoffman, Justin V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 La Barbara Rd  
 City Santa Fe State NM Zip Code 87505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Naturo Pathic Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **11 / 03 / 2017**  
**Transaction ID : SA11AI.32676**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Hoffman, Justin V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 La Barbara Rd  
 City Santa Fe State NM Zip Code 87505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Naturo Pathic Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 03 / 2017**  
**Transaction ID : SA11AI.32677**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. hoogwater, michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 E 18 St  
 City tucson State AZ Zip Code 85701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) n/a Occupation (for Individual) n/a  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt **12 / 14 / 2017**  
**Transaction ID : SA11AI.32696**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Howard, Dylan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3610 Breckenridge Ct Apt 8

City Fitchburg	State WI	Zip Code 53713
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Epic Systems Inc	Occupation (for Individual) Software Developer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2017

**Transaction ID : SA11AI.32704**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Howard, Dylan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3610 Breckenridge Ct Apt 8

City Fitchburg	State WI	Zip Code 53713
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Epic Systems Inc	Occupation (for Individual) Software Developer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

**Transaction ID : SA11AI.32705**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Howard, Dylan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3610 Breckenridge Ct Apt 8

City Fitchburg	State WI	Zip Code 53713
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Epic Systems Inc	Occupation (for Individual) Software Developer
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2017

**Transaction ID : SA11AI.32706**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Howard, Dylan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3610 Breckenridge Ct Apt 8  
 City Fitchburg State WI Zip Code 53713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Epic Systems Inc Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 12 / 2017  
**Transaction ID : SA11AI.32707**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Howard, Dylan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3610 Breckenridge Ct Apt 8  
 City Fitchburg State WI Zip Code 53713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Epic Systems Inc Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11AI.32708**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Howard, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 254 Little Minah Ct  
 City Henderson State NV Zip Code 89052-5909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Kidney Care Occupation (for Individual) RN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.32713**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Howard, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 254 Little Minah Ct  
 City Henderson State NV Zip Code 89052-5909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Kidney Care Occupation (for Individual) RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017  
**Transaction ID : SA11AI.32714**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Howard, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 254 Little Minah Ct  
 City Henderson State NV Zip Code 89052-5909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Kidney Care Occupation (for Individual) RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2017  
**Transaction ID : SA11AI.32715**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Howard, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 254 Little Minah Ct  
 City Henderson State NV Zip Code 89052-5909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Kidney Care Occupation (for Individual) RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11AI.32716**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Hsu, Byron, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 E Gate Rd

City Danbury	State CT	Zip Code 06811
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Paragon One	Occupation (for Individual) CTO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
08 / 10 / 2017  
**Transaction ID : SA11AI.32720**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Hsu, Byron, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 E Gate Rd

City Danbury	State CT	Zip Code 06811
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Paragon One	Occupation (for Individual) CTO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  
09 / 10 / 2017  
**Transaction ID : SA11AI.32721**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Hsu, Byron, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 E Gate Rd

City Danbury	State CT	Zip Code 06811
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Paragon One	Occupation (for Individual) CTO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
10 / 10 / 2017  
**Transaction ID : SA11AI.32722**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hsu, Byron, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 10 / 2017 <b>Transaction ID : SA11AI.32723</b>
Mailing Address 35 E Gate Rd		Amount of Each Receipt this Period 27.00
City Danbury	State CT	Zip Code 06811
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Paragon One	Occupation (for Individual) CTO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hsu, Byron, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 10 / 2017 <b>Transaction ID : SA11AI.32724</b>
Mailing Address 35 E Gate Rd		Amount of Each Receipt this Period 27.00
City Danbury	State CT	Zip Code 06811
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Paragon One	Occupation (for Individual) CTO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Huggett, Jason, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2017 <b>Transaction ID : SA11AI.32733</b>
Mailing Address 939 Adelaida Ct		Amount of Each Receipt this Period 25.00
City Santa Cruz	State CA	Zip Code 95062
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) YMCA of Silicon Valley	Occupation (for Individual) Senior Program Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ide, Mary Kay, , ,</b>			Date of Receipt
Mailing Address 12 Ransom Rd			<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Framingham	State MA	Zip Code 01702	<b>Transaction ID : SA11AI.32740</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) EBSCO		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ide, Mary Kay, , ,</b>			Date of Receipt
Mailing Address 12 Ransom Rd			<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Framingham	State MA	Zip Code 01702	<b>Transaction ID : SA11AI.32741</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) EBSCO		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ide, Mary Kay, , ,</b>			Date of Receipt
Mailing Address 12 Ransom Rd			<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Framingham	State MA	Zip Code 01702	<b>Transaction ID : SA11AI.32742</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) EBSCO		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 227 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ide, Mary Kay, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Ransom Rd

City Framingham	State MA	Zip Code 01702
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EBSCO	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

**Transaction ID : SA11AI.32743**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Ide, Mary Kay, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Ransom Rd

City Framingham	State MA	Zip Code 01702
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EBSCO	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

**Transaction ID : SA11AI.32744**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Iossi, Graham, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 Larchmont Pl

City Salisbury	State NC	Zip Code 28144
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MemoryBank	Occupation (for Individual) IT
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2017

**Transaction ID : SA11AI.32752**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
lossi, Graham, , ,

Mailing Address 1300 Larchmont Pl

City Salisbury	State NC	Zip Code 28144
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MemoryBank	Occupation (for Individual) IT
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

**Transaction ID : SA11AI.32753**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
lossi, Graham, , ,

Mailing Address 1300 Larchmont Pl

City Salisbury	State NC	Zip Code 28144
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MemoryBank	Occupation (for Individual) IT
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

**Transaction ID : SA11AI.32754**

Amount of Each Receipt this Period  
25.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
lossi, Graham, , ,

Mailing Address 1300 Larchmont Pl

City Salisbury	State NC	Zip Code 28144
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MemoryBank	Occupation (for Individual) IT
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2017

**Transaction ID : SA11AI.32755**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Iossi, Graham, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 Larchmont Pl  
 City Salisbury State NC Zip Code 28144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MemoryBank Occupation (for Individual) IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **12 / 27 / 2017**  
**Transaction ID : SA11AI.32756**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Ivanovic, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 W 41st Street  
 City Los Angeles State CA Zip Code 90062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SoCal Edison Occupation (for Individual) Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 23 / 2017**  
**Transaction ID : SA11AI.32759**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Ivanovic, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 W 41st Street  
 City Los Angeles State CA Zip Code 90062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SoCal Edison Occupation (for Individual) Electrician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 23 / 2017**  
**Transaction ID : SA11AI.32760**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ivanovic, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 W 41st Street  
 City Los Angeles State CA Zip Code 90062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SoCal Edison Occupation (for Individual) Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2017  
**Transaction ID : SA11AI.32761**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Ivanovic, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 W 41st Street  
 City Los Angeles State CA Zip Code 90062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SoCal Edison Occupation (for Individual) Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11AI.32762**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Ivanovic, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 W 41st Street  
 City Los Angeles State CA Zip Code 90062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SoCal Edison Occupation (for Individual) Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2017  
**Transaction ID : SA11AI.32763**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ivanovic, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 W 41st Street  
 City Los Angeles State CA Zip Code 90062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SoCal Edison Occupation (for Individual) Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 23 / 2017**  
**Transaction ID : SA11AI.32764**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Jacob, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Rose Ln  
 City New Hyde Park State NY Zip Code 11040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nassau BOCES Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : SA11AI.32769**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Jacob, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Rose Ln  
 City New Hyde Park State NY Zip Code 11040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nassau BOCES Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 21 / 2017**  
**Transaction ID : SA11AI.32770**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Jacob, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Rose Ln  
 City New Hyde Park State NY Zip Code 11040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nassau BOCES Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 21 / 2017  
**Transaction ID : SA11AI.32771**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Jacob, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Rose Ln  
 City New Hyde Park State NY Zip Code 11040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nassau BOCES Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : SA11AI.32772**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Jaffee, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 575  
 City Monson State MA Zip Code 00157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TheRail.Media Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 01 / 2017  
**Transaction ID : SA11AI.32773**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Jaffee, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 575  
 City Monson State MA Zip Code 00157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TheRail.Media Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2017  
**Transaction ID : SA11AI.32774**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Jaffee, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 575  
 City Monson State MA Zip Code 00157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TheRail.Media Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2017  
**Transaction ID : SA11AI.32775**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Jaffee, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 575  
 City Monson State MA Zip Code 00157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TheRail.Media Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2017  
**Transaction ID : SA11AI.32776**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Jaffee, Andrew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 575

City Monson State MA Zip Code 00157

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TheRail.Media Occupation (for Individual) CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11AI.32777**

Amount of Each Receipt this Period 100.00

Memo Item

**B. Jenkins, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 807 Windsor Ridge Dr

City Westborough State MA Zip Code 01581

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ball State University Occupation (for Individual) Adjunct Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 10 / 2017  
**Transaction ID : SA11AI.32781**

Amount of Each Receipt this Period 27.00

Memo Item

**C. Jenkins, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 807 Windsor Ridge Dr

City Westborough State MA Zip Code 01581

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ball State University Occupation (for Individual) Adjunct Professor

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 10 / 2017  
**Transaction ID : SA11AI.32782**

Amount of Each Receipt this Period 27.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 154.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Jenkins, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 Windsor Ridge Dr  
 City Westborough State MA Zip Code 01581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ball State University Occupation (for Individual) Adjunct Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.32783**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Jenkins, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 Windsor Ridge Dr  
 City Westborough State MA Zip Code 01581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ball State University Occupation (for Individual) Adjunct Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11AI.32784**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Jenkins, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 Windsor Ridge Dr  
 City Westborough State MA Zip Code 01581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ball State University Occupation (for Individual) Adjunct Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 10 / 2017  
**Transaction ID : SA11AI.32785**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Johnson, Arthur B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 374  
 City Timberon State NM Zip Code 88350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2017  
**Transaction ID : SA11AI.32791**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Johnson, Arthur B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 374  
 City Timberon State NM Zip Code 88350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2017  
**Transaction ID : SA11AI.32792**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Johnson, Felix, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99-015 Kalaloa St Unit 607  
 City Honolulu State HI Zip Code 96701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hawaiian Airlines Occupation (for Individual) Business Analyst  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017  
**Transaction ID : SA11AI.32794**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Johnson, Felix, , ,</b>		Date of Receipt
Mailing Address 99-015 Kalaloea St Unit 607		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Honolulu	State HI	Zip Code 96701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.32795</b>
Name of Employer (for Individual) Hawaiian Airlines		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Business Analyst		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Johnson, Felix, , ,</b>		Date of Receipt
Mailing Address 99-015 Kalaloea St Unit 607		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Honolulu	State HI	Zip Code 96701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.32796</b>
Name of Employer (for Individual) Hawaiian Airlines		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Business Analyst		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Johnson, Felix, , ,</b>		Date of Receipt
Mailing Address 99-015 Kalaloea St Unit 607		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Honolulu	State HI	Zip Code 96701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.32797</b>
Name of Employer (for Individual) Hawaiian Airlines		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Business Analyst		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="297.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Jones, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7920 Briarbrook Dr  
 City Ypsilanti State MI Zip Code 48197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Assistant Registrar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11AI.32805**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Jones, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7920 Briarbrook Dr  
 City Ypsilanti State MI Zip Code 48197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Assistant Registrar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11AI.32806**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Jones, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7920 Briarbrook Dr  
 City Ypsilanti State MI Zip Code 48197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Assistant Registrar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11AI.32807**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Jones, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7920 Briarbrook Dr  
 City Ypsilanti State MI Zip Code 48197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Assistant Registrar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 18 / 2017**  
**Transaction ID : SA11AI.32808**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Jordan, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 Garson DR NE APT 4102  
 City Atlanta State GA Zip Code 30324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **11 / 22 / 2017**  
**Transaction ID : SA11AI.32815**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Jordan, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 Garson DR NE APT 4102  
 City Atlanta State GA Zip Code 30324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 22 / 2017**  
**Transaction ID : SA11AI.32816**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 684  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Jordan, Dorothy, , ,**

Mailing Address 1745 Kendale Ave

City Memphis	State TN	Zip Code 38114
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.   **C**

Name of Employer (for Individual) Nuvasive Inc	Occupation (for Individual) Customer Service Rep
---	---

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2017

**Transaction ID : SA11AI.32817**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Jordan, Dorothy, , ,**

Mailing Address 1745 Kendale Ave

City Memphis	State TN	Zip Code 38114
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.   **C**

Name of Employer (for Individual) Nuvasive Inc	Occupation (for Individual) Customer Service Rep
---	---

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 02 / 2017

**Transaction ID : SA11AI.32818**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Jordan, Dorothy, , ,**

Mailing Address 1745 Kendale Ave

City Memphis	State TN	Zip Code 38114
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.   **C**

Name of Employer (for Individual) Nuvasive Inc	Occupation (for Individual) Customer Service Rep
---	---

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2017

**Transaction ID : SA11AI.32819**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Jordan, Dorothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1745 Kendale Ave  
 City Memphis State TN Zip Code 38114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nuvasive Inc Occupation (for Individual) Customer Service Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2017  
**Transaction ID : SA11AI.32820**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Jordan, Dorothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1745 Kendale Ave  
 City Memphis State TN Zip Code 38114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nuvasive Inc Occupation (for Individual) Customer Service Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI.32821**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Jordan, Dorothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1745 Kendale Ave  
 City Memphis State TN Zip Code 38114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nuvasive Inc Occupation (for Individual) Customer Service Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2017  
**Transaction ID : SA11AI.32822**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Jurecka, Jason, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 04 / 2017 <b>Transaction ID : SA11AI.32825</b>
Mailing Address 6813 Maple Leaf Dr		Amount of Each Receipt this Period 100.00
City Carlsbad	State CA	Zip Code 92011
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Blizzard	Occupation (for Individual) Programmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jurecka, Jason, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 04 / 2017 <b>Transaction ID : SA11AI.32826</b>
Mailing Address 6813 Maple Leaf Dr		Amount of Each Receipt this Period 100.00
City Carlsbad	State CA	Zip Code 92011
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Blizzard	Occupation (for Individual) Programmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Jurecka, Jason, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2017 <b>Transaction ID : SA11AI.32827</b>
Mailing Address 6813 Maple Leaf Dr		Amount of Each Receipt this Period 100.00
City Carlsbad	State CA	Zip Code 92011
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Blizzard	Occupation (for Individual) Programmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Jurecka, Jason, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 04 / 2017 <b>Transaction ID : SA11AI.32828</b>
Mailing Address 6813 Maple Leaf Dr		Amount of Each Receipt this Period 100.00
City Carlsbad	State CA	Zip Code 92011
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Blizzard	Occupation (for Individual) Programmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jurecka, Jason, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 04 / 2017 <b>Transaction ID : SA11AI.32829</b>
Mailing Address 6813 Maple Leaf Dr		Amount of Each Receipt this Period 100.00
City Carlsbad	State CA	Zip Code 92011
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Blizzard	Occupation (for Individual) Programmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Jurecka, Jason, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 04 / 2017 <b>Transaction ID : SA11AI.32830</b>
Mailing Address 6813 Maple Leaf Dr		Amount of Each Receipt this Period 100.00
City Carlsbad	State CA	Zip Code 92011
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Blizzard	Occupation (for Individual) Programmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Jurma, Anna Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1943 N. Stillwater Rd  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MS Occupation (for Individual) Omnicare Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.32834**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Jurma, Anna Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1943 N. Stillwater Rd  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MS Occupation (for Individual) Omnicare Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.32835**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Jurma, Anna Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1943 N. Stillwater Rd  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MS Occupation (for Individual) Omnicare Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.32836**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Jurma, Anna Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1943 N. Stillwater Rd  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MS Occupation (for Individual) Omnicare Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 11 / 09 / 2017  
**Transaction ID : SA11AI.32837**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Jurma, Anna Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1943 N. Stillwater Rd  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MS Occupation (for Individual) Omnicare Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 12 / 09 / 2017  
**Transaction ID : SA11AI.32838**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Kabchef, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31848 Road 138  
 City Visalia State CA Zip Code 93292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 10 / 04 / 2017  
**Transaction ID : SA11AI.32840**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Kabchef, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31848 Road 138  
 City Visalia State CA Zip Code 93292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 04 / 2017  
**Transaction ID : SA11AI.32841**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Kabchef, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31848 Road 138  
 City Visalia State CA Zip Code 93292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 04 / 2017  
**Transaction ID : SA11AI.32842**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Kemp, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 W Farnum Ave #214  
 City Royal Oak State MI Zip Code 48067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Giffels Webster Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 16 / 2017  
**Transaction ID : SA11AI.32876**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kemp, Mark, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2017 <b>Transaction ID : SA11AI.32877</b>
Mailing Address 214 W Farnum Ave #214		Amount of Each Receipt this Period 50.00
City Royal Oak	State MI	Zip Code 48067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Giffels Webster	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kemp, Mark, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2017 <b>Transaction ID : SA11AI.32878</b>
Mailing Address 214 W Farnum Ave #214		Amount of Each Receipt this Period 50.00
City Royal Oak	State MI	Zip Code 48067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Giffels Webster	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kemp, Mark, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 16 / 2017 <b>Transaction ID : SA11AI.32879</b>
Mailing Address 214 W Farnum Ave #214		Amount of Each Receipt this Period 50.00
City Royal Oak	State MI	Zip Code 48067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Giffels Webster	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kennedy, Ian, , ,

Mailing Address 10731 177th Ct NE

City redmond	State WA	Zip Code 98052
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Microsoft	Occupation (for Individual) Software Monkey
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2017

**Transaction ID : SA11AI.32881**

Amount of Each Receipt this Period  
27.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kennedy, Ian, , ,

Mailing Address 10731 177th Ct NE

City redmond	State WA	Zip Code 98052
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Microsoft	Occupation (for Individual) Software Monkey
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2017

**Transaction ID : SA11AI.32882**

Amount of Each Receipt this Period  
27.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kennedy, Ian, , ,

Mailing Address 10731 177th Ct NE

City redmond	State WA	Zip Code 98052
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Microsoft	Occupation (for Individual) Software Monkey
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2017

**Transaction ID : SA11AI.32883**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 249 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Khotoveli, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17600 N Bay Rd Apt 802  
 City Sunny Isles State FL Zip Code 33160-2866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2017  
**Transaction ID : SA11AI.32888**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Khotoveli, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17600 N Bay Rd Apt 802  
 City Sunny Isles State FL Zip Code 33160-2866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.32889**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Khotoveli, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17600 N Bay Rd Apt 802  
 City Sunny Isles State FL Zip Code 33160-2866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.32890**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 250 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Khotoveli, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17600 N Bay Rd Apt 802  
 City Sunny Isles State FL Zip Code 33160-2866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.32891**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Khotoveli, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17600 N Bay Rd Apt 802  
 City Sunny Isles State FL Zip Code 33160-2866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.32892**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Khotoveli, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17600 N Bay Rd Apt 802  
 City Sunny Isles State FL Zip Code 33160-2866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11AI.32893**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Khoury, Kari, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5216 Los Cerritos Dr  
 City Stockton State CA Zip Code 95212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self. Occupation (for Individual) Community Organizer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11AI.32896**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Khoury, Kari, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5216 Los Cerritos Dr  
 City Stockton State CA Zip Code 95212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self. Occupation (for Individual) Community Organizer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11AI.32897**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Khoury, Kari, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5216 Los Cerritos Dr  
 City Stockton State CA Zip Code 95212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self. Occupation (for Individual) Community Organizer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11AI.32898**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 252 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Kiestler, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 NW 21st St  
 City Gainesville State FL Zip Code 32603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alachua County Tax Collector Occupation (for Individual) Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 05 / 2017**  
**Transaction ID : SA11AI.32899**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kiestler, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 NW 21st St  
 City Gainesville State FL Zip Code 32603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alachua County Tax Collector Occupation (for Individual) Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 05 / 2017**  
**Transaction ID : SA11AI.32900**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Kiestler, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 NW 21st St  
 City Gainesville State FL Zip Code 32603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alachua County Tax Collector Occupation (for Individual) Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 05 / 2017**  
**Transaction ID : SA11AI.32901**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 253 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Kleewein, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6118 Churchwood Ln  
 City Greendale State WI Zip Code 53129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Trisept Technology Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2017  
**Transaction ID : SA11AI.32911**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kleewein, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6118 Churchwood Ln  
 City Greendale State WI Zip Code 53129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Trisept Technology Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2017  
**Transaction ID : SA11AI.32912**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Kleewein, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6118 Churchwood Ln  
 City Greendale State WI Zip Code 53129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Trisept Technology Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2017  
**Transaction ID : SA11AI.32913**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Kleewein, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6118 Churchwood Ln  
 City Greendale State WI Zip Code 53129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Trisept Technology Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2017  
**Transaction ID : SA11AI.32914**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Kleewein, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6118 Churchwood Ln  
 City Greendale State WI Zip Code 53129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Trisept Technology Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 24 / 2017  
**Transaction ID : SA11AI.32915**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Kleewein, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6118 Churchwood Ln  
 City Greendale State WI Zip Code 53129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Trisept Technology Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2017  
**Transaction ID : SA11AI.32916**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 255 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Klovo, Minela, , ,</b>			Date of Receipt
Mailing Address 324 Sherman Ave			<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Carlisle	State PA	Zip Code 17013	<b>Transaction ID : SA11AI.32920</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) TE Connectivity		Occupation (for Individual) Account Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Klovo, Minela, , ,</b>			Date of Receipt
Mailing Address 324 Sherman Ave			<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Carlisle	State PA	Zip Code 17013	<b>Transaction ID : SA11AI.32921</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) TE Connectivity		Occupation (for Individual) Account Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Klovo, Minela, , ,</b>			Date of Receipt
Mailing Address 324 Sherman Ave			<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Carlisle	State PA	Zip Code 17013	<b>Transaction ID : SA11AI.32922</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) TE Connectivity		Occupation (for Individual) Account Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 256 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Klovo, Minela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 Sherman Ave  
 City Carlisle    State PA    Zip Code 17013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TE Connectivity    Occupation (for Individual) Account Manager  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2017  
**Transaction ID : SA11AI.32923**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Klovo, Minela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 Sherman Ave  
 City Carlisle    State PA    Zip Code 17013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TE Connectivity    Occupation (for Individual) Account Manager  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2017  
**Transaction ID : SA11AI.32924**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Kodama, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45-622 Paholei St  
 City Kaneohe    State HI    Zip Code 96744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Honolulu Board of Water Supply    Occupation (for Individual) Assistant Construction Inspector  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017  
**Transaction ID : SA11AI.32934**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Kodama, Chris, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45-622 Paholei St

City Kaneohe	State HI	Zip Code 96744
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Honolulu Board of Water Supply	Occupation (for Individual) Assistant Construction Inspector
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11AI.32935**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Kraft, Damon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1315 POE ST

City WENATCHEE	State WA	Zip Code 98801
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Max Glide LLC	Occupation (for Individual) Computer Programmer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2017

**Transaction ID : SA11AI.32951**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Kraft, Damon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1315 POE ST

City WENATCHEE	State WA	Zip Code 98801
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Max Glide LLC	Occupation (for Individual) Computer Programmer
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

**Transaction ID : SA11AI.32952**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 258 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Kraft, Damon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1315 POE ST  
 City WENATCHEE State WA Zip Code 98801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Max Glide LLC Occupation (for Individual) Computer Programmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 23 / 2017**  
**Transaction ID : SA11AI.32953**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Kraft, Damon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1315 POE ST  
 City WENATCHEE State WA Zip Code 98801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Max Glide LLC Occupation (for Individual) Computer Programmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 23 / 2017**  
**Transaction ID : SA11AI.32954**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Kramer, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 492 Bournemouth Rd  
 City Grosse Pointe Farms State MI Zip Code 48236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **12 / 07 / 2017**  
**Transaction ID : SA11AI.32962**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Kreisman, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 228 N Bowling Green Way  
 City Los Angeles State CA Zip Code 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Writer/Producer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : SA11AI.32966**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Kreisman, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 228 N Bowling Green Way  
 City Los Angeles State CA Zip Code 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Writer/Producer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 21 / 2017**  
**Transaction ID : SA11AI.32967**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Kreisman, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 228 N Bowling Green Way  
 City Los Angeles State CA Zip Code 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Writer/Producer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 21 / 2017**  
**Transaction ID : SA11AI.32968**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Kreisman, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 228 N Bowling Green Way  
 City Los Angeles State CA Zip Code 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Writer/Producer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 21 / 2017**  
**Transaction ID : SA11AI.32969**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Krzak, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Main St  
 City Avoca State PA Zip Code 18641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tobyhanna Army Depot Occupation (for Individual) Electronics Worker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 12 / 2017**  
**Transaction ID : SA11AI.32981**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Krzak, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Main St  
 City Avoca State PA Zip Code 18641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tobyhanna Army Depot Occupation (for Individual) Electronics Worker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 12 / 2017**  
**Transaction ID : SA11AI.32982**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Krzak, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Main St  
 City Avoca State PA Zip Code 18641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tobyhanna Army Depot Occupation (for Individual) Electronics Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11AI.32983**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Krzak, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Main St  
 City Avoca State PA Zip Code 18641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tobyhanna Army Depot Occupation (for Individual) Electronics Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : SA11AI.32984**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Krzak, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Main St  
 City Avoca State PA Zip Code 18641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tobyhanna Army Depot Occupation (for Individual) Electronics Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 12 / 2017  
**Transaction ID : SA11AI.32985**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 262 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Krzak, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Main St  
 City Avoca State PA Zip Code 18641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tobyhanna Army Depot Occupation (for Individual) Electronics Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2017  
**Transaction ID : SA11AI.32986**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kubat, Luke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3243 bryant Ave s  
 City minneapolis State MN Zip Code 55408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Braun Intertec Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2017  
**Transaction ID : SA11AI.32987**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Kubat, Luke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3243 bryant Ave s  
 City minneapolis State MN Zip Code 55408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Braun Intertec Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2017  
**Transaction ID : SA11AI.32988**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 263 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Kubat, Luke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3243 bryant Ave s  
 City minneapolis    State MN    Zip Code 55408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Braun Intertec    Occupation (for Individual) Software Developer  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2017  
**Transaction ID : SA11AI.32989**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kubat, Luke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3243 bryant Ave s  
 City minneapolis    State MN    Zip Code 55408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Braun Intertec    Occupation (for Individual) Software Developer  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2017  
**Transaction ID : SA11AI.32990**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Kubat, Luke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3243 bryant Ave s  
 City minneapolis    State MN    Zip Code 55408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Braun Intertec    Occupation (for Individual) Software Developer  
 Receipt For:  Primary     General  
                    Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2017  
**Transaction ID : SA11AI.32991**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶  
**TOTAL** This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 264 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Kwame, Nana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14806 Dolphin Way  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**  
**Transaction ID : SA11AI.32999**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kwame, Nana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14806 Dolphin Way  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 20 / 2017**  
**Transaction ID : SA11AI.33000**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Kwame, Nana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14806 Dolphin Way  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 20 / 2017**  
**Transaction ID : SA11AI.33001**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Kwame, Nana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14806 Dolphin Way  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2017  
**Transaction ID : SA11AI.33002**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Kwame, Nana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14806 Dolphin Way  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11AI.33003**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Kwame, Nana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14806 Dolphin Way  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2017  
**Transaction ID : SA11AI.33004**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Lahanas, Jordan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Central Ave Unit C

City Ayer	State MA	Zip Code 01432
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MIT Lincoln Laboratory	Occupation (for Individual) Assistant Tech Staff
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

**Transaction ID : SA11AI.33022**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Lahanas, Jordan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Central Ave Unit C

City Ayer	State MA	Zip Code 01432
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MIT Lincoln Laboratory	Occupation (for Individual) Assistant Tech Staff
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2017

**Transaction ID : SA11AI.33023**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Lahanas, Jordan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Central Ave Unit C

City Ayer	State MA	Zip Code 01432
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MIT Lincoln Laboratory	Occupation (for Individual) Assistant Tech Staff
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2017

**Transaction ID : SA11AI.33024**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Lahanas, Jordan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Central Ave Unit C  
 City Ayer State MA Zip Code 01432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MIT Lincoln Laboratory Occupation (for Individual) Assistant Tech Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 25 / 2017**  
**Transaction ID : SA11AI.33025**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Lam, Ip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17543 SE 186th Way  
 City Renton State WA Zip Code 98058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CISC Occupation (for Individual) Social Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 05 / 2017**  
**Transaction ID : SA11AI.33027**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Lamarre, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9584 Hiker Hill Rd  
 City San Diego State CA Zip Code 92129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CCAD, LLC Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 24 / 2017**  
**Transaction ID : SA11AI.33030**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 268 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lamarre, Michael, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2017 <b>Transaction ID : SA11AI.33031</b>
Mailing Address 9584 Hiker Hill Rd		Amount of Each Receipt this Period 25.00
City San Diego	State CA	Zip Code 92129
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CCAD, LLC	Occupation (for Individual) Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lamarre, Michael, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2017 <b>Transaction ID : SA11AI.33032</b>
Mailing Address 9584 Hiker Hill Rd		Amount of Each Receipt this Period 25.00
City San Diego	State CA	Zip Code 92129
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CCAD, LLC	Occupation (for Individual) Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lamarre, Michael, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2017 <b>Transaction ID : SA11AI.33033</b>
Mailing Address 9584 Hiker Hill Rd		Amount of Each Receipt this Period 25.00
City San Diego	State CA	Zip Code 92129
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CCAD, LLC	Occupation (for Individual) Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Lambert, Jack, , ,**

Mailing Address 3162 Mariola Rd

City Sebastopol	State CA	Zip Code 95472
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Humboldt State University	Occupation (for Individual) Student
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11AI.33035**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Lambert, Jack, , ,**

Mailing Address 3162 Mariola Rd

City Sebastopol	State CA	Zip Code 95472
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Humboldt State University	Occupation (for Individual) Student
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11AI.33036**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Lambert, Jack, , ,**

Mailing Address 3162 Mariola Rd

City Sebastopol	State CA	Zip Code 95472
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Humboldt State University	Occupation (for Individual) Student
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

**Transaction ID : SA11AI.33037**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 270 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Lancaster, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 E Park Ave  
 City Santa Maria State CA Zip Code 93454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEN Occupation (for Individual) Maintenance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2017  
**Transaction ID : SA11AI.33039**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Lancaster, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 E Park Ave  
 City Santa Maria State CA Zip Code 93454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEN Occupation (for Individual) Maintenance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2017  
**Transaction ID : SA11AI.33040**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Lancaster, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 E Park Ave  
 City Santa Maria State CA Zip Code 93454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEN Occupation (for Individual) Maintenance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : SA11AI.33041**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Lancaster, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 E Park Ave  
 City Santa Maria State CA Zip Code 93454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEN Occupation (for Individual) Maintenance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 11 / 13 / 2017  
**Transaction ID : SA11AI.33042**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Lancaster, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 E Park Ave  
 City Santa Maria State CA Zip Code 93454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NEN Occupation (for Individual) Maintenance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 12 / 13 / 2017  
**Transaction ID : SA11AI.33043**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Landholm, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5830 14th st Ct ne  
 City Tacoma State WA Zip Code 98422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Character Club Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 07 / 09 / 2017  
**Transaction ID : SA11AI.33045**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lane, Patrick, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2017 <b>Transaction ID : SA11AI.33047</b>
Mailing Address 132 Brickyard Road		Amount of Each Receipt this Period 27.00
City Southampton	State MA	Zip Code 01073
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) Disabled Veteran	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lane, Patrick, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2017 <b>Transaction ID : SA11AI.33048</b>
Mailing Address 132 Brickyard Road		Amount of Each Receipt this Period 27.00
City Southampton	State MA	Zip Code 01073
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) Disabled Veteran	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lane, Patrick, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 09 / 2017 <b>Transaction ID : SA11AI.33049</b>
Mailing Address 132 Brickyard Road		Amount of Each Receipt this Period 27.00
City Southampton	State MA	Zip Code 01073
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) Disabled Veteran	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Lane, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 Brickyard Road  
 City Southampton State MA Zip Code 01073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Disabled Veteran  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.33050**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. LaPosta, Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4750 N Clarendon Ave Apt 1005  
 City Chicago State IL Zip Code 60640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amtrak Occupation (for Individual) Sr. Mgr. Equip. Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 13 / 2017  
**Transaction ID : SA11AI.33051**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. LaPosta, Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4750 N Clarendon Ave Apt 1005  
 City Chicago State IL Zip Code 60640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amtrak Occupation (for Individual) Sr. Mgr. Equip. Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 13 / 2017  
**Transaction ID : SA11AI.33052**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 127.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 274 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. LaPosta, Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4750 N Clarendon Ave Apt 1005  
 City Chicago State IL Zip Code 60640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amtrak Occupation (for Individual) Sr. Mgr. Equip. Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2017  
**Transaction ID : SA11AI.33053**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. LaPosta, Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4750 N Clarendon Ave Apt 1005  
 City Chicago State IL Zip Code 60640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amtrak Occupation (for Individual) Sr. Mgr. Equip. Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : SA11AI.33054**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. LaPosta, Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4750 N Clarendon Ave Apt 1005  
 City Chicago State IL Zip Code 60640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amtrak Occupation (for Individual) Sr. Mgr. Equip. Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11AI.33055**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. LaPosta, Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4750 N Clarendon Ave Apt 1005

City Chicago	State IL	Zip Code 60640
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Amtrak	Occupation (for Individual) Sr. Mgr. Equip. Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2017

**Transaction ID : SA11AI.33056**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Laundry, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 930 SE Glen Echo Rd

City Pullman	State WA	Zip Code 99163
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
214.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2017

**Transaction ID : SA11AI.33057**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Laundry, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 930 SE Glen Echo Rd

City Pullman	State WA	Zip Code 99163
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
241.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2017

**Transaction ID : SA11AI.33058**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 276 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Laundy, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 930 SE Glen Echo Rd  
 City Pullman State WA Zip Code 99163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2017  
**Transaction ID : SA11AI.33059**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Laundy, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 930 SE Glen Echo Rd  
 City Pullman State WA Zip Code 99163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11AI.33060**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Laundy, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 930 SE Glen Echo Rd  
 City Pullman State WA Zip Code 99163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 322.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2017  
**Transaction ID : SA11AI.33061**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Leach, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6146 S 28th St  
 City Lincoln State NE Zip Code 68516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leach Camper Sales Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 20 / 2017  
**Transaction ID : SA11AI.33065**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Leach, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6146 S 28th St  
 City Lincoln State NE Zip Code 68516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leach Camper Sales Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 20 / 2017  
**Transaction ID : SA11AI.33066**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Leach, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6146 S 28th St  
 City Lincoln State NE Zip Code 68516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leach Camper Sales Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11AI.33067**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. LeBlanc, Johnny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8507 Bell Mountain Drive  
 City Austin State TX Zip Code 78730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2017  
**Transaction ID : SA11AI.33072**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. LeBlanc, Johnny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8507 Bell Mountain Drive  
 City Austin State TX Zip Code 78730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2017  
**Transaction ID : SA11AI.33073**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. LeBlanc, Johnny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8507 Bell Mountain Drive  
 City Austin State TX Zip Code 78730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2017  
**Transaction ID : SA11AI.33074**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. LeBlanc, Johnny, , ,</b>		Date of Receipt
Mailing Address 8507 Bell Mountain Drive		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2017"/>
City Austin	State TX	Zip Code 78730
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33075</b>
Name of Employer (for Individual) Retired		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Retired		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Leiby, Charles, , ,</b>		Date of Receipt
Mailing Address 101 24th St		<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City Brigantine	State NJ	Zip Code 08203
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33082</b>
Name of Employer (for Individual) Blackbaud		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Software Developer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Leiby, Charles, , ,</b>		Date of Receipt
Mailing Address 101 24th St		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City Brigantine	State NJ	Zip Code 08203
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33083</b>
Name of Employer (for Individual) Blackbaud		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Software Developer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="79.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Lemberg, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 B Evergreen Way  
 City Nantucket State MA Zip Code 02554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nantucket Appliance Service Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11AI.33088**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Lemberg, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 B Evergreen Way  
 City Nantucket State MA Zip Code 02554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nantucket Appliance Service Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11AI.33089**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Lemberg, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 B Evergreen Way  
 City Nantucket State MA Zip Code 02554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nantucket Appliance Service Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11AI.33090**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Liberty, Richard, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10110 Highway 9 Apt 6

City Ben Lomond	State CA	Zip Code 95005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 8x8, Inc.	Occupation (for Individual) Sales Account Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2017

**Transaction ID : SA11AI.33097**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Liberty, Richard, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10110 Highway 9 Apt 6

City Ben Lomond	State CA	Zip Code 95005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 8x8, Inc.	Occupation (for Individual) Sales Account Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

**Transaction ID : SA11AI.33098**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Liberty, Richard, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10110 Highway 9 Apt 6

City Ben Lomond	State CA	Zip Code 95005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 8x8, Inc.	Occupation (for Individual) Sales Account Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : SA11AI.33099**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 282 OF 684  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Liberty, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10110 Highway 9 Apt 6  
 City Ben Lomond State CA Zip Code 95005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 8x8, Inc. Occupation (for Individual) Sales Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11AI.33100**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Liberty, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10110 Highway 9 Apt 6  
 City Ben Lomond State CA Zip Code 95005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 8x8, Inc. Occupation (for Individual) Sales Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11AI.33101**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Liberty, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10110 Highway 9 Apt 6  
 City Ben Lomond State CA Zip Code 95005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 8x8, Inc. Occupation (for Individual) Sales Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : SA11AI.33102**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶  
**TOTAL** This Period (last page this line number only)..... ▶

150.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 283 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
lilly, carly, , ,

Mailing Address 1729 Lexington Ave

City Moscow    State ID    Zip Code 83843

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed    Occupation (for Individual) Chef

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
07 / 23 / 2017  
Transaction ID : SA11AI.33103

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
lilly, carly, , ,

Mailing Address 1729 Lexington Ave

City Moscow    State ID    Zip Code 83843

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed    Occupation (for Individual) Chef

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
08 / 23 / 2017  
Transaction ID : SA11AI.33104

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
lilly, carly, , ,

Mailing Address 1729 Lexington Ave

City Moscow    State ID    Zip Code 83843

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed    Occupation (for Individual) Chef

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
09 / 23 / 2017  
Transaction ID : SA11AI.33105

Amount of Each Receipt this Period  
50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
lilly, carly, , ,

Mailing Address 1729 Lexington Ave

City Moscow	State ID	Zip Code 83843
----------------	----------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Chef
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017

**Transaction ID : SA11AI.33106**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
lilly, carly, , ,

Mailing Address 1729 Lexington Ave

City Moscow	State ID	Zip Code 83843
----------------	----------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Chef
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2017

**Transaction ID : SA11AI.33107**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
lilly, carly, , ,

Mailing Address 1729 Lexington Ave

City Moscow	State ID	Zip Code 83843
----------------	----------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) Chef
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2017

**Transaction ID : SA11AI.33108**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 285 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Linder, John n, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2017
Mailing Address 320 W 17th St 5fe		<b>Transaction ID : SA11AI.33114</b>
City New york	State NY	Zip Code 10011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Linder, John n, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2017
Mailing Address 320 W 17th St 5fe		<b>Transaction ID : SA11AI.33115</b>
City New york	State NY	Zip Code 10011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Livingston, Lori, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 09 / 2017
Mailing Address 3451 NE Alameda		<b>Transaction ID : SA11AI.33129</b>
City Portland	State OR	Zip Code 97212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Transfer Online	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 286 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Livingston, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3451 NE Alameda  
 City Portland State OR Zip Code 97212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Transfer Online CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2017  
**Transaction ID : SA11Al.33130**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Livingston, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3451 NE Alameda  
 City Portland State OR Zip Code 97212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Transfer Online CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017  
**Transaction ID : SA11Al.33131**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Livingston, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3451 NE Alameda  
 City Portland State OR Zip Code 97212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Transfer Online CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2017  
**Transaction ID : SA11Al.33132**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Livingston, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3451 NE Alameda  
 City Portland State OR Zip Code 97212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Transfer Online CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11AI.33133**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Lohmeier, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 S 3rd Ave  
 City Lombard State IL Zip Code 60148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Aspect Software Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017  
**Transaction ID : SA11AI.33136**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Lohmeier, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 S 3rd Ave  
 City Lombard State IL Zip Code 60148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Aspect Software Software Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2017  
**Transaction ID : SA11AI.33137**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	227.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Lopez, John Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 De Long St  
 City San Francisco State CA Zip Code 94112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Filmmaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.33144**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Lopez, John Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 De Long St  
 City San Francisco State CA Zip Code 94112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Filmmaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.33145**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Lopez, John Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 De Long St  
 City San Francisco State CA Zip Code 94112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Filmmaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.33146**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 289 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lopez, John Chris, , ,</b>		Date of Receipt
Mailing Address 160 De Long St		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City San Francisco	State CA	Zip Code 94112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33147</b>
Name of Employer (for Individual) Self-Employed		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Filmmaker		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="297.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lopez, John Chris, , ,</b>		Date of Receipt
Mailing Address 160 De Long St		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City San Francisco	State CA	Zip Code 94112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33148</b>
Name of Employer (for Individual) Self-Employed		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Filmmaker		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="324.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lopez, Martin, , ,</b>		Date of Receipt
Mailing Address 7951 E. Siesta Ln.		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2017"/>
City Prescott Valley	State AZ	Zip Code 86314
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33150</b>
Name of Employer (for Individual) On-line Electronics		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Assembly		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Lopez, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7951 E. Siesta Ln.  
 City Prescott Valley State AZ Zip Code 86314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) On-line Electronics Occupation (for Individual) Assembly  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 14 / 2017  
**Transaction ID : SA11AI.33151**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Lopez, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7951 E. Siesta Ln.  
 City Prescott Valley State AZ Zip Code 86314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) On-line Electronics Occupation (for Individual) Assembly  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : SA11AI.33152**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Lopez, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7951 E. Siesta Ln.  
 City Prescott Valley State AZ Zip Code 86314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) On-line Electronics Occupation (for Individual) Assembly  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 14 / 2017  
**Transaction ID : SA11AI.33153**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 291 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Lopez, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7951 E. Siesta Ln.  
 City Prescott Valley    State AZ    Zip Code 86314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) On-line Electronics    Occupation (for Individual) Assembly  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 14 / 2017**  
**Transaction ID : SA11AI.33154**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Lotkowitz, Victoria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Sturgis Rd  
 City Edison    State NJ    Zip Code 08817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vitech Systems Group    Occupation (for Individual) Office Coordinator  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 29 / 2017**  
**Transaction ID : SA11AI.33158**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Lotkowitz, Victoria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Sturgis Rd  
 City Edison    State NJ    Zip Code 08817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vitech Systems Group    Occupation (for Individual) Office Coordinator  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 29 / 2017**  
**Transaction ID : SA11AI.33159**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Lotkowitz, Victoria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Sturgis Rd  
 City Edison State NJ Zip Code 08817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vitech Systems Group Occupation (for Individual) Office Coordinator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017  
**Transaction ID : SA11AI.33160**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Lotkowitz, Victoria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Sturgis Rd  
 City Edison State NJ Zip Code 08817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vitech Systems Group Occupation (for Individual) Office Coordinator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11AI.33161**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. lowe, linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 braeburn Ln  
 City ashland State MA Zip Code 01721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) n/a Occupation (for Individual) n/a  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2017  
**Transaction ID : SA11AI.33167**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 293 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. lowe, linda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 braeburn Ln

City ashland	State MA	Zip Code 01721
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) n/a	Occupation (for Individual) n/a
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2017

**Transaction ID : SA11Al.33168**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. lowe, linda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 braeburn Ln

City ashland	State MA	Zip Code 01721
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) n/a	Occupation (for Individual) n/a
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

**Transaction ID : SA11Al.33169**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. lowe, linda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 braeburn Ln

City ashland	State MA	Zip Code 01721
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) n/a	Occupation (for Individual) n/a
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2017

**Transaction ID : SA11Al.33170**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 294 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. lowe, linda, , ,</b>			Date of Receipt
Mailing Address 62 braeburn Ln			<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City ashland	State MA	Zip Code 01721	<b>Transaction ID : SA11Al.33171</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer (for Individual) n/a		Occupation (for Individual) n/a	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. lowe, linda, , ,</b>			Date of Receipt
Mailing Address 62 braeburn Ln			<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City ashland	State MA	Zip Code 01721	<b>Transaction ID : SA11Al.33172</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) n/a		Occupation (for Individual) n/a	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. lowe, linda, , ,</b>			Date of Receipt
Mailing Address 62 braeburn Ln			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City ashland	State MA	Zip Code 01721	<b>Transaction ID : SA11Al.33173</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer (for Individual) n/a		Occupation (for Individual) n/a	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="380.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="85.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Luckenbach, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 N Milam #141  
 City Fredericksburg State TX Zip Code 78624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Interior Design  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **11 / 04 / 2017**  
**Transaction ID : SA11AI.33176**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Luckenbach, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 N Milam #141  
 City Fredericksburg State TX Zip Code 78624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Interior Design  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 04 / 2017**  
**Transaction ID : SA11AI.33177**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Lutcavich, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8629 Grape St  
 City Los Angeles State CA Zip Code 90002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AT&T Occupation (for Individual) Mobile Software Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 13 / 2017**  
**Transaction ID : SA11AI.33181**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 296 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Lutcavich, Randy, , ,

Mailing Address 8629 Grape St

City Los Angeles	State CA	Zip Code 90002
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AT&T	Occupation (for Individual) Mobile Software Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

**Transaction ID : SA11AI.33182**

Amount of Each Receipt this Period  
27.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Lutcavich, Randy, , ,

Mailing Address 8629 Grape St

City Los Angeles	State CA	Zip Code 90002
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AT&T	Occupation (for Individual) Mobile Software Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2017

**Transaction ID : SA11AI.33183**

Amount of Each Receipt this Period  
27.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Lutcavich, Randy, , ,

Mailing Address 8629 Grape St

City Los Angeles	State CA	Zip Code 90002
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AT&T	Occupation (for Individual) Mobile Software Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2017

**Transaction ID : SA11AI.33184**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 297 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Lutcavich, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8629 Grape St  
 City Los Angeles State CA Zip Code 90002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AT&T Occupation (for Individual) Mobile Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2017  
**Transaction ID : SA11AI.33185**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Madison, Jesse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19561 Jersey Ave  
 City Lakeville State MN Zip Code 55044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Fiber Technician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2017  
**Transaction ID : SA11AI.33188**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Madison, Jesse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19561 Jersey Ave  
 City Lakeville State MN Zip Code 55044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Fiber Technician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2017  
**Transaction ID : SA11AI.33189**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 298 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Madison, Jesse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19561 Jersey Ave  
 City Lakeville State MN Zip Code 55044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Fiber Technician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2017  
**Transaction ID : SA11AI.33190**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Madison, Jesse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19561 Jersey Ave  
 City Lakeville State MN Zip Code 55044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Fiber Technician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2017  
**Transaction ID : SA11AI.33191**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Madison, Jesse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19561 Jersey Ave  
 City Lakeville State MN Zip Code 55044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Fiber Technician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2017  
**Transaction ID : SA11AI.33192**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 299 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Madison, Jesse, , ,</b>		Date of Receipt
Mailing Address 19561 Jersey Ave		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2017"/>
City Lakeville	State MN	Zip Code 55044
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33193</b>
Name of Employer (for Individual) Self		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Fiber Technician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="525.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Madison, Jesse, , ,</b>		Date of Receipt
Mailing Address 19561 Jersey Ave		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2017"/>
City Lakeville	State MN	Zip Code 55044
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33194</b>
Name of Employer (for Individual) Self		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Fiber Technician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Malik, Arsalan, , ,</b>		Date of Receipt
Mailing Address 2730 Wilshire Blvd Ste 630		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Santa Monica	State CA	Zip Code 90403
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33199</b>
Name of Employer (for Individual) Arsalan Malik MD Inc		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 300 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Malik, Arsalan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2730 Wilshire Blvd Ste 630  
 City Santa Monica State CA Zip Code 90403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arsalan Malik MD Inc Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.33200**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Malik, Arsalan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2730 Wilshire Blvd Ste 630  
 City Santa Monica State CA Zip Code 90403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arsalan Malik MD Inc Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.33201**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Malik, Arsalan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2730 Wilshire Blvd Ste 630  
 City Santa Monica State CA Zip Code 90403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arsalan Malik MD Inc Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.33202**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 301 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Malik, Arsalan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2730 Wilshire Blvd Ste 630  
 City Santa Monica State CA Zip Code 90403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arsalan Malik MD Inc Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.33203**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Malik, Arsalan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2730 Wilshire Blvd Ste 630  
 City Santa Monica State CA Zip Code 90403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arsalan Malik MD Inc Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11AI.33204**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Manchester, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8201 NE 97th St  
 City Kansas City State MO Zip Code 64157-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cerner Occupation (for Individual) Systems Architect  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : SA11AI.33207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Manchester, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8201 NE 97th St  
 City Kansas City State MO Zip Code 64157-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cerner Occupation (for Individual) Systems Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 28 / 2017  
**Transaction ID : SA11AI.33208**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Manchester, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8201 NE 97th St  
 City Kansas City State MO Zip Code 64157-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cerner Occupation (for Individual) Systems Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11AI.33209**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Manchester, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8201 NE 97th St  
 City Kansas City State MO Zip Code 64157-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cerner Occupation (for Individual) Systems Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11AI.33210**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 303 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Manchester, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8201 NE 97th St  
 City Kansas City State MO Zip Code 64157-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cerner Occupation (for Individual) Systems Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : SA11AI.33211**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Manchester, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8201 NE 97th St  
 City Kansas City State MO Zip Code 64157-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cerner Occupation (for Individual) Systems Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11AI.33212**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Mathews, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1126 Mesaba Ave #214  
 City Duluth State MN Zip Code 55811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 06 / 2017  
**Transaction ID : SA11AI.33247**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Mathews, Mary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1126 Mesaba Ave #214

City Duluth	State MN	Zip Code 55811
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self employed	Occupation (for Individual) Consultant
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

**Transaction ID : SA11AI.33248**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Mathews, Mary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1126 Mesaba Ave #214

City Duluth	State MN	Zip Code 55811
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self employed	Occupation (for Individual) Consultant
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

**Transaction ID : SA11AI.33249**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. May, Jessica, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6350 S Havana St  
421

City Englewood	State CO	Zip Code 80111
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MindAptiv LLC	Occupation (for Individual) Graphic Artist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

**Transaction ID : SA11AI.33258**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 305 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. May, Jessica, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2017 <b>Transaction ID : SA11AI.33259</b>
Mailing Address 6350 S Havana St 421		Amount of Each Receipt this Period 50.00
City Englewood	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) MindAptiv LLC	Occupation (for Individual) Graphic Artist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. May, Jessica, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2017 <b>Transaction ID : SA11AI.33260</b>
Mailing Address 6350 S Havana St 421		Amount of Each Receipt this Period 50.00
City Englewood	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) MindAptiv LLC	Occupation (for Individual) Graphic Artist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mazloomi, Farzad, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2017 <b>Transaction ID : SA11AI.33263</b>
Mailing Address 634 Sycamore St Apt 4R		Amount of Each Receipt this Period 25.00
City Cincinnati	State OH	Zip Code 45202
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) TriHealth	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Mazloomi, Farzad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 Sycamore St  
 Apt 4R  
 City Cincinnati State OH Zip Code 45202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TriHealth Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11AI.33264**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Mazloomi, Farzad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 Sycamore St  
 Apt 4R  
 City Cincinnati State OH Zip Code 45202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TriHealth Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017  
**Transaction ID : SA11AI.33265**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Mazloomi, Farzad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 Sycamore St  
 Apt 4R  
 City Cincinnati State OH Zip Code 45202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TriHealth Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11AI.33266**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 307 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. McCamnant, Greg, , ,</b>		Date of Receipt
Mailing Address 8916 Rose Ln		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Raytown	State MO	Zip Code 64133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33284</b>
Name of Employer (for Individual) KCPL		Occupation (for Individual) Clerk
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
<input type="text" value="225.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. McCamnant, Greg, , ,</b>		Date of Receipt
Mailing Address 8916 Rose Ln		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Raytown	State MO	Zip Code 64133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33285</b>
Name of Employer (for Individual) KCPL		Occupation (for Individual) Clerk
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
<input type="text" value="250.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. McCamnant, Greg, , ,</b>		Date of Receipt
Mailing Address 8916 Rose Ln		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>
City Raytown	State MO	Zip Code 64133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33286</b>
Name of Employer (for Individual) KCPL		Occupation (for Individual) Clerk
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
<input type="text" value="275.00"/>		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 308 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. McCamnant, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8916 Rose Ln  
 City Raytown State MO Zip Code 64133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KCPL Occupation (for Individual) Clerk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 12 / 2017**  
**Transaction ID : SA11AI.33287**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. McCann-Smith, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 Tuttle Hill Rd  
 City Livingston Manor State NY Zip Code 12758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Liberty Central School Dist. Occupation (for Individual) Educator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 03 / 2017**  
**Transaction ID : SA11AI.33288**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. McCann-Smith, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 Tuttle Hill Rd  
 City Livingston Manor State NY Zip Code 12758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Liberty Central School Dist. Occupation (for Individual) Educator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 03 / 2017**  
**Transaction ID : SA11AI.33289**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 309 OF 684
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. McCann-Smith, Kathleen, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2017 <b>Transaction ID : SA11AI.33290</b>
Mailing Address 203 Tuttle Hill Rd		Amount of Each Receipt this Period 50.00
City Livingston Manor	State NY	Zip Code 12758
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Liberty Central School Dist.	Occupation (for Individual) Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. McCann-Smith, Kathleen, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 03 / 2017 <b>Transaction ID : SA11AI.33291</b>
Mailing Address 203 Tuttle Hill Rd		Amount of Each Receipt this Period 50.00
City Livingston Manor	State NY	Zip Code 12758
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Liberty Central School Dist.	Occupation (for Individual) Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. McCann-Smith, Kathleen, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 03 / 2017 <b>Transaction ID : SA11AI.33292</b>
Mailing Address 203 Tuttle Hill Rd		Amount of Each Receipt this Period 50.00
City Livingston Manor	State NY	Zip Code 12758
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Liberty Central School Dist.	Occupation (for Individual) Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 310 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. McDade, Mathew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 854 Arbor Rd Apt B  
 City Menlo Park State CA Zip Code 94025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Stanford Hospital Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2017  
**Transaction ID : SA11AI.33300**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. McDade, Mathew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 854 Arbor Rd Apt B  
 City Menlo Park State CA Zip Code 94025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Stanford Hospital Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2017  
**Transaction ID : SA11AI.33301**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. McDade, Mathew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 854 Arbor Rd Apt B  
 City Menlo Park State CA Zip Code 94025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Stanford Hospital Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2017  
**Transaction ID : SA11AI.33302**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 311 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. McDade, Mathew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 854 Arbor Rd Apt B

City Menlo Park	State CA	Zip Code 94025
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford Hospital	Occupation (for Individual) Nurse
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

**Transaction ID : SA11AI.33303**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. McDade, Mathew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 854 Arbor Rd Apt B

City Menlo Park	State CA	Zip Code 94025
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford Hospital	Occupation (for Individual) Nurse
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2017

**Transaction ID : SA11AI.33304**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. McDade, Mathew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 854 Arbor Rd Apt B

City Menlo Park	State CA	Zip Code 94025
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford Hospital	Occupation (for Individual) Nurse
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

**Transaction ID : SA11AI.33305**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 312 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. McEvoy, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Newport St  
 City Barnegat State NJ Zip Code 08005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) School Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 11 / 2017  
**Transaction ID : SA11AI.33309**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. McEvoy, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Newport St  
 City Barnegat State NJ Zip Code 08005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) School Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 11 / 2017  
**Transaction ID : SA11AI.33310**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. McEvoy, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Newport St  
 City Barnegat State NJ Zip Code 08005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) School Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11AI.33311**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. McEvoy, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Newport St  
 City Barnegat State NJ Zip Code 08005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) School Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : SA11AI.33312**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. McEvoy, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Newport St  
 City Barnegat State NJ Zip Code 08005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) School Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11AI.33313**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. McGann, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO box 813863  
 City Hollywood State FL Zip Code 33081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Florida Regional Council Occupation (for Individual) Director of Finance and Loans  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 16 / 2017  
**Transaction ID : SA11AI.33314**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 314 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. McGann, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO box 813863  
 City Hollywood State FL Zip Code 33081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Florida Regional Council Occupation (for Individual) Director of Finance and Loans  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2017  
**Transaction ID : SA11AI.33315**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. McGann, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO box 813863  
 City Hollywood State FL Zip Code 33081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Florida Regional Council Occupation (for Individual) Director of Finance and Loans  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2017  
**Transaction ID : SA11AI.33316**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. McGann, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO box 813863  
 City Hollywood State FL Zip Code 33081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Florida Regional Council Occupation (for Individual) Director of Finance and Loans  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2017  
**Transaction ID : SA11AI.33317**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 315 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. McGann, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO box 813863  
 City Hollywood State FL Zip Code 33081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Florida Regional Council Occupation (for Individual) Director of Finance and Loans  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **11 / 16 / 2017**  
**Transaction ID : SA11AI.33318**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. McGann, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO box 813863  
 City Hollywood State FL Zip Code 33081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) South Florida Regional Council Occupation (for Individual) Director of Finance and Loans  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 16 / 2017**  
**Transaction ID : SA11AI.33319**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. McGregor, Scot, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2674 N Park Ln Apt 412  
 City Fitchburg State WI Zip Code 53711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Epic Systems Corporation Occupation (for Individual) Business Intelligence Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 16 / 2017**  
**Transaction ID : SA11AI.33328**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. McGregor, Scot, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 16 / 2017
Mailing Address 2674 N Park Ln Apt 412			<b>Transaction ID : SA11AI.33329</b>
City Fitchburg	State WI	Zip Code 53711	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Epic Systems Corporation		Occupation (for Individual) Business Intelligence Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. McGregor, Scot, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 16 / 2017
Mailing Address 2674 N Park Ln Apt 412			<b>Transaction ID : SA11AI.33330</b>
City Fitchburg	State WI	Zip Code 53711	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Epic Systems Corporation		Occupation (for Individual) Business Intelligence Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. McGregor, Scot, , ,</b>			Date of Receipt MM / DD / YYYY 12 / 16 / 2017
Mailing Address 2674 N Park Ln Apt 412			<b>Transaction ID : SA11AI.33331</b>
City Fitchburg	State WI	Zip Code 53711	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Epic Systems Corporation		Occupation (for Individual) Business Intelligence Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. McIntyre, Alan, , ,</b>			Date of Receipt					
Mailing Address 280 Jeremy Dr			<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">M M M 08</td> <td style="width: 33%;">D D D 23</td> <td style="width: 33%;">Y Y Y Y Y Y 2017</td> </tr> </table>			M M M 08	D D D 23	Y Y Y Y Y Y 2017
M M M 08	D D D 23	Y Y Y Y Y Y 2017						
City Colbert			State GA		Zip Code 30628			
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.33333					
Name of Employer (for Individual) CodeReclaimers, LLC			Occupation (for Individual) Software Engineer					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period 27.00					
Aggregate Year-to-Date ▼			<input type="checkbox"/> Memo Item					
216.00								

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. McIntyre, Alan, , ,</b>			Date of Receipt					
Mailing Address 280 Jeremy Dr			<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">M M M 09</td> <td style="width: 33%;">D D D 23</td> <td style="width: 33%;">Y Y Y Y Y Y 2017</td> </tr> </table>			M M M 09	D D D 23	Y Y Y Y Y Y 2017
M M M 09	D D D 23	Y Y Y Y Y Y 2017						
City Colbert			State GA		Zip Code 30628			
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.33334					
Name of Employer (for Individual) CodeReclaimers, LLC			Occupation (for Individual) Software Engineer					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period 27.00					
Aggregate Year-to-Date ▼			<input type="checkbox"/> Memo Item					
243.00								

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. McIntyre, Alan, , ,</b>			Date of Receipt					
Mailing Address 280 Jeremy Dr			<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">M M M 10</td> <td style="width: 33%;">D D D 23</td> <td style="width: 33%;">Y Y Y Y Y Y 2017</td> </tr> </table>			M M M 10	D D D 23	Y Y Y Y Y Y 2017
M M M 10	D D D 23	Y Y Y Y Y Y 2017						
City Colbert			State GA		Zip Code 30628			
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.33335					
Name of Employer (for Individual) CodeReclaimers, LLC			Occupation (for Individual) Software Engineer					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Amount of Each Receipt this Period 27.00					
Aggregate Year-to-Date ▼			<input type="checkbox"/> Memo Item					
270.00								

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 318 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. McIntyre, Alan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 280 Jeremy Dr

City Colbert	State GA	Zip Code 30628
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CodeReclaimers, LLC	Occupation (for Individual) Software Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2017

**Transaction ID : SA11AI.33336**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. McIntyre, Alan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 280 Jeremy Dr

City Colbert	State GA	Zip Code 30628
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CodeReclaimers, LLC	Occupation (for Individual) Software Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2017

**Transaction ID : SA11AI.33337**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. McKerracher, Stephen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2826 Apache St

City Santa Rosa	State CA	Zip Code 95403
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Manly Hyundai	Occupation (for Individual) Sales Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

**Transaction ID : SA11AI.33338**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 319 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. McKerracher, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2826 Apache St  
 City Santa Rosa State CA Zip Code 95403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Manly Hyundai Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 20 / 2017  
**Transaction ID : SA11AI.33339**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. McKerracher, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2826 Apache St  
 City Santa Rosa State CA Zip Code 95403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Manly Hyundai Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 20 / 2017  
**Transaction ID : SA11AI.33340**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. McKerracher, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2826 Apache St  
 City Santa Rosa State CA Zip Code 95403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Manly Hyundai Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 20 / 2017  
**Transaction ID : SA11AI.33341**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. McKerracher, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2826 Apache St  
 City Santa Rosa State CA Zip Code 95403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Manly Hyundai Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11AI.33342**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. McKerracher, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2826 Apache St  
 City Santa Rosa State CA Zip Code 95403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Manly Hyundai Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : SA11AI.33343**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. McLendon, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2212 Dixon St  
 City Chico State CA Zip Code 95926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Save Mart Occupation (for Individual) Meat Clerk  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 14 / 2017  
**Transaction ID : SA11AI.33347**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 127.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 321 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. McLendon, Tim, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2212 Dixon St

City Chico	State CA	Zip Code 95926
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Save Mart	Occupation (for Individual) Meat Clerk
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

**Transaction ID : SA11AI.33348**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. McLendon, Tim, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2212 Dixon St

City Chico	State CA	Zip Code 95926
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Save Mart	Occupation (for Individual) Meat Clerk
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2017

**Transaction ID : SA11AI.33349**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. McLendon, Tim, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2212 Dixon St

City Chico	State CA	Zip Code 95926
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Save Mart	Occupation (for Individual) Meat Clerk
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2017

**Transaction ID : SA11AI.33350**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 322 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. McLendon, Tim, , ,</b>		Date of Receipt
Mailing Address 2212 Dixon St		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2017"/>
City Chico	State CA	Zip Code 95926
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33351</b>
Name of Employer (for Individual) Save Mart		Occupation (for Individual) Meat Clerk
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="text" value="324.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mehta, Suraj, , ,</b>		Date of Receipt
Mailing Address 19784 Oakhaven drive		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2017"/>
City Saratoga	State CA	Zip Code 95070
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33363</b>
Name of Employer (for Individual) N/A		Occupation (for Individual) N/A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="text" value="250.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mehta, Suraj, , ,</b>		Date of Receipt
Mailing Address 19784 Oakhaven drive		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2017"/>
City Saratoga	State CA	Zip Code 95070
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33364</b>
Name of Employer (for Individual) N/A		Occupation (for Individual) N/A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="text" value="300.00"/>		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="127.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 323 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Mehta, Suraj, , ,**

Mailing Address 19784 Oakhaven drive

City Saratoga	State CA	Zip Code 95070
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2017

**Transaction ID : SA11AI.33365**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Mehta, Suraj, , ,**

Mailing Address 19784 Oakhaven drive

City Saratoga	State CA	Zip Code 95070
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2017

**Transaction ID : SA11AI.33366**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Meleth, Sreelatha, , ,**

Mailing Address 4406 Chowningg Way

City Atlanta	State GA	Zip Code 30338
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RTI International	Occupation (for Individual) Research Statistician
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2017

**Transaction ID : SA11AI.33370**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Meleth, Sreelatha, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4406 Chowningg Way

City Atlanta	State GA	Zip Code 30338
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RTI International	Occupation (for Individual) Research Statistician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

**Transaction ID : SA11AI.33371**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Meleth, Sreelatha, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4406 Chowningg Way

City Atlanta	State GA	Zip Code 30338
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RTI International	Occupation (for Individual) Research Statistician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2017

**Transaction ID : SA11AI.33372**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Meleth, Sreelatha, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4406 Chowningg Way

City Atlanta	State GA	Zip Code 30338
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RTI International	Occupation (for Individual) Research Statistician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

**Transaction ID : SA11AI.33373**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 325 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Meleth, Sreelatha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4406 Chowningg Way  
 City Atlanta State GA Zip Code 30338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RTI International Occupation (for Individual) Research Statistician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.33374**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Meleth, Sreelatha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4406 Chowningg Way  
 City Atlanta State GA Zip Code 30338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RTI International Occupation (for Individual) Research Statistician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11AI.33375**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Meline, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 87 E RIVER View Dr  
 City Saratoga Springs State UT Zip Code 84045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SirsiDynix Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 03 / 2017  
**Transaction ID : SA11AI.33376**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 326 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Meline, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 87 E RIVER View Dr  
 City Saratoga Springs State UT Zip Code 84045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SirsiDynix Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 08 / 03 / 2017  
**Transaction ID : SA11AI.33377**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Meline, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 87 E RIVER View Dr  
 City Saratoga Springs State UT Zip Code 84045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SirsiDynix Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 03 / 2017  
**Transaction ID : SA11AI.33378**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Meline, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 87 E RIVER View Dr  
 City Saratoga Springs State UT Zip Code 84045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SirsiDynix Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 10 / 03 / 2017  
**Transaction ID : SA11AI.33379**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 327 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Meline, Douglas, , ,**

Mailing Address 87 E RIVER View Dr

City Saratoga Springs	State UT	Zip Code 84045
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SirsiDynix	Occupation (for Individual) Software Engineer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2017

**Transaction ID : SA11AI.33380**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Meline, Douglas, , ,**

Mailing Address 87 E RIVER View Dr

City Saratoga Springs	State UT	Zip Code 84045
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SirsiDynix	Occupation (for Individual) Software Engineer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2017

**Transaction ID : SA11AI.33381**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Mellen, Joseph, , ,**

Mailing Address 9541 Tapok Dr Apt 301

City Manassas	State VA	Zip Code 20110
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) U.S. Air Force	Occupation (for Individual) Student
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2017

**Transaction ID : SA11AI.33383**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	127.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 328 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Mellen, Joseph, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9541 Tapok Dr Apt 301

City Manassas	State VA	Zip Code 20110
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) U.S. Air Force	Occupation (for Individual) Student
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2017

**Transaction ID : SA11AI.33384**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Mellen, Joseph, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9541 Tapok Dr Apt 301

City Manassas	State VA	Zip Code 20110
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) U.S. Air Force	Occupation (for Individual) Student
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

**Transaction ID : SA11AI.33385**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Mellen, Joseph, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9541 Tapok Dr Apt 301

City Manassas	State VA	Zip Code 20110
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) U.S. Air Force	Occupation (for Individual) Student
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2017

**Transaction ID : SA11AI.33386**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 329 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Mellen, Joseph, , ,**

Mailing Address 9541 Tapok Dr Apt 301

City Manassas	State VA	Zip Code 20110
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) U.S. Air Force	Occupation (for Individual) Student
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2017

**Transaction ID : SA11AI.33387**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. mello, gina, , ,**

Mailing Address 4207 kekuanaoa

City princeville	State HI	Zip Code 96722
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2017

**Transaction ID : SA11AI.33391**

Amount of Each Receipt this Period  
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. mello, gina, , ,**

Mailing Address 4207 kekuanaoa

City princeville	State HI	Zip Code 96722
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2017

**Transaction ID : SA11AI.33392**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. mello, gina, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4207 kekuanaoa

City princeville	State HI	Zip Code 96722
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2017  
**Transaction ID : SA11AI.33393**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Merget, Daniel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 698 Santa Ynez St

City Sunnyvale	State CA	Zip Code 94085
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NVIDIA	Occupation (for Individual) Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : SA11AI.33398**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Merget, Daniel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 698 Santa Ynez St

City Sunnyvale	State CA	Zip Code 94085
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NVIDIA	Occupation (for Individual) Engineer
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2017  
**Transaction ID : SA11AI.33399**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 331 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Merget, Daniel, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2017
Mailing Address 698 Santa Ynez St		<b>Transaction ID : SA11AI.33400</b>
City Sunnyvale	State CA	Zip Code 94085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) NVIDIA	Occupation (for Individual) Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Merget, Daniel, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2017
Mailing Address 698 Santa Ynez St		<b>Transaction ID : SA11AI.33401</b>
City Sunnyvale	State CA	Zip Code 94085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) NVIDIA	Occupation (for Individual) Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Merget, Daniel, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2017
Mailing Address 698 Santa Ynez St		<b>Transaction ID : SA11AI.33402</b>
City Sunnyvale	State CA	Zip Code 94085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) NVIDIA	Occupation (for Individual) Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 332 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Merget, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 698 Santa Ynez St  
 City Sunnyvale State CA Zip Code 94085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVIDIA Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2017  
**Transaction ID : SA11AI.33403**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Merget, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 698 Santa Ynez St  
 City Sunnyvale State CA Zip Code 94085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVIDIA Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11AI.33404**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Merget, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 698 Santa Ynez St  
 City Sunnyvale State CA Zip Code 94085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVIDIA Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2017  
**Transaction ID : SA11AI.33405**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 333 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Merget, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 698 Santa Ynez St  
 City Sunnyvale State CA Zip Code 94085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVIDIA Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2017  
**Transaction ID : SA11AI.33406**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Merget, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 698 Santa Ynez St  
 City Sunnyvale State CA Zip Code 94085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVIDIA Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2017  
**Transaction ID : SA11AI.33407**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Merget, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 698 Santa Ynez St  
 City Sunnyvale State CA Zip Code 94085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVIDIA Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2017  
**Transaction ID : SA11AI.33408**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 334 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Merino, Oscar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 North St  
 City Pine Bush State NY Zip Code 12566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LK Comstock Occupation (for Individual) Union Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2017  
**Transaction ID : SA11AI.33411**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Merino, Oscar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 North St  
 City Pine Bush State NY Zip Code 12566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LK Comstock Occupation (for Individual) Union Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2017  
**Transaction ID : SA11AI.33412**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Merino, Oscar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 North St  
 City Pine Bush State NY Zip Code 12566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LK Comstock Occupation (for Individual) Union Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2017  
**Transaction ID : SA11AI.33413**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 335 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Merino, Oscar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 59 North St  
 City Pine Bush State NY Zip Code 12566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LK Comstock Occupation (for Individual) Union Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2017  
**Transaction ID : SA11AI.33414**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Mickler, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Houghton St  
 City Somerville State MA Zip Code 02143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeastern University Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2017  
**Transaction ID : SA11AI.33415**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Mickler, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Houghton St  
 City Somerville State MA Zip Code 02143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeastern University Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2017  
**Transaction ID : SA11AI.33416**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 336 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mickler, Ryan, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2017
Mailing Address 28 Houghton St		<b>Transaction ID : SA11AI.33417</b>
City Somerville	State MA	Zip Code 02143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Northeastern University	Occupation (for Individual) Student	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mickler, Ryan, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 29 / 2017
Mailing Address 28 Houghton St		<b>Transaction ID : SA11AI.33418</b>
City Somerville	State MA	Zip Code 02143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Northeastern University	Occupation (for Individual) Student	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mickler, Ryan, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 29 / 2017
Mailing Address 28 Houghton St		<b>Transaction ID : SA11AI.33419</b>
City Somerville	State MA	Zip Code 02143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Northeastern University	Occupation (for Individual) Student	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 337 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mickler, Ryan, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2017		
Mailing Address 28 Houghton St			<b>Transaction ID : SA11AI.33420</b>		
City Somerville	State MA	Zip Code 02143	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Northeastern University		Occupation (for Individual) Student			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Middleton, Travis, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 13 / 2017		
Mailing Address 101 Lambs Way			<b>Transaction ID : SA11AI.33422</b>		
City Knoxville	State GA	Zip Code 31050	Amount of Each Receipt this Period 27.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Acuity Brands		Occupation (for Individual) Engineer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Middleton, Travis, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2017		
Mailing Address 101 Lambs Way			<b>Transaction ID : SA11AI.33423</b>		
City Knoxville	State GA	Zip Code 31050	Amount of Each Receipt this Period 27.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Acuity Brands		Occupation (for Individual) Engineer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 243.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 338 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Middleton, Travis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Lambs Way  
 City Knoxville State GA Zip Code 31050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acuity Brands Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : SA11AI.33424**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Middleton, Travis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Lambs Way  
 City Knoxville State GA Zip Code 31050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acuity Brands Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11AI.33425**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Middleton, Travis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Lambs Way  
 City Knoxville State GA Zip Code 31050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acuity Brands Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2017  
**Transaction ID : SA11AI.33426**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 339 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Milder, Nathaniel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 Prettyman Dr

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Intergraph	Occupation (for Individual) Software Engineer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

**Transaction ID : SA11AI.33428**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Milder, Nathaniel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 Prettyman Dr

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Intergraph	Occupation (for Individual) Software Engineer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2017

**Transaction ID : SA11AI.33429**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Milder, Nathaniel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 Prettyman Dr

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Intergraph	Occupation (for Individual) Software Engineer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

**Transaction ID : SA11AI.33430**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 340 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Milder, Nathaniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 Prettyman Dr  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intergraph Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.33431**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Milder, Nathaniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 Prettyman Dr  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intergraph Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11AI.33432**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Mills, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 259 Ministerial Rd  
 City Wakefield State RI Zip Code 02879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kineteks LLC Occupation (for Individual) Design Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11AI.33437**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 341 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mills, Jack, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2017 <b>Transaction ID : SA11AI.33438</b>
Mailing Address 259 Ministerial Rd			Amount of Each Receipt this Period 25.00
City Wakefield	State RI	Zip Code 02879	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Kineteks LLC		Occupation (for Individual) Design Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mills, Jack, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2017 <b>Transaction ID : SA11AI.33439</b>
Mailing Address 259 Ministerial Rd			Amount of Each Receipt this Period 25.00
City Wakefield	State RI	Zip Code 02879	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Kineteks LLC		Occupation (for Individual) Design Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mills, Jack, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2017 <b>Transaction ID : SA11AI.33440</b>
Mailing Address 259 Ministerial Rd			Amount of Each Receipt this Period 25.00
City Wakefield	State RI	Zip Code 02879	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Kineteks LLC		Occupation (for Individual) Design Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 342 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Minke, Kevin, , ,</b>		Date of Receipt
Mailing Address 1313 Camino Ct		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Leander	State TX	Zip Code 78641
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33449</b>
Name of Employer (for Individual) SCCI		Occupation (for Individual) Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="checkbox"/> Memo Item		
Aggregate Year-to-Date ▼		
<input type="text" value="216.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Minke, Kevin, , ,</b>		Date of Receipt
Mailing Address 1313 Camino Ct		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Leander	State TX	Zip Code 78641
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33450</b>
Name of Employer (for Individual) SCCI		Occupation (for Individual) Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="checkbox"/> Memo Item		
Aggregate Year-to-Date ▼		
<input type="text" value="243.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Minke, Kevin, , ,</b>		Date of Receipt
Mailing Address 1313 Camino Ct		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Leander	State TX	Zip Code 78641
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33451</b>
Name of Employer (for Individual) SCCI		Occupation (for Individual) Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="checkbox"/> Memo Item		
Aggregate Year-to-Date ▼		
<input type="text" value="270.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 343 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Minke, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1313 Camino Ct  
 City Leander State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCCI Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 11 / 29 / 2017  
**Transaction ID : SA11AI.33452**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Minke, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1313 Camino Ct  
 City Leander State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCCI Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 12 / 29 / 2017  
**Transaction ID : SA11AI.33453**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Miranda, Marina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6949 Exeter Ct Apt 203  
 City Frederick State MD Zip Code 21703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Western Services Corporation Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 07 / 17 / 2017  
**Transaction ID : SA11AI.33454**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	154.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 344 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Miranda, Marina, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 17 / 2017 <b>Transaction ID : SA11AI.33455</b>
Mailing Address 6949 Exeter Ct Apt 203		Amount of Each Receipt this Period 100.00
City Frederick	State MD	Zip Code 21703
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Western Services Corporation	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Miranda, Marina, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2017 <b>Transaction ID : SA11AI.33456</b>
Mailing Address 6949 Exeter Ct Apt 203		Amount of Each Receipt this Period 100.00
City Frederick	State MD	Zip Code 21703
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Western Services Corporation	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Miranda, Marina, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2017 <b>Transaction ID : SA11AI.33457</b>
Mailing Address 6949 Exeter Ct Apt 203		Amount of Each Receipt this Period 100.00
City Frederick	State MD	Zip Code 21703
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Western Services Corporation	Occupation (for Individual) Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 345 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Miranda, Marina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6949 Exeter Ct  
 Apt 203  
 City Frederick State MD Zip Code 21703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Western Services Corporation Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 17 / 2017  
**Transaction ID : SA11AI.33458**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Miranda, Marina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6949 Exeter Ct  
 Apt 203  
 City Frederick State MD Zip Code 21703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Western Services Corporation Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 12 / 17 / 2017  
**Transaction ID : SA11AI.33459**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Mirly, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2621 Sonoma St  
 City Pocatello State ID Zip Code 83201-2302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pocatello ENT Occupation (for Individual) Physician Assistant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 18 / 2017  
**Transaction ID : SA11AI.33462**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 346 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Mirly, Alan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2621 Sonoma St

City Pocatello	State ID	Zip Code 83201-2302
-------------------	----------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pocatello ENT	Occupation (for Individual) Physician Assistant
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2017

**Transaction ID : SA11AI.33463**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Mitchell, Clayton, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 Blue Sage Dr

City Steamboat Springs	State CO	Zip Code 80487
---------------------------	----------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GSE Environmental	Occupation (for Individual) Analyst
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1025.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2017

**Transaction ID : SA11AI.33466**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Mitchell, Clayton, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 Blue Sage Dr

City Steamboat Springs	State CO	Zip Code 80487
---------------------------	----------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GSE Environmental	Occupation (for Individual) Analyst
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2017

**Transaction ID : SA11AI.33467**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 347 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mitchell, Clayton, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2017 <b>Transaction ID : SA11AI.33468</b>
Mailing Address 1310 Blue Sage Dr		Amount of Each Receipt this Period 25.00
City Steamboat Springs	State CO	Zip Code 80487
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GSE Environmental	Occupation (for Individual) Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mitchell, Clayton, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 06 / 2017 <b>Transaction ID : SA11AI.33469</b>
Mailing Address 1310 Blue Sage Dr		Amount of Each Receipt this Period 25.00
City Steamboat Springs	State CO	Zip Code 80487
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GSE Environmental	Occupation (for Individual) Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mitchell, Clayton, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 06 / 2017 <b>Transaction ID : SA11AI.33470</b>
Mailing Address 1310 Blue Sage Dr		Amount of Each Receipt this Period 25.00
City Steamboat Springs	State CO	Zip Code 80487
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GSE Environmental	Occupation (for Individual) Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 348 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Mitchell, Clayton, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 Blue Sage Dr  
 City Steamboat Springs State CO Zip Code 80487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSE Environmental Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11AI.33471**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Mizell, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1994 S Ivory Ct  
 City Aurora State CO Zip Code 80013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alert Logic Occupation (for Individual) System Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11AI.33475**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Mjelde, Gretchen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4901 Fairwood Blvd NE Apt 159  
 City Tacoma State WA Zip Code 98422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Healthpoint Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 15 / 2017  
**Transaction ID : SA11AI.33477**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 349 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Mjelde, Gretchen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4901 Fairwood Blvd NE Apt 159

City Tacoma	State WA	Zip Code 98422
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Healthpoint	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

**Transaction ID : SA11AI.33478**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Mjelde, Gretchen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4901 Fairwood Blvd NE Apt 159

City Tacoma	State WA	Zip Code 98422
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Healthpoint	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

**Transaction ID : SA11AI.33479**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Mjelde, Gretchen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4901 Fairwood Blvd NE Apt 159

City Tacoma	State WA	Zip Code 98422
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Healthpoint	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2017

**Transaction ID : SA11AI.33480**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 350 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Montesdeoca, Oscar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4015 N Kedzie Ave  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ayalytical Instruments Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11AI.33494**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Montesdeoca, Oscar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4015 N Kedzie Ave  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ayalytical Instruments Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11AI.33495**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Moore, Cristal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10810 Appalachian Hwy  
 City Davis State WV Zip Code 26260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 16 / 2017  
**Transaction ID : SA11AI.33496**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 351 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Moore, Cristal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10810 Appalachian Hwy  
 City Davis State WV Zip Code 26260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2017  
**Transaction ID : SA11AI.33497**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Moore, Cristal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10810 Appalachian Hwy  
 City Davis State WV Zip Code 26260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11AI.33498**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Moore, Cristal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10810 Appalachian Hwy  
 City Davis State WV Zip Code 26260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2017  
**Transaction ID : SA11AI.33499**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶  
**TOTAL** This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 352 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Moore, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 W Hearn Ave  
 City Santa Rosa State CA Zip Code 95407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Composer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2017  
**Transaction ID : SA11AI.33500**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Moore, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 W Hearn Ave  
 City Santa Rosa State CA Zip Code 95407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Composer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2017  
**Transaction ID : SA11AI.33501**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Moore, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 W Hearn Ave  
 City Santa Rosa State CA Zip Code 95407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Composer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2017  
**Transaction ID : SA11AI.33502**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 353 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Moore, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 W Hearn Ave  
 City Santa Rosa State CA Zip Code 95407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Composer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2017  
**Transaction ID : SA11AI.33503**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Moore, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 W Hearn Ave  
 City Santa Rosa State CA Zip Code 95407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Composer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2017  
**Transaction ID : SA11AI.33504**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Moore, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 W Hearn Ave  
 City Santa Rosa State CA Zip Code 95407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Composer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2017  
**Transaction ID : SA11AI.33505**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 354 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Moore, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1531 E Woodbrook Dr  
 City Fayetteville State AR Zip Code 72703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Client Focused Counseling Occupation (for Individual) Psychotherapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2017  
**Transaction ID : SA11AI.33508**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Moore, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1531 E Woodbrook Dr  
 City Fayetteville State AR Zip Code 72703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Client Focused Counseling Occupation (for Individual) Psychotherapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11AI.33509**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Moore, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1531 E Woodbrook Dr  
 City Fayetteville State AR Zip Code 72703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Client Focused Counseling Occupation (for Individual) Psychotherapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11AI.33510**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 355 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Morgan, Quinton, , ,</b>			Date of Receipt MM / DD / YYYY 08 / 19 / 2017
Mailing Address 162 E College Ave			<b>Transaction ID : SA11AI.33514</b>
City Monticello	State AR	Zip Code 71655	Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) University of Arkansas		Occupation (for Individual) Financial Aid Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Morgan, Quinton, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 19 / 2017
Mailing Address 162 E College Ave			<b>Transaction ID : SA11AI.33515</b>
City Monticello	State AR	Zip Code 71655	Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) University of Arkansas		Occupation (for Individual) Financial Aid Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Morgan, Quinton, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 19 / 2017
Mailing Address 162 E College Ave			<b>Transaction ID : SA11AI.33516</b>
City Monticello	State AR	Zip Code 71655	Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) University of Arkansas		Occupation (for Individual) Financial Aid Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 356 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Morgan, Quinton, , ,**

Mailing Address 162 E College Ave

City Monticello	State AR	Zip Code 71655
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Arkansas	Occupation (for Individual) Financial Aid Analyst
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2017

**Transaction ID : SA11AI.33517**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Morgan, Quinton, , ,**

Mailing Address 162 E College Ave

City Monticello	State AR	Zip Code 71655
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Arkansas	Occupation (for Individual) Financial Aid Analyst
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

**Transaction ID : SA11AI.33518**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Morris, Rusty, , ,**

Mailing Address 9189 Maple Sst

City Stoutsville	State OH	Zip Code 43154
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VA Medical Center	Occupation (for Individual) Retired Health Tech
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2017

**Transaction ID : SA11AI.33522**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 357 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Morris, Rusty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 Maple Sst  
 City Stoutsville    State OH    Zip Code 43154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VA Medical Center    Occupation (for Individual) Retired Health Tech  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 10 / 2017  
**Transaction ID : SA11AI.33523**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Morris, Rusty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 Maple Sst  
 City Stoutsville    State OH    Zip Code 43154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VA Medical Center    Occupation (for Individual) Retired Health Tech  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.33524**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Morris, Rusty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 Maple Sst  
 City Stoutsville    State OH    Zip Code 43154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VA Medical Center    Occupation (for Individual) Retired Health Tech  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11AI.33525**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 358 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Morris, Rusty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 Maple Sst  
 City Stoutsville State OH Zip Code 43154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VA Medical Center Occupation (for Individual) Retired Health Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 15 / 2017**  
**Transaction ID : SA11AI.33526**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Moya, Jacki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2153 Baywood Dr  
 City Fullerton State CA Zip Code 92833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Real Estate Valuations, Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 15 / 2017**  
**Transaction ID : SA11AI.33529**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Moya, Jacki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2153 Baywood Dr  
 City Fullerton State CA Zip Code 92833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Real Estate Valuations, Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 15 / 2017**  
**Transaction ID : SA11AI.33530**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 359 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Moya, Jacki, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2153 Baywood Dr

City Fullerton	State CA	Zip Code 92833
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Real Estate Valuations, Inc.	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2017

**Transaction ID : SA11AI.33531**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Moya, Jacki, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2153 Baywood Dr

City Fullerton	State CA	Zip Code 92833
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Real Estate Valuations, Inc.	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : SA11AI.33532**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Moya, Jacki, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2153 Baywood Dr

City Fullerton	State CA	Zip Code 92833
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Real Estate Valuations, Inc.	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

**Transaction ID : SA11AI.33533**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 360 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Mueller, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 Quincy St NW Apt 205  
 City Washington State DC Zip Code 20011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Transportation Safety Board Occupation (for Individual) Materials Research Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 29 / 2017  
**Transaction ID : SA11Al.33536**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Mueller, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 Quincy St NW Apt 205  
 City Washington State DC Zip Code 20011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Transportation Safety Board Occupation (for Individual) Materials Research Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2017  
**Transaction ID : SA11Al.33537**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Mueller, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 Quincy St NW Apt 205  
 City Washington State DC Zip Code 20011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Transportation Safety Board Occupation (for Individual) Materials Research Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : SA11Al.33538**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 361 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mueller, Erik, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2017
Mailing Address 850 Quincy St NW Apt 205			<b>Transaction ID : SA11AI.33539</b>
City Washington	State DC	Zip Code 20011	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) National Transportation Safety Board		Occupation (for Individual) Materials Research Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mullin, Adam, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2017
Mailing Address 831 Monroe St			<b>Transaction ID : SA11AI.33541</b>
City Onalaska	State WI	Zip Code 54650	Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Kaplan Professional Education		Occupation (for Individual) Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mullin, Adam, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2017
Mailing Address 831 Monroe St			<b>Transaction ID : SA11AI.33542</b>
City Onalaska	State WI	Zip Code 54650	Amount of Each Receipt this Period 27.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Kaplan Professional Education		Occupation (for Individual) Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 243.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 362 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Mullin, Adam, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 831 Monroe St

City Onalaska	State WI	Zip Code 54650
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kaplan Professional Education	Occupation (for Individual) Software Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

**Transaction ID : SA11AI.33543**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Mullin, Adam, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 831 Monroe St

City Onalaska	State WI	Zip Code 54650
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kaplan Professional Education	Occupation (for Individual) Software Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2017

**Transaction ID : SA11AI.33544**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Mullin, Adam, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 831 Monroe St

City Onalaska	State WI	Zip Code 54650
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kaplan Professional Education	Occupation (for Individual) Software Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2017

**Transaction ID : SA11AI.33545**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 363 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Murphy, Colin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 Santa Fe Highlands Dr

City Ramona	State CA	Zip Code 92065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NEXTTracker, Inc.	Occupation (for Individual) Software Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2017

**Transaction ID : SA11AI.33548**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Murphy, Colin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 Santa Fe Highlands Dr

City Ramona	State CA	Zip Code 92065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NEXTTracker, Inc.	Occupation (for Individual) Software Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

**Transaction ID : SA11AI.33549**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Murphy, Colin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 Santa Fe Highlands Dr

City Ramona	State CA	Zip Code 92065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NEXTTracker, Inc.	Occupation (for Individual) Software Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2017

**Transaction ID : SA11AI.33550**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 364 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Murphy, Colin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 Santa Fe Highlands Dr

City Ramona	State CA	Zip Code 92065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NEXTTracker, Inc.	Occupation (for Individual) Software Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

**Transaction ID : SA11AI.33551**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Murphy, Colin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 Santa Fe Highlands Dr

City Ramona	State CA	Zip Code 92065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NEXTTracker, Inc.	Occupation (for Individual) Software Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2017

**Transaction ID : SA11AI.33552**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Murphy, Colin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 Santa Fe Highlands Dr

City Ramona	State CA	Zip Code 92065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NEXTTracker, Inc.	Occupation (for Individual) Software Engineer
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2017

**Transaction ID : SA11AI.33553**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 365 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. murphy, nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 316 Walnut St  
 City De Soto State IA Zip Code 50069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wells Fargo Home Mortgage Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11AI.33554**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Murray, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Arundale Ln  
 City Matthews State NC Zip Code 28104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nvidia Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 17 / 2017  
**Transaction ID : SA11AI.33557**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Murray, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Arundale Ln  
 City Matthews State NC Zip Code 28104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nvidia Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11AI.33558**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 366 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Murray, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Arundale Ln  
 City Matthews    State NC    Zip Code 28104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nvidia    Occupation (for Individual) Engineer  
 Receipt For:  Primary     General  
 Other (specify) ▼    Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2017  
**Transaction ID : SA11AI.33559**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Murray, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Arundale Ln  
 City Matthews    State NC    Zip Code 28104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nvidia    Occupation (for Individual) Engineer  
 Receipt For:  Primary     General  
 Other (specify) ▼    Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2017  
**Transaction ID : SA11AI.33560**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Naughton, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 739 N Un  
 City Fremont    State NE    Zip Code 68025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midland University    Occupation (for Individual) Professor  
 Receipt For:  Primary     General  
 Other (specify)    Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2017  
**Transaction ID : SA11AI.33567**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 367 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Naughton, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 739 N Un  
 City Fremont State NE Zip Code 68025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midland University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 09 / 09 / 2017  
**Transaction ID : SA11AI.33568**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Naughton, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 739 N Un  
 City Fremont State NE Zip Code 68025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midland University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 10 / 09 / 2017  
**Transaction ID : SA11AI.33569**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Naughton, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 739 N Un  
 City Fremont State NE Zip Code 68025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midland University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 11 / 09 / 2017  
**Transaction ID : SA11AI.33570**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 368 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Naughton, Paul, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 739 N Un

City Fremont State NE Zip Code 68025

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Midland University Occupation (for Individual) Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11AI.33571**

Amount of Each Receipt this Period 27.00

Memo Item

**B. Neuls, Susan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 224 E Pineview Dr

City Round Lake Park State IL Zip Code 60073-3461

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Discover Financial Services Occupation (for Individual) Senior IT Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 17 / 2017  
**Transaction ID : SA11AI.33573**

Amount of Each Receipt this Period 27.00

Memo Item

**C. Neuls, Susan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 224 E Pineview Dr

City Round Lake Park State IL Zip Code 60073-3461

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Discover Financial Services Occupation (for Individual) Senior IT Manager

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 17 / 2017  
**Transaction ID : SA11AI.33574**

Amount of Each Receipt this Period 27.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 369 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Neuls, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 E Pineview Dr  
 City Round Lake Park State IL Zip Code 60073-3461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Discover Financial Services Occupation (for Individual) Senior IT Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 17 / 2017**  
**Transaction ID : SA11AI.33575**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Neuls, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 E Pineview Dr  
 City Round Lake Park State IL Zip Code 60073-3461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Discover Financial Services Occupation (for Individual) Senior IT Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 17 / 2017**  
**Transaction ID : SA11AI.33576**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Neuls, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 E Pineview Dr  
 City Round Lake Park State IL Zip Code 60073-3461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Discover Financial Services Occupation (for Individual) Senior IT Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 17 / 2017**  
**Transaction ID : SA11AI.33577**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 370 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Newsom, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 Leadenhall Way  
 City Raleigh State NC Zip Code 27603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rival Health Occupation (for Individual) Systems Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 01 / 2017**  
**Transaction ID : SA11AI.33580**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Newsom, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 Leadenhall Way  
 City Raleigh State NC Zip Code 27603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rival Health Occupation (for Individual) Systems Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : SA11AI.33581**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Newsom, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 Leadenhall Way  
 City Raleigh State NC Zip Code 27603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rival Health Occupation (for Individual) Systems Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 01 / 2017**  
**Transaction ID : SA11AI.33582**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 371 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Newsom, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 Leadenhall Way  
 City Raleigh State NC Zip Code 27603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rival Health Occupation (for Individual) Systems Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11AI.33583**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Newsom, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 Leadenhall Way  
 City Raleigh State NC Zip Code 27603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rival Health Occupation (for Individual) Systems Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11AI.33584**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Newsom, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 Leadenhall Way  
 City Raleigh State NC Zip Code 27603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rival Health Occupation (for Individual) Systems Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 01 / 2017  
**Transaction ID : SA11AI.33585**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 372 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Nicholas, Gary, , ,</b>		Date of Receipt
Mailing Address 233 Squaw Trl		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Andover	State NJ	Zip Code 07821
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33588</b>
Name of Employer (for Individual) 4S Technologies LLC		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Software Architect		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Nicholas, Gary, , ,</b>		Date of Receipt
Mailing Address 233 Squaw Trl		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Andover	State NJ	Zip Code 07821
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33589</b>
Name of Employer (for Individual) 4S Technologies LLC		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Software Architect		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Nicholas, Gary, , ,</b>		Date of Receipt
Mailing Address 233 Squaw Trl		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Andover	State NJ	Zip Code 07821
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33590</b>
Name of Employer (for Individual) 4S Technologies LLC		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Software Architect		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 373 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Nicholas, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 Squaw Trl  
 City Andover State NJ Zip Code 07821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 4S Technologies LLC Occupation (for Individual) Software Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2017  
**Transaction ID : SA11AI.33591**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Nichols, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1009 Anza St  
 City San Francisco State CA Zip Code 94118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Protransport-1 Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2017  
**Transaction ID : SA11AI.33594**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Nichols, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1009 Anza St  
 City San Francisco State CA Zip Code 94118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Protransport-1 Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017  
**Transaction ID : SA11AI.33595**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 374 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Nichols, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1009 Anza St  
 City San Francisco State CA Zip Code 94118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Protransport-1 Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 09 / 2017  
**Transaction ID : SA11AI.33596**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Nichols, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1009 Anza St  
 City San Francisco State CA Zip Code 94118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Protransport-1 Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 12 / 09 / 2017  
**Transaction ID : SA11AI.33597**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Nissen, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Sparta Court  
 City South Amboy State NJ Zip Code 08879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ShowdMe Occupation (for Individual) Application Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 30 / 2017  
**Transaction ID : SA11AI.33600**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 375 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Nissen, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Sparta Court  
 City South Amboy State NJ Zip Code 08879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ShowdMe Occupation (for Individual) Application Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11AI.33601**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Nissen, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Sparta Court  
 City South Amboy State NJ Zip Code 08879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ShowdMe Occupation (for Individual) Application Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11AI.33602**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Nissen, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Sparta Court  
 City South Amboy State NJ Zip Code 08879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ShowdMe Occupation (for Individual) Application Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11AI.33603**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶  
**TOTAL** This Period (last page this line number only)..... ▶

75.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 376 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. NULL, SHEILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1264 MAGNOLIA Dr  
 City Clearwater State FL Zip Code 33756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2017  
**Transaction ID : SA11AI.33613**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. NULL, SHEILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1264 MAGNOLIA Dr  
 City Clearwater State FL Zip Code 33756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2017  
**Transaction ID : SA11AI.33614**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. NULL, SHEILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1264 MAGNOLIA Dr  
 City Clearwater State FL Zip Code 33756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11AI.33615**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 377 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. NULL, SHEILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1264 MAGNOLIA Dr  
 City Clearwater State FL Zip Code 33756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017  
**Transaction ID : SA11AI.33616**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Nunn, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14715 Red Hill Ave  
 City Tustin State CA Zip Code 92780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Newport Corporation Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2017  
**Transaction ID : SA11AI.33618**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Nunn, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14715 Red Hill Ave  
 City Tustin State CA Zip Code 92780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Newport Corporation Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2017  
**Transaction ID : SA11AI.33619**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 378 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Nunn, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14715 Red Hill Ave

City Tustin	State CA	Zip Code 92780
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Newport Corporation	Occupation (for Individual) Engineer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2017

**Transaction ID : SA11AI.33620**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Nunn, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14715 Red Hill Ave

City Tustin	State CA	Zip Code 92780
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Newport Corporation	Occupation (for Individual) Engineer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2017

**Transaction ID : SA11AI.33621**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Nunn, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14715 Red Hill Ave

City Tustin	State CA	Zip Code 92780
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Newport Corporation	Occupation (for Individual) Engineer
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2017

**Transaction ID : SA11AI.33622**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 379 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Oberg, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Second St  
 City Tidioute State PA Zip Code 16351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2017  
**Transaction ID : SA11AI.33626**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Oberg, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Second St  
 City Tidioute State PA Zip Code 16351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11AI.33627**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Oberg, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Second St  
 City Tidioute State PA Zip Code 16351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2017  
**Transaction ID : SA11AI.33628**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 380 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Oghoghomeh, Oteri, , ,

Mailing Address 864 NE 62nd Ave Apt. K

City Hillsboro	State OR	Zip Code 97124
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Intel	Occupation (for Individual) Engineer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2017

**Transaction ID : SA11AI.33639**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Oghoghomeh, Oteri, , ,

Mailing Address 864 NE 62nd Ave Apt. K

City Hillsboro	State OR	Zip Code 97124
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Intel	Occupation (for Individual) Engineer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2017

**Transaction ID : SA11AI.33640**

Amount of Each Receipt this Period  
25.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Oghoghomeh, Oteri, , ,

Mailing Address 864 NE 62nd Ave Apt. K

City Hillsboro	State OR	Zip Code 97124
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Intel	Occupation (for Individual) Engineer
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2017

**Transaction ID : SA11AI.33641**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 381 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Oghoghomeh, Oteri, , ,

Mailing Address 864 NE 62nd Ave Apt. K

City Hillsboro	State OR	Zip Code 97124
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Intel	Occupation (for Individual) Engineer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2017

**Transaction ID : SA11AI.33642**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ohkami, Youki, , ,

Mailing Address 910 Saratoga St Apt 19

City Boston	State MA	Zip Code 02128
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) State Street Corporation	Occupation (for Individual) Fund Accountant
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2017

**Transaction ID : SA11AI.33649**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ohkami, Youki, , ,

Mailing Address 910 Saratoga St Apt 19

City Boston	State MA	Zip Code 02128
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) State Street Corporation	Occupation (for Individual) Fund Accountant
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2017

**Transaction ID : SA11AI.33650**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 382 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ohkami, Youki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 Saratoga St Apt 19  
 City Boston State MA Zip Code 02128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Street Corporation Occupation (for Individual) Fund Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11AI.33651**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Ohkami, Youki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 Saratoga St Apt 19  
 City Boston State MA Zip Code 02128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Street Corporation Occupation (for Individual) Fund Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017  
**Transaction ID : SA11AI.33652**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Ohkami, Youki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 Saratoga St Apt 19  
 City Boston State MA Zip Code 02128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Street Corporation Occupation (for Individual) Fund Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11AI.33653**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 383 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ohkami, Youki, , ,</b>		Date of Receipt
Mailing Address 910 Saratoga St Apt 19		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Boston	State MA	Zip Code 02128
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33654</b>
Name of Employer (for Individual) State Street Corporation		Occupation (for Individual) Fund Accountant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Osofsky, Dave, , ,</b>		Date of Receipt
Mailing Address 11462 S Hidden Valley Blvd		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2017"/>
City Sandy	State UT	Zip Code 84092
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33671</b>
Name of Employer (for Individual) Guaranteed Rate		Occupation (for Individual) Mortgage Originator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Osofsky, Dave, , ,</b>		Date of Receipt
Mailing Address 11462 S Hidden Valley Blvd		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2017"/>
City Sandy	State UT	Zip Code 84092
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33672</b>
Name of Employer (for Individual) Guaranteed Rate		Occupation (for Individual) Mortgage Originator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="104.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 384 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Osofsky, Dave, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11462 S Hidden Valley Blvd  
 City Sandy State UT Zip Code 84092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guaranteed Rate Occupation (for Individual) Mortgage Originator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2017  
**Transaction ID : SA11AI.33673**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Osofsky, Dave, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11462 S Hidden Valley Blvd  
 City Sandy State UT Zip Code 84092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guaranteed Rate Occupation (for Individual) Mortgage Originator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2017  
**Transaction ID : SA11AI.33674**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Osofsky, Dave, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11462 S Hidden Valley Blvd  
 City Sandy State UT Zip Code 84092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guaranteed Rate Occupation (for Individual) Mortgage Originator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : SA11AI.33675**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 385 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Overman, Dane, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2017
Mailing Address 4608 S 179th E Ave		<b>Transaction ID : SA11AI.33679</b>
City Tulsa	State OK	Zip Code 74134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Hulcher	Occupation (for Individual) Operator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Overman, Dane, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2017
Mailing Address 4608 S 179th E Ave		<b>Transaction ID : SA11AI.33680</b>
City Tulsa	State OK	Zip Code 74134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Hulcher	Occupation (for Individual) Operator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Overman, Dane, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 25 / 2017
Mailing Address 4608 S 179th E Ave		<b>Transaction ID : SA11AI.33681</b>
City Tulsa	State OK	Zip Code 74134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Hulcher	Occupation (for Individual) Operator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 386 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Oyala, Paul, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 08 / 2017
Mailing Address 518 S Madison Ave Apt 3		<b>Transaction ID : SA11AI.33682</b>
City Pasadena	State CA	Zip Code 91101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Caltech	Occupation (for Individual) PH.D. Staff Scientist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Oyala, Paul, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2017
Mailing Address 518 S Madison Ave Apt 3		<b>Transaction ID : SA11AI.33683</b>
City Pasadena	State CA	Zip Code 91101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Caltech	Occupation (for Individual) PH.D. Staff Scientist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Oyala, Paul, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2017
Mailing Address 518 S Madison Ave Apt 3		<b>Transaction ID : SA11AI.33684</b>
City Pasadena	State CA	Zip Code 91101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Caltech	Occupation (for Individual) PH.D. Staff Scientist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 387 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Oyala, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 S Madison Ave Apt 3  
 City Pasadena State CA Zip Code 91101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Caltech Occupation (for Individual) PH.D. Staff Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2017  
**Transaction ID : SA11AI.33685**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Oyala, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 S Madison Ave Apt 3  
 City Pasadena State CA Zip Code 91101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Caltech Occupation (for Individual) PH.D. Staff Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2017  
**Transaction ID : SA11AI.33686**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Oyala, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 S Madison Ave Apt 3  
 City Pasadena State CA Zip Code 91101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Caltech Occupation (for Individual) PH.D. Staff Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2017  
**Transaction ID : SA11AI.33687**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 388 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ozkan, Ozgur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 74 5th Ave #3r  
 City Brooklyn State NY Zip Code 11217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2017  
**Transaction ID : SA11AI.33690**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Ozkan, Ozgur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 74 5th Ave #3r  
 City Brooklyn State NY Zip Code 11217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2017  
**Transaction ID : SA11AI.33691**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Ozkan, Ozgur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 74 5th Ave #3r  
 City Brooklyn State NY Zip Code 11217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : SA11AI.33692**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 389 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ozkan, Ozgur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 74 5th Ave #3r  
 City Brooklyn State NY Zip Code 11217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 01 / 2017  
**Transaction ID : SA11AI.33693**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Padilla, DJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4791 Mangrove Dr  
 City Dublin State CA Zip Code 94568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Workday Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2017  
**Transaction ID : SA11AI.33694**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Padilla, DJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4791 Mangrove Dr  
 City Dublin State CA Zip Code 94568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Workday Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.33695**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 390 OF 684
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Padron, Jose, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2017 <b>Transaction ID : SA11AI.33696</b>
Mailing Address 3002 Heritage Creek Ter		Amount of Each Receipt this Period 100.00
City Houston	State TX	Zip Code 77008
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Business Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Padron, Jose, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2017 <b>Transaction ID : SA11AI.33697</b>
Mailing Address 3002 Heritage Creek Ter		Amount of Each Receipt this Period 100.00
City Houston	State TX	Zip Code 77008
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Business Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Padron, Jose, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2017 <b>Transaction ID : SA11AI.33698</b>
Mailing Address 3002 Heritage Creek Ter		Amount of Each Receipt this Period 100.00
City Houston	State TX	Zip Code 77008
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self	Occupation (for Individual) Business Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 391 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Padron, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3002 Heritage Creek Ter  
 City Houston State TX Zip Code 77008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 09 / 2017**  
**Transaction ID : SA11AI.33699**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Padron, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3002 Heritage Creek Ter  
 City Houston State TX Zip Code 77008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 09 / 2017**  
**Transaction ID : SA11AI.33700**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. Padron, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3002 Heritage Creek Ter  
 City Houston State TX Zip Code 77008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 09 / 2017**  
**Transaction ID : SA11AI.33701**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 392 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Panos, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11820 S Mapleridge Cir  
 City Sandy State UT Zip Code 84094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Professor of Social Work  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2017  
**Transaction ID : SA11AI.33708**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Panos, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11820 S Mapleridge Cir  
 City Sandy State UT Zip Code 84094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Professor of Social Work  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2017  
**Transaction ID : SA11AI.33709**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Panos, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11820 S Mapleridge Cir  
 City Sandy State UT Zip Code 84094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Professor of Social Work  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2017  
**Transaction ID : SA11AI.33710**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 393 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Panos, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11820 S Mapleridge Cir  
 City Sandy State UT Zip Code 84094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Professor of Social Work  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2017  
**Transaction ID : SA11AI.33711**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Patel, Nikesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8935 Long Beach Blvd  
 City South Gate State CA Zip Code 90280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motel Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2017  
**Transaction ID : SA11AI.33719**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Patel, Nikesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8935 Long Beach Blvd  
 City South Gate State CA Zip Code 90280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motel Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2017  
**Transaction ID : SA11AI.33720**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 394 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Patel, Nikesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8935 Long Beach Blvd  
 City South Gate State CA Zip Code 90280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motel Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11AI.33721**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**B. Patel, Nikesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8935 Long Beach Blvd  
 City South Gate State CA Zip Code 90280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motel Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11AI.33722**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**C. Patel, Nikesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8935 Long Beach Blvd  
 City South Gate State CA Zip Code 90280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motel Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11AI.33723**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 395 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Patel, Nikesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8935 Long Beach Blvd  
 City South Gate State CA Zip Code 90280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motel Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **12 / 30 / 2017**  
**Transaction ID : SA11AI.33724**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Patterson, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4306 Salem St  
 City Witchita State KS Zip Code 67220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) T-Mobile Occupation (for Individual) Message Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 10 / 2017**  
**Transaction ID : SA11AI.33727**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Patterson, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4306 Salem St  
 City Witchita State KS Zip Code 67220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) T-Mobile Occupation (for Individual) Message Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 10 / 2017**  
**Transaction ID : SA11AI.33728**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 396 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Patterson, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4306 Salem St  
 City Witchita State KS Zip Code 67220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) T-Mobile Occupation (for Individual) Message Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2017  
**Transaction ID : SA11AI.33729**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Patterson, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4306 Salem St  
 City Witchita State KS Zip Code 67220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) T-Mobile Occupation (for Individual) Message Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2017  
**Transaction ID : SA11AI.33730**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Pavlovic, Marko, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7236 Greenhaven Dr #189  
 City Sacramento State CA Zip Code 95831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FCMAT/CSIS Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2017  
**Transaction ID : SA11AI.33735**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 397 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Pavlovic, Marko, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7236 Greenhaven Dr #189  
 City Sacramento State CA Zip Code 95831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FCMAT/CSIS Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2017  
**Transaction ID : SA11AI.33736**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Pavlovic, Marko, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7236 Greenhaven Dr #189  
 City Sacramento State CA Zip Code 95831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FCMAT/CSIS Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11AI.33737**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Pavlovic, Marko, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7236 Greenhaven Dr #189  
 City Sacramento State CA Zip Code 95831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FCMAT/CSIS Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2017  
**Transaction ID : SA11AI.33738**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 398 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Pedroza, Donna, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 18 / 2017
Mailing Address 1801 Shoreline Dr #303		<b>Transaction ID : SA11AI.33744</b>
City Alameda	State CA	Zip Code 94501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) CA Department of Corrections	Occupation (for Individual) Clinical Social Worker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Pedroza, Donna, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2017
Mailing Address 1801 Shoreline Dr #303		<b>Transaction ID : SA11AI.33745</b>
City Alameda	State CA	Zip Code 94501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) CA Department of Corrections	Occupation (for Individual) Clinical Social Worker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Pedroza, Donna, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 18 / 2017
Mailing Address 1801 Shoreline Dr #303		<b>Transaction ID : SA11AI.33746</b>
City Alameda	State CA	Zip Code 94501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) CA Department of Corrections	Occupation (for Individual) Clinical Social Worker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 399 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Pedroza, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Shoreline Dr #303  
 City Alameda State CA Zip Code 94501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CA Department of Corrections Occupation (for Individual) Clinical Social Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11AI.33747**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Pedroza, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Shoreline Dr #303  
 City Alameda State CA Zip Code 94501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CA Department of Corrections Occupation (for Individual) Clinical Social Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11AI.33748**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Person, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1129 Cavandish Dr  
 City Carmel State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 01 / 2017  
**Transaction ID : SA11AI.33754**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 400 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Person, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1129 Cavandish Dr  
 City Carmel State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11AI.33755**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Person, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1129 Cavandish Dr  
 City Carmel State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11AI.33756**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Person, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1129 Cavandish Dr  
 City Carmel State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 01 / 2017  
**Transaction ID : SA11AI.33757**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 401 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
peters, therese, , ,

Mailing Address 4 ajax PI

City berkeley	State CA	Zip Code 94708
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) n/a	Occupation (for Individual) Student
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2017

**Transaction ID : SA11AI.33759**

Amount of Each Receipt this Period  
27.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
peters, therese, , ,

Mailing Address 4 ajax PI

City berkeley	State CA	Zip Code 94708
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) n/a	Occupation (for Individual) Student
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

**Transaction ID : SA11AI.33760**

Amount of Each Receipt this Period  
27.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Petersen, Peter, , ,

Mailing Address 752 Pomelo Dr

City Vista	State CA	Zip Code 92081
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) north american repower	Occupation (for Individual) Engineer
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2017

**Transaction ID : SA11AI.33761**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	154.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 402 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Petersen, Peter, , ,</b>		Date of Receipt
Mailing Address 752 Pomelo Dr		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2017"/>
City Vista	State CA	Zip Code 92081
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33762</b>
Name of Employer (for Individual) north american repower		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Engineer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Phelps, Andrew, , ,</b>		Date of Receipt
Mailing Address 9761Royal Woods Drive North		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Mobile	State AL	Zip Code 36608
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33765</b>
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) N/A		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Phelps, Andrew, , ,</b>		Date of Receipt
Mailing Address 9761Royal Woods Drive North		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Mobile	State AL	Zip Code 36608
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33766</b>
Name of Employer (for Individual) N/A		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) N/A		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 403 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Phelps, Andrew, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.33767</b>
Mailing Address 9761 Royal Woods Drive North		Amount of Each Receipt this Period 25.00
City Mobile	State AL	Zip Code 36608
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) N/A	Occupation (for Individual) N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Phillips, Christopher, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 09 / 2017 <b>Transaction ID : SA11AI.33771</b>
Mailing Address 731 Belmont St Apt. 2		Amount of Each Receipt this Period 27.00
City Belmont	State MA	Zip Code 02478
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UMass Lowell	Occupation (for Individual) Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Phillips, Christopher, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2017 <b>Transaction ID : SA11AI.33772</b>
Mailing Address 731 Belmont St Apt. 2		Amount of Each Receipt this Period 27.00
City Belmont	State MA	Zip Code 02478
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UMass Lowell	Occupation (for Individual) Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 243.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 404 OF 684 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Phillips, Christopher, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 09 / 2017 <b>Transaction ID : SA11AI.33773</b>		
Mailing Address 731 Belmont St Apt. 2			Amount of Each Receipt this Period 27.00		
City Belmont	State MA	Zip Code 02478	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) UMass Lowell		Occupation (for Individual) Educator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Phillips, Christopher, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 09 / 2017 <b>Transaction ID : SA11AI.33774</b>		
Mailing Address 731 Belmont St Apt. 2			Amount of Each Receipt this Period 27.00		
City Belmont	State MA	Zip Code 02478	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) UMass Lowell		Occupation (for Individual) Educator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 297.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Phillips, Christopher, , ,</b>			Date of Receipt MM / DD / YYYY 12 / 09 / 2017 <b>Transaction ID : SA11AI.33775</b>		
Mailing Address 731 Belmont St Apt. 2			Amount of Each Receipt this Period 27.00		
City Belmont	State MA	Zip Code 02478	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) UMass Lowell		Occupation (for Individual) Educator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 324.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 405 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Phillips, Trevor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4915 Chauncey Ct SE  
 City Salem State OR Zip Code 97302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SEPS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 14 / 2017**  
**Transaction ID : SA11AI.33778**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Phillips, Trevor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4915 Chauncey Ct SE  
 City Salem State OR Zip Code 97302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SEPS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 14 / 2017**  
**Transaction ID : SA11AI.33779**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Phillips, Trevor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4915 Chauncey Ct SE  
 City Salem State OR Zip Code 97302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SEPS Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 14 / 2017**  
**Transaction ID : SA11AI.33780**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 406 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Phillips, Trevor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4915 Chauncey Ct SE  
 City Salem    State OR    Zip Code 97302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SEPS    Occupation (for Individual) Physician  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2017  
**Transaction ID : SA11AI.33781**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Pierce, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11501 Hudson St  
 City Thornton    State CO    Zip Code 80233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual)    Occupation (for Individual)  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 11 / 2017  
**Transaction ID : SA11AI.33784**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Pierce, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11501 Hudson St  
 City Thornton    State CO    Zip Code 80233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual)    Occupation (for Individual)  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11AI.33785**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 407 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Pierce, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11501 Hudson St  
 City Thornton State CO Zip Code 80233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : SA11AI.33786**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Pierce, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11501 Hudson St  
 City Thornton State CO Zip Code 80233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : SA11AI.33787**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Pierce, Maxwell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 650 Duvall Ave apt f614  
 City Renton State WA Zip Code 98059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 microsoft Programmer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.33790**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 408 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Pierce, Maxwell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 650 Duvall Ave apt f614  
 City Renton State WA Zip Code 98059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) microsoft Occupation (for Individual) Programmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017  
**Transaction ID : SA11AI.33791**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Pierce, Maxwell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 650 Duvall Ave apt f614  
 City Renton State WA Zip Code 98059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) microsoft Occupation (for Individual) Programmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2017  
**Transaction ID : SA11AI.33792**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Pierce, Maxwell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 650 Duvall Ave apt f614  
 City Renton State WA Zip Code 98059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) microsoft Occupation (for Individual) Programmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11AI.33793**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 409 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Poole, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Tahoe Rd  
 City Wilmington State NC Zip Code 28412-3149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 14 / 2017  
**Transaction ID : SA11AI.33802**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Poole, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Tahoe Rd  
 City Wilmington State NC Zip Code 28412-3149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 14 / 2017  
**Transaction ID : SA11AI.33803**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Poole, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Tahoe Rd  
 City Wilmington State NC Zip Code 28412-3149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : SA11AI.33804**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 410 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Poole, Tammy, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2017
Mailing Address 405 Tahoe Rd		<b>Transaction ID : SA11AI.33805</b>
City Wilmington	State NC	Zip Code 28412-3149
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Real Estate	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Poole, Tammy, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2017
Mailing Address 405 Tahoe Rd		<b>Transaction ID : SA11AI.33806</b>
City Wilmington	State NC	Zip Code 28412-3149
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Real Estate	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Powers, Ian, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2017
Mailing Address 64 Rawson Rd		<b>Transaction ID : SA11AI.33819</b>
City quincy	State MA	Zip Code 02170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Foster healthcare	Occupation (for Individual) Nurse	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 411 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Powers, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 Rawson Rd  
 City Quincy State MA Zip Code 02170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foster healthcare Occupation (for Individual) Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : SA11AI.33820**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. promislow, isaac, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1884 penobscot Dr  
 City Okemos State MI Zip Code 48864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) na Occupation (for Individual) na  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 12 / 2017  
**Transaction ID : SA11AI.33826**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. promislow, isaac, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1884 penobscot Dr  
 City Okemos State MI Zip Code 48864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) na Occupation (for Individual) na  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11AI.33827**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 412 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. promislow, isaac, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1884 penobscot Dr  
 City Okemos State MI Zip Code 48864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) na Occupation (for Individual) na  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 12 / 2017**  
**Transaction ID : SA11AI.33828**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. promislow, isaac, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1884 penobscot Dr  
 City Okemos State MI Zip Code 48864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) na Occupation (for Individual) na  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 12 / 2017**  
**Transaction ID : SA11AI.33829**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. promislow, isaac, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1884 penobscot Dr  
 City Okemos State MI Zip Code 48864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) na Occupation (for Individual) na  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 12 / 2017**  
**Transaction ID : SA11AI.33830**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 413 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Raghavan, Ashwin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Jarman PI  
 City Bridgewater State NJ Zip Code 08807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Solaris Pharma Inc. Occupation (for Individual) Research Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2017  
**Transaction ID : SA11AI.33835**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Raghavan, Ashwin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Jarman PI  
 City Bridgewater State NJ Zip Code 08807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Solaris Pharma Inc. Occupation (for Individual) Research Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11AI.33836**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Raghavan, Ashwin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Jarman PI  
 City Bridgewater State NJ Zip Code 08807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Solaris Pharma Inc. Occupation (for Individual) Research Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017  
**Transaction ID : SA11AI.33837**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 414 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Raghavan, Ashwin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Jarman Pl  
 City Bridgewater State NJ Zip Code 08807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Solaris Pharma Inc. Occupation (for Individual) Research Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 26 / 2017**  
**Transaction ID : SA11AI.33838**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Rahman, Arif, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10959 Beinhorn Rd  
 City Houston State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Occupation (for Individual) Interventional Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 30 / 2017**  
**Transaction ID : SA11AI.33839**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Rahman, Arif, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10959 Beinhorn Rd  
 City Houston State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Occupation (for Individual) Interventional Radiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 30 / 2017**  
**Transaction ID : SA11AI.33840**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 415 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Rahman, Arif, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10959 Beinhorn Rd  
 City Houston State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Occupation (for Individual) Interventional Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11AI.33841**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Rahman, Arif, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10959 Beinhorn Rd  
 City Houston State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Occupation (for Individual) Interventional Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11AI.33842**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Rahman, Arif, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10959 Beinhorn Rd  
 City Houston State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radiology Occupation (for Individual) Interventional Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11AI.33843**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 416 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Rahman, Arif, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2017
Mailing Address 10959 Beinhorn Rd		<b>Transaction ID : SA11AI.33844</b>
City Houston	State TX	Zip Code 77024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Radiology	Occupation (for Individual) Interventional Radiologist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Richter, Evan, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2017
Mailing Address 3901 Manayunk Ave		<b>Transaction ID : SA11AI.33871</b>
City Philadelphia	State PA	Zip Code 19128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) M Cohen & Sons	Occupation (for Individual) Project Designer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Richter, Evan, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2017
Mailing Address 3901 Manayunk Ave		<b>Transaction ID : SA11AI.33872</b>
City Philadelphia	State PA	Zip Code 19128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) M Cohen & Sons	Occupation (for Individual) Project Designer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 243.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 417 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Richter, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3901 Manayunk Ave  
 City Philadelphia State PA Zip Code 19128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) M Cohen & Sons Occupation (for Individual) Project Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11AI.33873**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Richter, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3901 Manayunk Ave  
 City Philadelphia State PA Zip Code 19128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) M Cohen & Sons Occupation (for Individual) Project Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11AI.33874**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Richter, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3901 Manayunk Ave  
 City Philadelphia State PA Zip Code 19128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) M Cohen & Sons Occupation (for Individual) Project Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11AI.33875**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 418 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ricks, Rodney, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4949 Oakdale Rd SE Apt. 914

City Smyrna	State GA	Zip Code 30080
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Macy's Systems and Technology	Occupation (for Individual) Analyst
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2017

**Transaction ID : SA11AI.33876**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Ricks, Rodney, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4949 Oakdale Rd SE Apt. 914

City Smyrna	State GA	Zip Code 30080
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Macy's Systems and Technology	Occupation (for Individual) Analyst
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

**Transaction ID : SA11AI.33877**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Ricks, Rodney, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4949 Oakdale Rd SE Apt. 914

City Smyrna	State GA	Zip Code 30080
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Macy's Systems and Technology	Occupation (for Individual) Analyst
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

**Transaction ID : SA11AI.33878**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 419 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ricks, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4949 Oakdale Rd SE Apt. 914  
 City Smyrna State GA Zip Code 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Macy's Systems and Technology Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2017  
**Transaction ID : SA11AI.33879**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Ricks, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4949 Oakdale Rd SE Apt. 914  
 City Smyrna State GA Zip Code 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Macy's Systems and Technology Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2017  
**Transaction ID : SA11AI.33880**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Ricks, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4949 Oakdale Rd SE Apt. 914  
 City Smyrna State GA Zip Code 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Macy's Systems and Technology Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017  
**Transaction ID : SA11AI.33881**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 420 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ricotta, Vincent, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Rosell Ct.

City Lagrangeville	State NY	Zip Code 12540
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

**Transaction ID : SA11AI.33883**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Ricotta, Vincent, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Rosell Ct.

City Lagrangeville	State NY	Zip Code 12540
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2017

**Transaction ID : SA11AI.33884**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Ricotta, Vincent, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Rosell Ct.

City Lagrangeville	State NY	Zip Code 12540
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

**Transaction ID : SA11AI.33885**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 421 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Ricotta, Vincent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Rosell Ct.  
 City Lagrangeville State NY Zip Code 12540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2017  
**Transaction ID : SA11AI.33886**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Ricotta, Vincent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Rosell Ct.  
 City Lagrangeville State NY Zip Code 12540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11AI.33887**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Rinck, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 Jordan Rd  
 City Buckfield State ME Zip Code 04220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rinck Advertising, Inc. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11AI.33895**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 422 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. ritalk**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 41 Duncan Avenue

City Cornwall-on-Hudson	State NY	Zip Code 12520
----------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

**Transaction ID : SA11Al.31421**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. ritalk**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 41 Duncan Avenue

City Cornwall-on-Hudson	State NY	Zip Code 12520
----------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2017

**Transaction ID : SA11Al.31422**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. ritalk**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 41 Duncan Avenue

City Cornwall-on-Hudson	State NY	Zip Code 12520
----------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2017

**Transaction ID : SA11Al.31423**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 423 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. ritaink**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Duncan Avenue  
 City Cornwall-on-Hudson State NY Zip Code 12520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2017  
**Transaction ID : SA11AI.31424**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Roberts, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 Ellenwood Dr  
 City West Carrollton State OH Zip Code 45449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Morris Furniture Co., Inc. IT Intern  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2017  
**Transaction ID : SA11AI.33912**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Roberts, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 Ellenwood Dr  
 City West Carrollton State OH Zip Code 45449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Morris Furniture Co., Inc. IT Intern  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2017  
**Transaction ID : SA11AI.33913**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 424 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Roberts, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 Ellenwood Dr  
 City West Carrollton State OH Zip Code 45449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morris Furniture Co., Inc. Occupation (for Individual) IT Intern  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2017  
**Transaction ID : SA11AI.33914**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Roberts, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 Ellenwood Dr  
 City West Carrollton State OH Zip Code 45449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morris Furniture Co., Inc. Occupation (for Individual) IT Intern  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2017  
**Transaction ID : SA11AI.33915**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Roberts, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 Ellenwood Dr  
 City West Carrollton State OH Zip Code 45449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morris Furniture Co., Inc. Occupation (for Individual) IT Intern  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI.33916**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 425 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Roberts, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 Ellenwood Dr  
 City West Carrollton State OH Zip Code 45449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morris Furniture Co., Inc. Occupation (for Individual) IT Intern  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 02 / 2017**  
**Transaction ID : SA11AI.33917**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Robertson, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24198 So Fork Rd  
 City Twain Harte State CA Zip Code 95383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 12 / 2017**  
**Transaction ID : SA11AI.33919**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Robertson, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24198 So Fork Rd  
 City Twain Harte State CA Zip Code 95383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 12 / 2017**  
**Transaction ID : SA11AI.33920**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 426 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Robertson, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24198 So Fork Rd  
 City Twain Harte State CA Zip Code 95383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 12 / 2017**  
**Transaction ID : SA11AI.33921**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Robertson, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24198 So Fork Rd  
 City Twain Harte State CA Zip Code 95383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 12 / 2017**  
**Transaction ID : SA11AI.33922**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Rodgers, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 EAST RUST TRAIL  
 City WILLOW SPRINGS State IL Zip Code 60480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 09 / 2017**  
**Transaction ID : SA11AI.33927**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 427 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Rodgers, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 EAST RUST TRAIL  
 City WILLOW SPRINGS State IL Zip Code 60480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.33928**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Rodgers, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 EAST RUST TRAIL  
 City WILLOW SPRINGS State IL Zip Code 60480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.33929**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Rodgers, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 EAST RUST TRAIL  
 City WILLOW SPRINGS State IL Zip Code 60480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.33930**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 428 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Rodgers, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 EAST RUST TRAIL  
 City WILLOW SPRINGS State IL Zip Code 60480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11AI.33931**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Rodriguez, Favier, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11730 SW 11th St  
 City Davie State FL Zip Code 33325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lan Infotech Occupation (for Individual) Systems Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2017  
**Transaction ID : SA11AI.33934**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Rodriguez, Favier, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11730 SW 11th St  
 City Davie State FL Zip Code 33325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lan Infotech Occupation (for Individual) Systems Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11AI.33935**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 429 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Rodriguez, Favio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11730 SW 11th St  
 City Davie State FL Zip Code 33325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lan Infotech Occupation (for Individual) Systems Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 23 / 2017  
**Transaction ID : SA11AI.33936**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Rodriguez, Favio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11730 SW 11th St  
 City Davie State FL Zip Code 33325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lan Infotech Occupation (for Individual) Systems Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 23 / 2017  
**Transaction ID : SA11AI.33937**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Romero, Jesus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2452 Bermuda Ave  
 City SAN Leandro State CA Zip Code 94577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) County of Alameda Occupation (for Individual) Eligibility Services Tech  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 10 / 2017  
**Transaction ID : SA11AI.33941**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 430 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Romero, Jesus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2452 Bermuda Ave  
 City SAN Leandro State CA Zip Code 94577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) County of Alameda Occupation (for Individual) Eligibility Services Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 10 / 2017  
**Transaction ID : SA11AI.33942**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Rosario, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21206 Barker Canyon Ln  
 City Katy State TX Zip Code 77450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Contractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.33947**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Rosario, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21206 Barker Canyon Ln  
 City Katy State TX Zip Code 77450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Contractor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.33948**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 77.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 431 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Rosario, Carlos, , ,</b>		Date of Receipt
Mailing Address 21206 Barker Canyon Ln		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Katy	State TX	Zip Code 77450
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33949</b>
Name of Employer (for Individual) Self employed		Occupation (for Individual) Contractor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
<input type="text" value="275.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rosario, Carlos, , ,</b>		Date of Receipt
Mailing Address 21206 Barker Canyon Ln		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Katy	State TX	Zip Code 77450
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33950</b>
Name of Employer (for Individual) Self employed		Occupation (for Individual) Contractor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
<input type="text" value="300.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rowsey, Robert, , ,</b>		Date of Receipt
Mailing Address 198 Foundry St		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Morgantown	State WV	Zip Code 26505
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33959</b>
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) Steel Drum Tuner/Craftsman
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
<input type="text" value="225.00"/>		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 432 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Rubens, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Laramie Road

City Etna	State NH	Zip Code 03750
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Crotix	Occupation (for Individual) Investor
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2017

**Transaction ID : SA11AI.33960**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Rumbel, LeAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5122 N Denver Ave

City Portland	State OR	Zip Code 97217
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Social Media Marketer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2017

**Transaction ID : SA11AI.33963**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Rumbel, LeAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5122 N Denver Ave

City Portland	State OR	Zip Code 97217
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Social Media Marketer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2017

**Transaction ID : SA11AI.33964**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	304.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 433 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Rumbel, LeAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5122 N Denver Ave  
 City Portland State OR Zip Code 97217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Social Media Marketer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2017  
**Transaction ID : SA11AI.33965**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Rumbel, LeAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5122 N Denver Ave  
 City Portland State OR Zip Code 97217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Social Media Marketer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2017  
**Transaction ID : SA11AI.33966**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Rumbel, LeAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5122 N Denver Ave  
 City Portland State OR Zip Code 97217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Social Media Marketer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2017  
**Transaction ID : SA11AI.33967**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 434 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Russell-Achurch, Sidney C, , ,</b>		Date of Receipt
Mailing Address 1768 NE 65th Ave		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33972</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Office Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Russell-Achurch, Sidney C, , ,</b>		Date of Receipt
Mailing Address 1768 NE 65th Ave		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33973</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Office Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Russell-Achurch, Sidney C, , ,</b>		Date of Receipt
Mailing Address 1768 NE 65th Ave		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.33974</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Office Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 435 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Russell-Achurch, Sidney C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1768 NE 65th Ave  
 City Hillsboro State OR Zip Code 97124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Office Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : SA11AI.33975**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Russell-Achurch, Sidney C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1768 NE 65th Ave  
 City Hillsboro State OR Zip Code 97124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Office Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : SA11AI.33976**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Salazar, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Lincoln Blvd  
 City Muscatine State IA Zip Code 52761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ES3/MUSCATINE LOGISTICS Occupation (for Individual) Operations Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 10 / 2017  
**Transaction ID : SA11AI.33992**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 436 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Salazar, Nicholas, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1000 Lincoln Blvd  
City Muscatine State IA Zip Code 52761  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) ES3/MUSCATINE LOGISTICS Occupation (for Individual) Operations Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.33993**  
Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Salazar, Nicholas, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1000 Lincoln Blvd  
City Muscatine State IA Zip Code 52761  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) ES3/MUSCATINE LOGISTICS Occupation (for Individual) Operations Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11AI.33994**  
Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Salazar, Nicholas, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1000 Lincoln Blvd  
City Muscatine State IA Zip Code 52761  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) ES3/MUSCATINE LOGISTICS Occupation (for Individual) Operations Manager  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 10 / 2017  
**Transaction ID : SA11AI.33995**  
Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 75.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 437 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Samuel, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Cradle Rock Rd  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google, Inc. Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 14000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2017  
**Transaction ID : SA11AI.34000**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**B. Samuel, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Cradle Rock Rd  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google, Inc. Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 16000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2017  
**Transaction ID : SA11AI.34001**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**C. Samuel, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Cradle Rock Rd  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google, Inc. Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 18000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2017  
**Transaction ID : SA11AI.34002**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 438 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Samuel, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Cradle Rock Rd  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google, Inc. Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017  
**Transaction ID : SA11AI.34003**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**B. Samuel, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Cradle Rock Rd  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google, Inc. Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 22000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2017  
**Transaction ID : SA11AI.34004**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**C. Samuel, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Cradle Rock Rd  
 City Princeton State NJ Zip Code 08540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google, Inc. Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 24000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11AI.34005**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 439 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Sanders, Russell, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 Colegio Dr

City Dana Point	State CA	Zip Code 92629
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) Physician Assistant
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

**Transaction ID : SA11AI.34009**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Sanders, Russell, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 Colegio Dr

City Dana Point	State CA	Zip Code 92629
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) Physician Assistant
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2017

**Transaction ID : SA11AI.34010**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Sanders, Russell, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 Colegio Dr

City Dana Point	State CA	Zip Code 92629
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) Physician Assistant
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

**Transaction ID : SA11AI.34011**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 440 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Sanders, Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33762 Colegio Dr  
 City Dana Point State CA Zip Code 92629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Physician Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2017  
**Transaction ID : SA11AI.34012**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Sanders, Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33762 Colegio Dr  
 City Dana Point State CA Zip Code 92629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Physician Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2017  
**Transaction ID : SA11AI.34013**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Sanford, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 W Barafa Ave  
 City Houghton State MI Zip Code 49931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Bank Occupation (for Individual) Programmer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2017  
**Transaction ID : SA11AI.34014**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 441 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Sanford, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 W Barafa Ave  
 City Houghton State MI Zip Code 49931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Bank Occupation (for Individual) Programmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2017  
**Transaction ID : SA11AI.34015**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Sanford, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 W Barafa Ave  
 City Houghton State MI Zip Code 49931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Bank Occupation (for Individual) Programmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2017  
**Transaction ID : SA11AI.34016**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Sanford, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 W Barafa Ave  
 City Houghton State MI Zip Code 49931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Bank Occupation (for Individual) Programmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017  
**Transaction ID : SA11AI.34017**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 442 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Sanford, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 W Barafa Ave  
 City Houghton State MI Zip Code 49931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Bank Occupation (for Individual) Programmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.34018**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Sanford, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 W Barafa Ave  
 City Houghton State MI Zip Code 49931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Bank Occupation (for Individual) Programmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11AI.34019**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. SanMarco, Eduardo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1930 W Wrangler Way  
 City Queen Creek State AZ Zip Code 85142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Endurance International Occupation (for Individual) Web Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 08 / 2017  
**Transaction ID : SA11AI.34021**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 127.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 443 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. SanMarco, Eduardo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1930 W Wrangler Way  
 City Queen Creek State AZ Zip Code 85142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Endurance International Occupation (for Individual) Web Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 08 / 2017  
**Transaction ID : SA11AI.34022**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. SanMarco, Eduardo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1930 W Wrangler Way  
 City Queen Creek State AZ Zip Code 85142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Endurance International Occupation (for Individual) Web Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : SA11AI.34023**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. SanMarco, Eduardo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1930 W Wrangler Way  
 City Queen Creek State AZ Zip Code 85142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Endurance International Occupation (for Individual) Web Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 08 / 2017  
**Transaction ID : SA11AI.34024**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 444 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. SanMarco, Eduardo, , ,</b>		Date of Receipt
Mailing Address 1930 W Wrangler Way		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City Queen Creek	State AZ	Zip Code 85142
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34025</b>
Name of Employer (for Individual) Endurance International		Occupation (for Individual) Web Developer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="text" value="324.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Santiago, Maria, , ,</b>		Date of Receipt
Mailing Address 21W070 22nd St		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34029</b>
Name of Employer (for Individual) Self		Occupation (for Individual) Clinical Social Worker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="text" value="216.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Santiago, Maria, , ,</b>		Date of Receipt
Mailing Address 21W070 22nd St		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34030</b>
Name of Employer (for Individual) Self		Occupation (for Individual) Clinical Social Worker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="text" value="243.00"/>		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 445 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Santiago, Maria, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21W070 22nd St

City Lombard	State IL	Zip Code 60148
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Clinical Social Worker
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

**Transaction ID : SA11AI.34031**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Santiago, Maria, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21W070 22nd St

City Lombard	State IL	Zip Code 60148
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Clinical Social Worker
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2017

**Transaction ID : SA11AI.34032**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Santiago, Maria, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21W070 22nd St

City Lombard	State IL	Zip Code 60148
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Clinical Social Worker
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2017

**Transaction ID : SA11AI.34033**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 446 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. SASLOW, BARBARA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 W 79th St  
apt 8a

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self Occupation (for Individual) CSW

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
214.00

Date of Receipt  
07 / 21 / 2017  
Transaction ID : SA11AI.34034

Amount of Each Receipt this Period  
27.00

Memo Item

**B. SASLOW, BARBARA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 W 79th St  
apt 8a

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self Occupation (for Individual) CSW

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.00

Date of Receipt  
08 / 21 / 2017  
Transaction ID : SA11AI.34035

Amount of Each Receipt this Period  
27.00

Memo Item

**C. SASLOW, BARBARA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 W 79th St  
apt 8a

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self Occupation (for Individual) CSW

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
268.00

Date of Receipt  
09 / 21 / 2017  
Transaction ID : SA11AI.34036

Amount of Each Receipt this Period  
27.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 447 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. SASLOW, BARBARA, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 21 / 2017 <b>Transaction ID : SA11AI.34037</b>
Mailing Address 135 W 79th St apt 8a		Amount of Each Receipt this Period 27.00
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) CSW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. SASLOW, BARBARA, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2017 <b>Transaction ID : SA11AI.34038</b>
Mailing Address 135 W 79th St apt 8a		Amount of Each Receipt this Period 27.00
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) CSW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. SASLOW, BARBARA, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 21 / 2017 <b>Transaction ID : SA11AI.34039</b>
Mailing Address 135 W 79th St apt 8a		Amount of Each Receipt this Period 27.00
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) CSW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 349.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 448 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Saya, Cody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1622 golden gate ave  
 City Los angeles State CA Zip Code 90026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Graphic Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 16 / 2017  
**Transaction ID : SA11AI.34044**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Saya, Cody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1622 golden gate ave  
 City Los angeles State CA Zip Code 90026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Graphic Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11AI.34045**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Saya, Cody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1622 golden gate ave  
 City Los angeles State CA Zip Code 90026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Graphic Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 16 / 2017  
**Transaction ID : SA11AI.34046**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 449 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Saya, Cody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1622 golden gate ave  
 City Los angeles State CA Zip Code 90026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Graphic Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 16 / 2017  
**Transaction ID : SA11AI.34047**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Schafer, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 St. Paul Ln  
 City Ofallon State MO Zip Code 63366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mo Dept of Transportation Occupation (for Individual) Senior Signal Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 22 / 2017  
**Transaction ID : SA11AI.34050**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Schafer, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 St. Paul Ln  
 City Ofallon State MO Zip Code 63366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mo Dept of Transportation Occupation (for Individual) Senior Signal Electrician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2017  
**Transaction ID : SA11AI.34051**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 450 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Schafer, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 St. Paul Ln  
 City Ofallon State MO Zip Code 63366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mo Dept of Transportation Occupation (for Individual) Senior Signal Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 22 / 2017  
**Transaction ID : SA11AI.34052**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Schafer, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 St. Paul Ln  
 City Ofallon State MO Zip Code 63366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mo Dept of Transportation Occupation (for Individual) Senior Signal Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 12 / 22 / 2017  
**Transaction ID : SA11AI.34053**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Schak, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 16th St NW Apt 810  
 City Washington State DC Zip Code 20010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Department of Education Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 07 / 09 / 2017  
**Transaction ID : SA11AI.34054**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 451 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Schak, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 16th St NW Apt 810  
 City Washington State DC Zip Code 20010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Department of Education Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.34055**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Schak, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 16th St NW Apt 810  
 City Washington State DC Zip Code 20010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Department of Education Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.34056**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Schak, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 16th St NW Apt 810  
 City Washington State DC Zip Code 20010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Department of Education Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.34057**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 452 OF 684
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Schak, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 16th St NW Apt 810  
 City Washington State DC Zip Code 20010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Department of Education Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **11 / 09 / 2017**  
**Transaction ID : SA11AI.34058**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Schak, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 16th St NW Apt 810  
 City Washington State DC Zip Code 20010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Department of Education Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 09 / 2017**  
**Transaction ID : SA11AI.34059**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Schlosser, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3452 Pilgrim Dr  
 City Frisco State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McKinney ISD Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 09 / 2017**  
**Transaction ID : SA11AI.34070**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 453 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Schlosser, Matt, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3452 Pilgrim Dr

City Frisco	State TX	Zip Code 75034
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McKinney ISD	Occupation (for Individual) Teacher
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2017

**Transaction ID : SA11AI.34071**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Schlosser, Matt, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3452 Pilgrim Dr

City Frisco	State TX	Zip Code 75034
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McKinney ISD	Occupation (for Individual) Teacher
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2017

**Transaction ID : SA11AI.34072**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Schlosser, Matt, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3452 Pilgrim Dr

City Frisco	State TX	Zip Code 75034
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McKinney ISD	Occupation (for Individual) Teacher
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2017

**Transaction ID : SA11AI.34073**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 454 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Seeta 2 Durga**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4406 Chowning Way  
 City Atlanta State GA Zip Code 30338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 11 / 2017  
**Transaction ID : SA11AI.31425**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Seeta 2 Durga**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4406 Chowning Way  
 City Atlanta State GA Zip Code 30338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 11 / 2017  
**Transaction ID : SA11AI.31426**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Seeta 2 Durga**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4406 Chowning Way  
 City Atlanta State GA Zip Code 30338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 11 / 2017  
**Transaction ID : SA11AI.31427**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 455 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Seeta 2 Durga**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4406 Chowning Way

City Atlanta	State GA	Zip Code 30338
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2017

**Transaction ID : SA11AI.31428**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Seeta 2 Durga**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4406 Chowning Way

City Atlanta	State GA	Zip Code 30338
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2017

**Transaction ID : SA11AI.31429**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Seeta 2 Durga**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 4406 Chowning Way

City Atlanta	State GA	Zip Code 30338
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11AI.31430**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 456 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Semivan, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Richdale Ave  
 Unit 13  
 City Cambridge State MA Zip Code 02140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Social Security Admin Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2017  
**Transaction ID : SA11AI.34102**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Semivan, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Richdale Ave  
 Unit 13  
 City Cambridge State MA Zip Code 02140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Social Security Admin Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2017  
**Transaction ID : SA11AI.34103**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Semivan, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Richdale Ave  
 Unit 13  
 City Cambridge State MA Zip Code 02140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Social Security Admin Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2017  
**Transaction ID : SA11AI.34104**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 457 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Semivan, Jeanne, , ,</b>		Date of Receipt
Mailing Address 1 Richdale Ave Unit 13		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Cambridge	State MA	Zip Code 02140
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.34105</b>
Name of Employer (for Individual) Social Security Admin		Occupation (for Individual) Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Shamshoian, Gary, , ,</b>		Date of Receipt
Mailing Address 18765 Tuggle Ave		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Cupertino	State CA	Zip Code 95014
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.34107</b>
Name of Employer (for Individual) IBDE		Occupation (for Individual) Mechanical Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Shamshoian, Gary, , ,</b>		Date of Receipt
Mailing Address 18765 Tuggle Ave		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Cupertino	State CA	Zip Code 95014
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.34108</b>
Name of Employer (for Individual) IBDE		Occupation (for Individual) Mechanical Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="79.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 458 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Shamshoian, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18765 Tuggle Ave  
 City Cupertino State CA Zip Code 95014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IBDE Occupation (for Individual) Mechanical Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 20 / 2017**  
**Transaction ID : SA11AI.34109**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Shamshoian, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18765 Tuggle Ave  
 City Cupertino State CA Zip Code 95014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IBDE Occupation (for Individual) Mechanical Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 20 / 2017**  
**Transaction ID : SA11AI.34110**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Shamshoian, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18765 Tuggle Ave  
 City Cupertino State CA Zip Code 95014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IBDE Occupation (for Individual) Mechanical Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 20 / 2017**  
**Transaction ID : SA11AI.34111**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 459 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Sharma, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Kingswood Rd  
 City Auburndale State MA Zip Code 02466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) IT Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017  
**Transaction ID : SA11AI.34117**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Sharma, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Kingswood Rd  
 City Auburndale State MA Zip Code 02466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) IT Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11AI.34118**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Sharma, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Kingswood Rd  
 City Auburndale State MA Zip Code 02466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) IT Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11AI.34119**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 460 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sharma, Allison, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017
Mailing Address 46 Kingswood Rd		<b>Transaction ID : SA11AI.34120</b>
City Auburndale	State MA	Zip Code 02466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) IT Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sharma, Allison, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 46 Kingswood Rd		<b>Transaction ID : SA11AI.34121</b>
City Auburndale	State MA	Zip Code 02466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) IT Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Shen, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 19 / 2017
Mailing Address 26 Wilton St		<b>Transaction ID : SA11AI.34123</b>
City Waltham	State MA	Zip Code 02453
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Yale University	Occupation (for Individual) Graduate Student	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 461 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Shen, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Wilton St  
 City Waltham State MA Zip Code 02453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Yale University Graduate Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11AI.34124**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Shen, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Wilton St  
 City Waltham State MA Zip Code 02453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Yale University Graduate Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2017  
**Transaction ID : SA11AI.34125**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Shen, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Wilton St  
 City Waltham State MA Zip Code 02453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Yale University Graduate Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2017  
**Transaction ID : SA11AI.34126**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 462 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Sheridan, Glenn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 322 Green Lawn Pl  
 City Neptune State NJ Zip Code 07753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Public Service Electric & Gas Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 21 / 2017**  
**Transaction ID : SA11AI.34127**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**B. Sheriff, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Wood St Apt 2  
 City Providence State RI Zip Code 02909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Graphics Systems Occupation (for Individual) Print Quality Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 26 / 2017**  
**Transaction ID : SA11AI.34128**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Sheriff, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Wood St Apt 2  
 City Providence State RI Zip Code 02909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Graphics Systems Occupation (for Individual) Print Quality Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 26 / 2017**  
**Transaction ID : SA11AI.34129**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 463 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Sheriff, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Wood St Apt 2  
 City Providence State RI Zip Code 02909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Graphics Systems Occupation (for Individual) Print Quality Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 26 / 2017  
**Transaction ID : SA11AI.34130**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Sheriff, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Wood St Apt 2  
 City Providence State RI Zip Code 02909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Graphics Systems Occupation (for Individual) Print Quality Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11AI.34131**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Sheriff, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Wood St Apt 2  
 City Providence State RI Zip Code 02909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Graphics Systems Occupation (for Individual) Print Quality Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 26 / 2017  
**Transaction ID : SA11AI.34132**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶  
**TOTAL** This Period (last page this line number only)..... ▶

150.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 464 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sheriff, Kathryn, , ,</b>			Date of Receipt
Mailing Address 85 Wood St Apt 2			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Providence	State RI	Zip Code 02909	<b>Transaction ID : SA11AI.34133</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) Southern Graphics Systems		Occupation (for Individual) Print Quality Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Shorts, Thomas, , ,</b>			Date of Receipt
Mailing Address 4243 Sweet Leaf Ln			<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City Edgewater	State MD	Zip Code 21037	<b>Transaction ID : SA11AI.34137</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Department of State		Occupation (for Individual) Tech	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Shorts, Thomas, , ,</b>			Date of Receipt
Mailing Address 4243 Sweet Leaf Ln			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City Edgewater	State MD	Zip Code 21037	<b>Transaction ID : SA11AI.34138</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Department of State		Occupation (for Individual) Tech	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="104.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 465 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Shorts, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4243 Sweet Leaf Ln  
 City Edgewater State MD Zip Code 21037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Department of State Occupation (for Individual) Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11AI.34139**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Shorts, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4243 Sweet Leaf Ln  
 City Edgewater State MD Zip Code 21037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Department of State Occupation (for Individual) Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11AI.34140**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Shorts, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4243 Sweet Leaf Ln  
 City Edgewater State MD Zip Code 21037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Department of State Occupation (for Individual) Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11AI.34141**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 466 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Shutt, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 Top of Texas Trl  
 City Austin State TX Zip Code 78735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2017  
**Transaction ID : SA11AI.34144**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Shutt, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 Top of Texas Trl  
 City Austin State TX Zip Code 78735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2017  
**Transaction ID : SA11AI.34145**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Shutt, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 Top of Texas Trl  
 City Austin State TX Zip Code 78735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2017  
**Transaction ID : SA11AI.34146**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 467 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Shutt, Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4100 Top of Texas Trl

City Austin	State TX	Zip Code 78735
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Writer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

**Transaction ID : SA11AI.34147**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Silverstein, Joyce, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 Apple Ln

City Briarcliff	State NY	Zip Code 10510
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2017

**Transaction ID : SA11AI.34153**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Silverstein, Joyce, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 Apple Ln

City Briarcliff	State NY	Zip Code 10510
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2017

**Transaction ID : SA11AI.34154**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 468 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Silverstein, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 67 Apple Ln  
 City Briarcliff State NY Zip Code 10510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017  
**Transaction ID : SA11AI.34155**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Silverstein, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 67 Apple Ln  
 City Briarcliff State NY Zip Code 10510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2017  
**Transaction ID : SA11AI.34156**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Silverstein, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 67 Apple Ln  
 City Briarcliff State NY Zip Code 10510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11AI.34157**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 469 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Simons, Julie, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2017 <b>Transaction ID : SA11AI.34168</b>
Mailing Address 8990 N Twain St		Amount of Each Receipt this Period 50.00
City Tucson	State AZ	Zip Code 85742
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Ski Obsession	Occupation (for Individual) Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Simons, Julie, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2017 <b>Transaction ID : SA11AI.34169</b>
Mailing Address 8990 N Twain St		Amount of Each Receipt this Period 50.00
City Tucson	State AZ	Zip Code 85742
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Ski Obsession	Occupation (for Individual) Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Simons, Julie, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2017 <b>Transaction ID : SA11AI.34170</b>
Mailing Address 8990 N Twain St		Amount of Each Receipt this Period 50.00
City Tucson	State AZ	Zip Code 85742
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Ski Obsession	Occupation (for Individual) Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 470 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Simons, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8990 N Twain St  
 City Tucson State AZ Zip Code 85742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ski Obsession Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 28 / 2017  
**Transaction ID : SA11AI.34171**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Simonsen, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8205 campodolcino Dr  
 City Corpus christi State TX Zip Code 78414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coastal bend pathology Occupation (for Individual) Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 16 / 2017  
**Transaction ID : SA11AI.34174**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Simonsen, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8205 campodolcino Dr  
 City Corpus christi State TX Zip Code 78414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coastal bend pathology Occupation (for Individual) Business Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2017  
**Transaction ID : SA11AI.34175**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 471 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Simonsen, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8205 campodolcino Dr  
 City Corpus christi State TX Zip Code 78414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coastal bend pathology Occupation (for Individual) Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 16 / 2017  
**Transaction ID : SA11AI.34176**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Simonsen, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8205 campodolcino Dr  
 City Corpus christi State TX Zip Code 78414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coastal bend pathology Occupation (for Individual) Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 16 / 2017  
**Transaction ID : SA11AI.34177**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Sipman, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2271 Prairie View Road  
 City Decorah State IA Zip Code 52101-7860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trittech Software Systems Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11AI.34178**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 472 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Sipman, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2271 Prairie View Road  
 City Decorah State IA Zip Code 52101-7860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tritech Software Systems Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 27 / 2017  
**Transaction ID : SA11AI.34179**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Sipman, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2271 Prairie View Road  
 City Decorah State IA Zip Code 52101-7860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tritech Software Systems Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11AI.34180**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Sipman, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2271 Prairie View Road  
 City Decorah State IA Zip Code 52101-7860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tritech Software Systems Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : SA11AI.34181**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 473 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sipman, Erik, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2017
Mailing Address 2271 Prairie View Road		<b>Transaction ID : SA11AI.34182</b>
City Decorah	State IA	Zip Code 52101-7860
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Tritech Software Systems	Occupation (for Individual) Software Developer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sipman, Erik, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2017
Mailing Address 2271 Prairie View Road		<b>Transaction ID : SA11AI.34183</b>
City Decorah	State IA	Zip Code 52101-7860
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Tritech Software Systems	Occupation (for Individual) Software Developer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sivieri, Jessica, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2017
Mailing Address 65 Maura Dr		<b>Transaction ID : SA11AI.34185</b>
City Bridgewater	State MA	Zip Code 02324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) UL verification services	Occupation (for Individual) Client Services Coordinator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	227.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 474 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sivieri, Jessica, , ,</b>			Date of Receipt
Mailing Address 65 Maura Dr			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Bridgewater	State MA	Zip Code 02324	<b>Transaction ID : SA11Al.34186</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) UL verification services		Occupation (for Individual) Client Services Coordinator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sivieri, Jessica, , ,</b>			Date of Receipt
Mailing Address 65 Maura Dr			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Bridgewater	State MA	Zip Code 02324	<b>Transaction ID : SA11Al.34187</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) UL verification services		Occupation (for Individual) Client Services Coordinator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sivieri, Jessica, , ,</b>			Date of Receipt
Mailing Address 65 Maura Dr			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Bridgewater	State MA	Zip Code 02324	<b>Transaction ID : SA11Al.34188</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) UL verification services		Occupation (for Individual) Client Services Coordinator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="297.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 475 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sivieri, Jessica, , ,</b>			Date of Receipt
Mailing Address 65 Maura Dr			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Bridgewater	State MA	Zip Code 02324	<b>Transaction ID : SA11AI.34189</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) UL verification services		Occupation (for Individual) Client Services Coordinator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="324.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Skrabal, David, , ,</b>			Date of Receipt
Mailing Address 4 CLAIRMOOR DR			<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City NASHUA	State NH	Zip Code 03060-5325	<b>Transaction ID : SA11AI.34195</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) All Covered		Occupation (for Individual) IT Support Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Skrabal, David, , ,</b>			Date of Receipt
Mailing Address 4 CLAIRMOOR DR			<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City NASHUA	State NH	Zip Code 03060-5325	<b>Transaction ID : SA11AI.34196</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) All Covered		Occupation (for Individual) IT Support Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 476 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Skrabal, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 CLAIRMOOR DR  
 City NASHUA State NH Zip Code 03060-5325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) All Covered Occupation (for Individual) IT Support Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2017  
**Transaction ID : SA11AI.34197**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Skrabal, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 CLAIRMOOR DR  
 City NASHUA State NH Zip Code 03060-5325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) All Covered Occupation (for Individual) IT Support Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2017  
**Transaction ID : SA11AI.34198**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Smith, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2633 McKinney Ave Suite 130-386  
 City Dallas State TX Zip Code 75204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Writer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2017  
**Transaction ID : SA11AI.34209**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 477 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Smith, Christine, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2633 McKinney Ave Suite 130-386

City Dallas	State TX	Zip Code 75204
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Writer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2017

**Transaction ID : SA11AI.34210**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Smith, Christine, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2633 McKinney Ave Suite 130-386

City Dallas	State TX	Zip Code 75204
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Writer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2017

**Transaction ID : SA11AI.34211**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Smith, Joel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 Pueblo St  
Apt C

City Boise	State ID	Zip Code 83702
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Verizon Wireless	Occupation (for Individual) Global Support
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2017

**Transaction ID : SA11AI.34214**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 479 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Smith, Marcus, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8782 Applewood Dr

City Rancho Cucamonga	State CA	Zip Code 91730
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cox Automotive	Occupation (for Individual) Platform Engineer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2017

**Transaction ID : SA11AI.34222**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Smith, Marcus, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8782 Applewood Dr

City Rancho Cucamonga	State CA	Zip Code 91730
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cox Automotive	Occupation (for Individual) Platform Engineer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

**Transaction ID : SA11AI.34223**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Smith, Norman, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12624 Biarritz Ln

City Saratoga	State CA	Zip Code 95070
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Tax Preparer
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2017

**Transaction ID : SA11AI.34226**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 480 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Smith, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12624 Biarritz Ln  
 City Saratoga State CA Zip Code 95070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Tax Preparer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2017  
**Transaction ID : SA11AI.34227**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Smith, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12624 Biarritz Ln  
 City Saratoga State CA Zip Code 95070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Tax Preparer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2017  
**Transaction ID : SA11AI.34228**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Smith, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12624 Biarritz Ln  
 City Saratoga State CA Zip Code 95070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Tax Preparer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2017  
**Transaction ID : SA11AI.34229**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 481 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Sodke, Kaibab, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 N Sherwood St #20  
 City Fort Collins State CO Zip Code 80521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CO Department of Revenue Occupation (for Individual) DMV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 08 / 09 / 2017  
**Transaction ID : SA11AI.34233**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Sodke, Kaibab, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 N Sherwood St #20  
 City Fort Collins State CO Zip Code 80521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CO Department of Revenue Occupation (for Individual) DMV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 09 / 09 / 2017  
**Transaction ID : SA11AI.34234**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Sodke, Kaibab, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 N Sherwood St #20  
 City Fort Collins State CO Zip Code 80521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CO Department of Revenue Occupation (for Individual) DMV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 10 / 09 / 2017  
**Transaction ID : SA11AI.34235**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 482 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sodke, Kaibab, , ,</b>		Date of Receipt
Mailing Address 520 N Sherwood St #20		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Fort Collins	State CO	Zip Code 80521
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34236</b>
Name of Employer (for Individual) CO Department of Revenue		Occupation (for Individual) DMV
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sodke, Kaibab, , ,</b>		Date of Receipt
Mailing Address 520 N Sherwood St #20		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Fort Collins	State CO	Zip Code 80521
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34237</b>
Name of Employer (for Individual) CO Department of Revenue		Occupation (for Individual) DMV
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Solari, Arthur, , ,</b>		Date of Receipt
Mailing Address 3506 88th St		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2017"/>
City Jackson Heights	State NY	Zip Code 11372
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34241</b>
Name of Employer (for Individual) Silent Sound		Occupation (for Individual) Composer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="79.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 483 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Solari, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3506 88th St  
 City Jackson Heights State NY Zip Code 11372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Silent Sound Occupation (for Individual) Composer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2017  
**Transaction ID : SA11AI.34242**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Solari, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3506 88th St  
 City Jackson Heights State NY Zip Code 11372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Silent Sound Occupation (for Individual) Composer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2017  
**Transaction ID : SA11AI.34243**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Solari, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3506 88th St  
 City Jackson Heights State NY Zip Code 11372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Silent Sound Occupation (for Individual) Composer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2017  
**Transaction ID : SA11AI.34244**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 484 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Spaulding, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6407 NE 36th Ave  
 City Portland State OR Zip Code 97211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 28 / 2017  
**Transaction ID : SA11AI.34266**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Spector, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 Martine Ave 6a  
 City White Plains State NY Zip Code 10601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rensselaer Polytechnic Institute Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 01 / 2017  
**Transaction ID : SA11AI.34268**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Spector, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 Martine Ave 6a  
 City White Plains State NY Zip Code 10601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rensselaer Polytechnic Institute Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 01 / 2017  
**Transaction ID : SA11AI.34269**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 485 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Spector, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 Martine Ave 6a  
 City White Plains State NY Zip Code 10601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rensselaer Polytechnic Institute Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 01 / 2017  
**Transaction ID : SA11AI.34270**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Spector, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 Martine Ave 6a  
 City White Plains State NY Zip Code 10601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rensselaer Polytechnic Institute Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : SA11AI.34271**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Spector, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 Martine Ave 6a  
 City White Plains State NY Zip Code 10601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rensselaer Polytechnic Institute Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 01 / 2017  
**Transaction ID : SA11AI.34272**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 486 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Spiropoulos, Nick, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 23 / 2017 <b>Transaction ID : SA11AI.34279</b>
Mailing Address 9115 Crosby Rd		Amount of Each Receipt this Period 50.00
City Silver Spring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cortina Productions inc	Occupation (for Individual) Video Editor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Spiropoulos, Nick, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2017 <b>Transaction ID : SA11AI.34280</b>
Mailing Address 9115 Crosby Rd		Amount of Each Receipt this Period 27.00
City Silver Spring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cortina Productions inc	Occupation (for Individual) Video Editor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 539.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Spiropoulos, Nick, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2017 <b>Transaction ID : SA11AI.34281</b>
Mailing Address 9115 Crosby Rd		Amount of Each Receipt this Period 50.00
City Silver Spring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cortina Productions inc	Occupation (for Individual) Video Editor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 589.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	127.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 487 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Spiropoulos, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9115 Crosby Rd  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cortina Productions inc Occupation (for Individual) Video Editor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 616.00

Date of Receipt **08 / 24 / 2017**  
**Transaction ID : SA11AI.34282**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Spiropoulos, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9115 Crosby Rd  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cortina Productions inc Occupation (for Individual) Video Editor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.00

Date of Receipt **09 / 23 / 2017**  
**Transaction ID : SA11AI.34283**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Spiropoulos, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9115 Crosby Rd  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cortina Productions inc Occupation (for Individual) Video Editor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt **09 / 24 / 2017**  
**Transaction ID : SA11AI.34284**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 488 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Spiropoulos, Nick, , ,</b>			Date of Receipt
Mailing Address 9115 Crosby Rd			<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City Silver Spring	State MD	Zip Code 20910	<b>Transaction ID : SA11AI.34285</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) Cortina Productions inc		Occupation (for Individual) Video Editor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="743.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Spiropoulos, Nick, , ,</b>			Date of Receipt
Mailing Address 9115 Crosby Rd			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City Silver Spring	State MD	Zip Code 20910	<b>Transaction ID : SA11AI.34286</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) Cortina Productions inc		Occupation (for Individual) Video Editor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="793.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Spiropoulos, Nick, , ,</b>			Date of Receipt
Mailing Address 9115 Crosby Rd			<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2017"/>
City Silver Spring	State MD	Zip Code 20910	<b>Transaction ID : SA11AI.34287</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Cortina Productions inc		Occupation (for Individual) Video Editor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="820.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="127.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 489 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Spiropoulos, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9115 Crosby Rd  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cortina Productions inc Occupation (for Individual) Video Editor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 870.00

Date of Receipt 12 / 23 / 2017  
**Transaction ID : SA11AI.34288**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Spiropoulos, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9115 Crosby Rd  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cortina Productions inc Occupation (for Individual) Video Editor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 12 / 24 / 2017  
**Transaction ID : SA11AI.34289**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Spotz, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14320 Soula Dr NE  
 City Albuquerque State NM Zip Code 87123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandia National Laboratories Occupation (for Individual) Scientist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11AI.34290**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 490 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Spotz, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14320 Soula Dr NE

City Albuquerque	State NM	Zip Code 87123
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandia National Laboratories	Occupation (for Individual) Scientist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : SA11AI.34291**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Spotz, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14320 Soula Dr NE

City Albuquerque	State NM	Zip Code 87123
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandia National Laboratories	Occupation (for Individual) Scientist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11AI.34292**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Spotz, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14320 Soula Dr NE

City Albuquerque	State NM	Zip Code 87123
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandia National Laboratories	Occupation (for Individual) Scientist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11AI.34293**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 491 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Spotz, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14320 Soula Dr NE

City Albuquerque	State NM	Zip Code 87123
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandia National Laboratories	Occupation (for Individual) Scientist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11AI.34294**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Spotz, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14320 Soula Dr NE

City Albuquerque	State NM	Zip Code 87123
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandia National Laboratories	Occupation (for Individual) Scientist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11AI.34295**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Squitire, Kerianne, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2010 Strebor St

City Durham	State NC	Zip Code 27705
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bootstrap Advisors	Occupation (for Individual) Operations Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2017

**Transaction ID : SA11AI.34297**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	227.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 492 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Stanfill, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Lott St  
 City Brooklyn State NY Zip Code 11226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11AI.34300**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Stanfill, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Lott St  
 City Brooklyn State NY Zip Code 11226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : SA11AI.34301**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Stanfill, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Lott St  
 City Brooklyn State NY Zip Code 11226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : SA11AI.34302**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 493 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Stanfill, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Lott St  
 City Brooklyn State NY Zip Code 11226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : SA11AI.34303**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Stanish, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2012 W St Paul Ave Unit 316  
 City Chicago State IL Zip Code 60647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Designer/Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2017  
**Transaction ID : SA11AI.34306**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Stanish, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2012 W St Paul Ave Unit 316  
 City Chicago State IL Zip Code 60647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Designer/Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017  
**Transaction ID : SA11AI.34307**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 494 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Stanish, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2012 W St Paul Ave Unit 316  
 City Chicago State IL Zip Code 60647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Designer/Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 23 / 2017**  
**Transaction ID : SA11AI.34308**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Stanish, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2012 W St Paul Ave Unit 316  
 City Chicago State IL Zip Code 60647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Designer/Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 23 / 2017**  
**Transaction ID : SA11AI.34309**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Stanley, Gina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 green oak Dr  
 City huntington State WV Zip Code 25705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 10 / 2017**  
**Transaction ID : SA11AI.34801**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 496 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Stanley, Gina, , ,</b>		Date of Receipt
Mailing Address 221 green oak Dr		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City huntington	State WV	Zip Code 25705
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34805</b>
Name of Employer (for Individual) self		Occupation (for Individual) Lawyer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="text" value="324.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Stone, Bruce, , ,</b>		Date of Receipt
Mailing Address 49 Austin St		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Portland	State ME	Zip Code 04103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34324</b>
Name of Employer (for Individual) N/A		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="text" value="216.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Stratyllis, Inc.</b>		Date of Receipt
Mailing Address 6301 S 242nd PL Apt 7-201		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Kent	State WA	Zip Code 98032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.31431</b>
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
<input type="text" value="350.00"/>		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="104.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 497 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Stratyllis, Inc.</b>		Date of Receipt
Mailing Address 6301 S 242nd PL Apt 7-201		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Kent	State WA	Zip Code 98032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.31432</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. STRELZOFF, FRED, , ,</b>		Date of Receipt
Mailing Address 19712 diablo Dr		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City pflugerville	State TX	Zip Code 78660
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34328</b>
Name of Employer (for Individual) ixia		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Product Management High Tech		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. STRELZOFF, FRED, , ,</b>		Date of Receipt
Mailing Address 19712 diablo Dr		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City pflugerville	State TX	Zip Code 78660
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34329</b>
Name of Employer (for Individual) ixia		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) Product Management High Tech		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="243.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="104.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 498 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. STRELZOFF, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19712 diablo Dr  
 City pflugerville State TX Zip Code 78660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ixia Occupation (for Individual) Product Management High Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.34330**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. STRELZOFF, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19712 diablo Dr  
 City pflugerville State TX Zip Code 78660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ixia Occupation (for Individual) Product Management High Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.34331**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Strickler, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 E Lowell St  
 City Kansas City State MO Zip Code 64119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Strickler Farms Occupation (for Individual) Farmer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 08 / 2017  
**Transaction ID : SA11AI.34333**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 499 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Strickler, Justin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 E Lowell St

City Kansas City	State MO	Zip Code 64119
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Strickler Farms	Occupation (for Individual) Farmer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.00**

Date of Receipt: **09 / 08 / 2017**  
**Transaction ID : SA11AI.34334**

Amount of Each Receipt this Period: **27.00**

Memo Item

**B. Stromberg, Michelle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2873 Constellation Way

City Finksburg	State MD	Zip Code 21048-2068
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) U of Maryland	Occupation (for Individual) Lab Systems
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt: **09 / 30 / 2017**  
**Transaction ID : SA11AI.34341**

Amount of Each Receipt this Period: **27.00**

Memo Item

**C. Stutzman, Joe, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1507 Houston St  
Apt 145

City Austin	State TX	Zip Code 78756
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HostGator.com	Occupation (for Individual) Illustrator
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **09 / 12 / 2017**  
**Transaction ID : SA11AI.34344**

Amount of Each Receipt this Period: **25.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>79.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 500 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Stutzman, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1507 Houston St  
 Apt 145  
 City Austin State TX Zip Code 78756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HostGator.com Occupation (for Individual) Illustrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2017  
**Transaction ID : SA11AI.34345**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Stutzman, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1507 Houston St  
 Apt 145  
 City Austin State TX Zip Code 78756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HostGator.com Occupation (for Individual) Illustrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2017  
**Transaction ID : SA11AI.34346**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Stutzman, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1507 Houston St  
 Apt 145  
 City Austin State TX Zip Code 78756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HostGator.com Occupation (for Individual) Illustrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2017  
**Transaction ID : SA11AI.34347**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 501 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Sukalski, Sonya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3899 Brookdale Blvd  
 City Castro Valley State CA Zip Code 94546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UU Fellowship of Tuolumne County Occupation (for Individual) UU minister  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 214.00

Date of Receipt **07 / 23 / 2017**  
**Transaction ID : SA11AI.34350**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Sullivan, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3737 12th Ave S Apt 4  
 City Minneapolis State MN Zip Code 55407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 08 / 2017**  
**Transaction ID : SA11AI.34351**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Sullivan, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3737 12th Ave S Apt 4  
 City Minneapolis State MN Zip Code 55407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 08 / 2017**  
**Transaction ID : SA11AI.34352**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	227.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 502 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Sullivan, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3737 12th Ave S Apt 4  
 City Minneapolis State MN Zip Code 55407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 08 / 2017  
**Transaction ID : SA11AI.34353**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Sullivan, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3737 12th Ave S Apt 4  
 City Minneapolis State MN Zip Code 55407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : SA11AI.34354**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Sullivan, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3737 12th Ave S Apt 4  
 City Minneapolis State MN Zip Code 55407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 08 / 2017  
**Transaction ID : SA11AI.34355**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 503 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sullivan, Raymond, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2017
Mailing Address 3737 12th Ave S Apt 4		<b>Transaction ID : SA11AI.34356</b>
City Minneapolis	State MN	Zip Code 55407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Self	Occupation (for Individual) Business Owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. sullivan, william, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2017
Mailing Address 214 N pine Ave 1b		<b>Transaction ID : SA11AI.34362</b>
City arlington heights	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) Software Test Automation	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Surdilla, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2017
Mailing Address 32400 Lois Way		<b>Transaction ID : SA11AI.34366</b>
City Union City	State CA	Zip Code 94587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Archus Studios	Occupation (for Individual) Architectural Consulting	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	377.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 504 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Surdilla, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32400 Lois Way

City Union City	State CA	Zip Code 94587
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Archus Studios	Occupation (for Individual) Architectural Consulting
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2017

**Transaction ID : SA11AI.34367**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Surdilla, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32400 Lois Way

City Union City	State CA	Zip Code 94587
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Archus Studios	Occupation (for Individual) Architectural Consulting
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : SA11AI.34368**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Surdilla, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32400 Lois Way

City Union City	State CA	Zip Code 94587
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Archus Studios	Occupation (for Individual) Architectural Consulting
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : SA11AI.34369**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 505 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Surdilla, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 32400 Lois Way		<b>Transaction ID : SA11AI.34370</b>
City Union City	State CA	Zip Code 94587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Archus Studios	Occupation (for Individual) Architectural Consulting	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Swanson, Justin, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 30 / 2017
Mailing Address 1402 Greenview Ave Unit 2F		<b>Transaction ID : SA11AI.34373</b>
City Chicago	State IL	Zip Code 60642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Consolidated Trading	Occupation (for Individual) Software Developer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Swanson, Justin, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2017
Mailing Address 1402 Greenview Ave Unit 2F		<b>Transaction ID : SA11AI.34374</b>
City Chicago	State IL	Zip Code 60642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Consolidated Trading	Occupation (for Individual) Software Developer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 243.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 506 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Swanson, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1402 Greenview Ave Unit 2F  
 City Chicago State IL Zip Code 60642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consolidated Trading Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11AI.34375**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Swanson, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1402 Greenview Ave Unit 2F  
 City Chicago State IL Zip Code 60642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consolidated Trading Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11AI.34376**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Swerlein, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2404 Sunset Dr  
 City Longmont State CO Zip Code 80501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11AI.34379**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	154.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 507 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Swerlein, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2404 Sunset Dr  
 City Longmont State CO Zip Code 80501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017  
**Transaction ID : SA11AI.34380**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Swerlein, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2404 Sunset Dr  
 City Longmont State CO Zip Code 80501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11AI.34381**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Swerlein, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2404 Sunset Dr  
 City Longmont State CO Zip Code 80501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11AI.34382**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 508 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Swerlein, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2404 Sunset Dr  
 City Longmont State CO Zip Code 80501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11AI.34383**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Swerlein, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2404 Sunset Dr  
 City Longmont State CO Zip Code 80501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11AI.34384**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. tailor, kirk, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 Sandy Bay Ter  
 City Rockport State MA Zip Code 01966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Darien Computer Occupation (for Individual) Computer Technician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 339.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2017  
**Transaction ID : SA11AI.34388**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	227.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 509 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport	State MA	Zip Code 01966
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Darien Computer	Occupation (for Individual) Computer Technician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2017

**Transaction ID : SA11AI.34389**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport	State MA	Zip Code 01966
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Darien Computer	Occupation (for Individual) Computer Technician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
391.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2017

**Transaction ID : SA11AI.34390**

Amount of Each Receipt this Period  
27.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport	State MA	Zip Code 01966
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Darien Computer	Occupation (for Individual) Computer Technician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2017

**Transaction ID : SA11AI.34391**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 510 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport    State MA    Zip Code 01966

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Darien Computer    Occupation (for Individual) Computer Technician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
443.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2017  
**Transaction ID : SA11AI.34392**

Amount of Each Receipt this Period  
27.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport    State MA    Zip Code 01966

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Darien Computer    Occupation (for Individual) Computer Technician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2017  
**Transaction ID : SA11AI.34393**

Amount of Each Receipt this Period  
25.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport    State MA    Zip Code 01966

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Darien Computer    Occupation (for Individual) Computer Technician

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2017  
**Transaction ID : SA11AI.34394**

Amount of Each Receipt this Period  
27.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 511 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport	State MA	Zip Code 01966
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Darien Computer	Occupation (for Individual) Computer Technician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2017

**Transaction ID : SA11AI.34395**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport	State MA	Zip Code 01966
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Darien Computer	Occupation (for Individual) Computer Technician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
547.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2017

**Transaction ID : SA11AI.34396**

Amount of Each Receipt this Period  
27.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
tailor, kirk, , ,

Mailing Address 412 Sandy Bay Ter

City Rockport	State MA	Zip Code 01966
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Darien Computer	Occupation (for Individual) Computer Technician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
572.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2017

**Transaction ID : SA11AI.34397**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 512 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. tailor, kirk, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 Sandy Bay Ter  
 City Rockport State MA Zip Code 01966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Darien Computer Occupation (for Individual) Computer Technician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.00

Date of Receipt 12 / 02 / 2017  
**Transaction ID : SA11AI.34398**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. tailor, kirk, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 Sandy Bay Ter  
 City Rockport State MA Zip Code 01966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Darien Computer Occupation (for Individual) Computer Technician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 12 / 16 / 2017  
**Transaction ID : SA11AI.34399**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Tatman, Dereck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7481 Sean Taylor Lane  
 City San Diego State CA Zip Code 92126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sequenom, Inc. Occupation (for Individual) VP of Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 15 / 2017  
**Transaction ID : SA11AI.34401**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 102.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 513 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Tatman, Dereck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7481 Sean Taylor Lane  
 City San Diego State CA Zip Code 92126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sequenom, Inc. Occupation (for Individual) VP of Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 15 / 2017  
**Transaction ID : SA11AI.34402**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Tatman, Dereck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7481 Sean Taylor Lane  
 City San Diego State CA Zip Code 92126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sequenom, Inc. Occupation (for Individual) VP of Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017  
**Transaction ID : SA11AI.34403**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Tatman, Dereck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7481 Sean Taylor Lane  
 City San Diego State CA Zip Code 92126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sequenom, Inc. Occupation (for Individual) VP of Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2017  
**Transaction ID : SA11AI.34404**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 514 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Tatman, Dereck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7481 Sean Taylor Lane  
 City San Diego State CA Zip Code 92126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sequenom, Inc. Occupation (for Individual) VP of Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : SA11AI.34405**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Tatman, Dereck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7481 Sean Taylor Lane  
 City San Diego State CA Zip Code 92126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sequenom, Inc. Occupation (for Individual) VP of Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2017  
**Transaction ID : SA11AI.34406**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Tester, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8070 Padre Way NE  
 City Otsego State MN Zip Code 55330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Independent Contractor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 17 / 2017  
**Transaction ID : SA11AI.34411**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 515 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Tester, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8070 Padre Way NE

City Otsego	State MN	Zip Code 55330
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Independent Contractor
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

**Transaction ID : SA11AI.34412**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Tester, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8070 Padre Way NE

City Otsego	State MN	Zip Code 55330
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Independent Contractor
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

**Transaction ID : SA11AI.34413**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Tester, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8070 Padre Way NE

City Otsego	State MN	Zip Code 55330
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Independent Contractor
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2017

**Transaction ID : SA11AI.34414**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 516 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. The Victor Apple Farm LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 Elmdorf Avenue

City Rochester	State NY	Zip Code 14619
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2017

**Transaction ID : SA11AI.31435**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. The Victor Apple Farm LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 Elmdorf Avenue

City Rochester	State NY	Zip Code 14619
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2017

**Transaction ID : SA11AI.31436**

Amount of Each Receipt this Period  
25.00

Memo Item

**c. The Victor Apple Farm LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 Elmdorf Avenue

City Rochester	State NY	Zip Code 14619
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2017

**Transaction ID : SA11AI.31437**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 517 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. The Victor Apple Farm LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 Elmdorf Avenue

City Rochester	State NY	Zip Code 14619
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

**Transaction ID : SA11AI.31438**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Thierry, Delphine, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 96 Richdale Ave Apt 1

City Cambridge	State MA	Zip Code 02140
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Compass Integrated Comms	Occupation (for Individual) Account Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2017

**Transaction ID : SA11AI.34416**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Thierry, Delphine, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 96 Richdale Ave Apt 1

City Cambridge	State MA	Zip Code 02140
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Compass Integrated Comms	Occupation (for Individual) Account Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2017

**Transaction ID : SA11AI.34417**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 518 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Thierry, Delphine, , ,</b>			Date of Receipt
Mailing Address 96 Richdale Ave Apt 1			<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Cambridge	State MA	Zip Code 02140	<b>Transaction ID : SA11AI.34418</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Compass Integrated Comms		Occupation (for Individual) Account Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Thierry, Delphine, , ,</b>			Date of Receipt
Mailing Address 96 Richdale Ave Apt 1			<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Cambridge	State MA	Zip Code 02140	<b>Transaction ID : SA11AI.34419</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Compass Integrated Comms		Occupation (for Individual) Account Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="297.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Thierry, Delphine, , ,</b>			Date of Receipt
Mailing Address 96 Richdale Ave Apt 1			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Cambridge	State MA	Zip Code 02140	<b>Transaction ID : SA11AI.34420</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="27.00"/>
Name of Employer (for Individual) Compass Integrated Comms		Occupation (for Individual) Account Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="324.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 519 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Thomas, Abraham, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 Kent Ln  
 City Philadelphia State PA Zip Code 19115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J&J Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 08 / 2017**  
**Transaction ID : SA11AI.34423**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**B. Thomas, Abraham, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 Kent Ln  
 City Philadelphia State PA Zip Code 19115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J&J Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 08 / 2017**  
**Transaction ID : SA11AI.34424**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**C. Thomas, Abraham, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1125 Kent Ln  
 City Philadelphia State PA Zip Code 19115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J&J Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 08 / 2017**  
**Transaction ID : SA11AI.34425**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 520 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Thomas, Abraham, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1125 Kent Ln  
City Philadelphia State PA Zip Code 19115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) J&J Occupation (for Individual) Engineer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 12 / 08 / 2017  
Transaction ID : SA11AI.34426  
Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Thorpe, Veronica, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 95-1374 Wikao St  
City Mililani State HI Zip Code 96789  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 225.00

Date of Receipt 09 / 16 / 2017  
Transaction ID : SA11AI.34436  
Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Thorpe, Veronica, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 95-1374 Wikao St  
City Mililani State HI Zip Code 96789  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 16 / 2017  
Transaction ID : SA11AI.34437  
Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 75.00  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 521 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Thorpe, Veronica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 95-1374 Wikao St  
 City Mililani State HI Zip Code 96789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2017  
**Transaction ID : SA11AI.34438**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Thorpe, Veronica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 95-1374 Wikao St  
 City Mililani State HI Zip Code 96789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2017  
**Transaction ID : SA11AI.34439**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Tiger, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 manor Dr  
 City Byram Township State NJ Zip Code 07821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Durga Tree International Occupation (for Individual) Exec Director Anti-Trafficking Org  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2017  
**Transaction ID : SA11AI.34443**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 522 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Tonon, Terry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 Forest Ave

City Evanston	State IL	Zip Code 60202
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Baird & Warner	Occupation (for Individual) Real Estate Broker
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2017

**Transaction ID : SA11AI.34450**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Tonon, Terry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 Forest Ave

City Evanston	State IL	Zip Code 60202
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Baird & Warner	Occupation (for Individual) Real Estate Broker
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

**Transaction ID : SA11AI.34451**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Tonon, Terry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 Forest Ave

City Evanston	State IL	Zip Code 60202
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Baird & Warner	Occupation (for Individual) Real Estate Broker
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2017

**Transaction ID : SA11AI.34452**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 523 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
torres, george, , ,

Mailing Address 2949 fenton Ave

City bronx	State NY	Zip Code 10469
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) not employed	Occupation (for Individual) not employed
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2017

**Transaction ID : SA11AI.34457**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
torres, george, , ,

Mailing Address 2949 fenton Ave

City bronx	State NY	Zip Code 10469
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) not employed	Occupation (for Individual) not employed
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2017

**Transaction ID : SA11AI.34458**

Amount of Each Receipt this Period  
25.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
torres, george, , ,

Mailing Address 2949 fenton Ave

City bronx	State NY	Zip Code 10469
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) not employed	Occupation (for Individual) not employed
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2017

**Transaction ID : SA11AI.34459**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 524 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. torres, george, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2949 fenton Ave  
 City bronx State NY Zip Code 10469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) not employed Occupation (for Individual) not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 23 / 2017**  
**Transaction ID : SA11AI.34460**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Toth, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 sunnyridge Ave unit 94  
 City Fairfield State CT Zip Code 06824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) General Contractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : SA11AI.34463**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Toth, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 sunnyridge Ave unit 94  
 City Fairfield State CT Zip Code 06824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) General Contractor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 31 / 2017**  
**Transaction ID : SA11AI.34464**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 525 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Toth, Eric, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 240 sunnyridge Ave unit 94

City Fairfield	State CT	Zip Code 06824
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) General Contractor
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11AI.34465**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Toth, Eric, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 240 sunnyridge Ave unit 94

City Fairfield	State CT	Zip Code 06824
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) General Contractor
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11AI.34466**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Toth, Eric, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 240 sunnyridge Ave unit 94

City Fairfield	State CT	Zip Code 06824
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) General Contractor
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

**Transaction ID : SA11AI.34467**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 526 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Toth, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 sunnyridge Ave unit 94  
 City Fairfield State CT Zip Code 06824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) General Contractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 31 / 2017**  
**Transaction ID : SA11AI.34468**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Trani, Jean-Francois, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4542 gibson Ave  
 City St Louis State MO Zip Code 63110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington University Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 09 / 2017**  
**Transaction ID : SA11AI.34470**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Trani, Jean-Francois, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4542 gibson Ave  
 City St Louis State MO Zip Code 63110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington University Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 09 / 2017**  
**Transaction ID : SA11AI.34471**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 527 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Trani, Jean-Francois, , ,

Mailing Address 4542 gibson Ave

City St Louis    State MO    Zip Code 63110

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Washington University    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2017  
**Transaction ID : SA11AI.34472**

Amount of Each Receipt this Period  
27.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Trani, Jean-Francois, , ,

Mailing Address 4542 gibson Ave

City St Louis    State MO    Zip Code 63110

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Washington University    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2017  
**Transaction ID : SA11AI.34473**

Amount of Each Receipt this Period  
27.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Trani, Jean-Francois, , ,

Mailing Address 4542 gibson Ave

City St Louis    State MO    Zip Code 63110

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Washington University    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2017  
**Transaction ID : SA11AI.34474**

Amount of Each Receipt this Period  
27.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 528 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Trego, Patricia, , ,**

Mailing Address 7035 Horner Ave

City St Louis	State MO	Zip Code 63117
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : SA11AI.34477**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Trego, Patricia, , ,**

Mailing Address 7035 Horner Ave

City St Louis	State MO	Zip Code 63117
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2017

**Transaction ID : SA11AI.34478**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Trego, Patricia, , ,**

Mailing Address 7035 Horner Ave

City St Louis	State MO	Zip Code 63117
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

**Transaction ID : SA11AI.34479**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 529 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Trego, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7035 Horner Ave  
 City St Louis State MO Zip Code 63117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2017  
**Transaction ID : SA11AI.34480**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Trego, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7035 Horner Ave  
 City St Louis State MO Zip Code 63117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2017  
**Transaction ID : SA11AI.34481**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Trego, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7035 Horner Ave  
 City St Louis State MO Zip Code 63117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2017  
**Transaction ID : SA11AI.34482**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 530 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Trinh, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2729 Muscatel Ave  
 City Rosemead State CA Zip Code 91770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mobilitware Occupation (for Individual) Senior Test Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2017  
**Transaction ID : SA11AI.34485**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Trinh, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2729 Muscatel Ave  
 City Rosemead State CA Zip Code 91770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mobilitware Occupation (for Individual) Senior Test Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2017  
**Transaction ID : SA11AI.34486**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Trinh, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2729 Muscatel Ave  
 City Rosemead State CA Zip Code 91770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mobilitware Occupation (for Individual) Senior Test Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2017  
**Transaction ID : SA11AI.34487**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 531 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Trinh, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2729 Muscatel Ave  
 City Rosemead State CA Zip Code 91770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mobilitware Occupation (for Individual) Senior Test Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 08 / 2017  
**Transaction ID : SA11AI.34488**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Tufankjian, Arsen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 Stevens Ave  
 City Portland State ME Zip Code 04103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amazon Occupation (for Individual) Software Development Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.34497**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Tufankjian, Arsen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 Stevens Ave  
 City Portland State ME Zip Code 04103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amazon Occupation (for Individual) Software Development Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.34498**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 532 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Tufankjian, Arsen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 Stevens Ave  
 City Portland State ME Zip Code 04103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amazon Occupation (for Individual) Software Development Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 09 / 2017  
**Transaction ID : SA11AI.34499**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Tufankjian, Arsen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 Stevens Ave  
 City Portland State ME Zip Code 04103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amazon Occupation (for Individual) Software Development Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 09 / 2017  
**Transaction ID : SA11AI.34500**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Tufankjian, Arsen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 Stevens Ave  
 City Portland State ME Zip Code 04103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amazon Occupation (for Individual) Software Development Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11AI.34501**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 533 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Turbek, John, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2017
Mailing Address 693 Finnell Rd		<b>Transaction ID : SA11AI.34502</b>
City Georgetown	State KY	Zip Code 40324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Cisco Systems	Occupation (for Individual) Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Turbek, John, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2017
Mailing Address 693 Finnell Rd		<b>Transaction ID : SA11AI.34503</b>
City Georgetown	State KY	Zip Code 40324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Cisco Systems	Occupation (for Individual) Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Turbek, John, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2017
Mailing Address 693 Finnell Rd		<b>Transaction ID : SA11AI.34504</b>
City Georgetown	State KY	Zip Code 40324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Cisco Systems	Occupation (for Individual) Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 534 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Turbek, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2017
Mailing Address 693 Finnell Rd		<b>Transaction ID : SA11AI.34505</b>
City Georgetown	State KY	Zip Code 40324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Cisco Systems	Occupation (for Individual) Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Turbek, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2017
Mailing Address 693 Finnell Rd		<b>Transaction ID : SA11AI.34506</b>
City Georgetown	State KY	Zip Code 40324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Cisco Systems	Occupation (for Individual) Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Turbek, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2017
Mailing Address 693 Finnell Rd		<b>Transaction ID : SA11AI.34507</b>
City Georgetown	State KY	Zip Code 40324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Cisco Systems	Occupation (for Individual) Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 535 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Uehara, Dean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91-1015 Kai Weke St  
 City Ewa Beach State HI Zip Code 96706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hawaii DoE Occupation (for Individual) Substitute Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2017  
**Transaction ID : SA11AI.34521**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Uehara, Dean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91-1015 Kai Weke St  
 City Ewa Beach State HI Zip Code 96706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hawaii DoE Occupation (for Individual) Substitute Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : SA11AI.34522**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Uehara, Dean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91-1015 Kai Weke St  
 City Ewa Beach State HI Zip Code 96706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hawaii DoE Occupation (for Individual) Substitute Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2017  
**Transaction ID : SA11AI.34523**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 536 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Uehara, Dean, , ,</b>		Date of Receipt
Mailing Address 91-1015 Kai Weke St		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City Ewa Beach	State HI	Zip Code 96706
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34524</b>
Name of Employer (for Individual) Hawaii DoE		Occupation (for Individual) Substitute Teacher
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
	<input type="text" value="300.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Vang, Matthew, , ,</b>		Date of Receipt
Mailing Address 2718 62nd st NW		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Rochester	State MN	Zip Code 55901
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34546</b>
Name of Employer (for Individual) IBM		Occupation (for Individual) Software Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
	<input type="text" value="225.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Vang, Matthew, , ,</b>		Date of Receipt
Mailing Address 2718 62nd st NW		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Rochester	State MN	Zip Code 55901
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34547</b>
Name of Employer (for Individual) IBM		Occupation (for Individual) Software Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
	<input type="text" value="250.00"/>	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 537 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Vang, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2718 62nd st NW  
 City Rochester State MN Zip Code 55901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 IBM Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 21 / 2017  
**Transaction ID : SA11AI.34548**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Vang, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2718 62nd st NW  
 City Rochester State MN Zip Code 55901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 IBM Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 12 / 21 / 2017  
**Transaction ID : SA11AI.34549**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Van Houten, Billie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4908 W MOUNTAIN VIEW RD  
 City GLENDALE State AZ Zip Code 85302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CVS/Coram Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 08 / 11 / 2017  
**Transaction ID : SA11AI.34537**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 538 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Van Houten, Billie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4908 W MOUNTAIN VIEW RD  
 City GLENDALE State AZ Zip Code 85302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS/Coram Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 11 / 2017  
**Transaction ID : SA11AI.34538**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Van Houten, Billie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4908 W MOUNTAIN VIEW RD  
 City GLENDALE State AZ Zip Code 85302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS/Coram Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11AI.34539**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Van Houten, Billie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4908 W MOUNTAIN VIEW RD  
 City GLENDALE State AZ Zip Code 85302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS/Coram Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : SA11AI.34540**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 539 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Van Houten, Billie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4908 W MOUNTAIN VIEW RD  
 City GLENDALE State AZ Zip Code 85302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS/Coram Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 11 / 2017**  
**Transaction ID : SA11AI.34541**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Vaughn, Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3050 Wilton Rd  
 City West Columbia State SC Zip Code 29170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) lizards thicket Occupation (for Individual) Waitress  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 14 / 2017**  
**Transaction ID : SA11AI.34557**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Vaughn, Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3050 Wilton Rd  
 City West Columbia State SC Zip Code 29170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) lizards thicket Occupation (for Individual) Waitress  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 14 / 2017**  
**Transaction ID : SA11AI.34558**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 540 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Vaughn, Virginia, , ,**

Mailing Address 3050 Wilton Rd

City West Columbia	State SC	Zip Code 29170
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) lizards thicket	Occupation (for Individual) Waitress
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

**Transaction ID : SA11AI.34559**

Amount of Each Receipt this Period  
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Vaughn, Virginia, , ,**

Mailing Address 3050 Wilton Rd

City West Columbia	State SC	Zip Code 29170
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) lizards thicket	Occupation (for Individual) Waitress
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

**Transaction ID : SA11AI.34560**

Amount of Each Receipt this Period  
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Vicious Syndicate Gaming**

Mailing Address 9353 E waterloo Rd

City Stockton	State CA	Zip Code 95215
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2017

**Transaction ID : SA11AI.31439**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 541 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Vicious Syndicate Gaming**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 9353 E waterloo Rd  
City Stockton State CA Zip Code 95215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 23 / 2017  
**Transaction ID : SA11AI.31440**  
Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Vredenburg, Evan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 197 Meadowcreek Dr. D  
City Wadsworth State OH Zip Code 44281  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual) Westfield Group Computer Operator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 30 / 2017  
**Transaction ID : SA11AI.34577**  
Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Vredenburg, Evan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 197 Meadowcreek Dr. D  
City Wadsworth State OH Zip Code 44281  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Occupation (for Individual) Westfield Group Computer Operator  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 30 / 2017  
**Transaction ID : SA11AI.34578**  
Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 542 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Vredenburg, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 Meadowcreek Dr.  
 D  
 City Wadsworth State OH Zip Code 44281  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Westfield Group Occupation (for Individual) Computer Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2017  
**Transaction ID : SA11AI.34579**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Vredenburg, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 Meadowcreek Dr.  
 D  
 City Wadsworth State OH Zip Code 44281  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Westfield Group Occupation (for Individual) Computer Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : SA11AI.34580**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Vredenburg, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 Meadowcreek Dr.  
 D  
 City Wadsworth State OH Zip Code 44281  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Westfield Group Occupation (for Individual) Computer Operator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11AI.34581**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 543 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Vredenburg, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 Meadowcreek Dr.  
 D  
 City Wadsworth State OH Zip Code 44281  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Westfield Group Occupation (for Individual) Computer Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017  
**Transaction ID : SA11AI.34582**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Vredenburg, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 Meadowcreek Dr.  
 D  
 City Wadsworth State OH Zip Code 44281  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Westfield Group Occupation (for Individual) Computer Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA11AI.34583**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Wachter, E.R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19081 Brewster Road  
 City Aurora State OH Zip Code 44202  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2017  
**Transaction ID : SA11AI.34807**  
 Amount of Each Receipt this Period  
 209.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	263.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 544 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Waite, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4532 Oak Crest Hill Rd Se  
 City Iowa City State IA Zip Code 52240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Hawkeye Sewer & Drain Inc. Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2017  
**Transaction ID : SA11AI.34588**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Waite, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4532 Oak Crest Hill Rd Se  
 City Iowa City State IA Zip Code 52240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Hawkeye Sewer & Drain Inc. Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2017  
**Transaction ID : SA11AI.34589**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Waite, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4532 Oak Crest Hill Rd Se  
 City Iowa City State IA Zip Code 52240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Hawkeye Sewer & Drain Inc. Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2017  
**Transaction ID : SA11AI.34590**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 545 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Waldschmitt, James, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2017
Mailing Address 6651 NW 48th St		<b>Transaction ID : SA11AI.34591</b>
City Johnston	State IA	Zip Code 50131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Waldschmitt, James, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 30 / 2017
Mailing Address 6651 NW 48th St		<b>Transaction ID : SA11AI.34592</b>
City Johnston	State IA	Zip Code 50131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Waldschmitt, James, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2017
Mailing Address 6651 NW 48th St		<b>Transaction ID : SA11AI.34593</b>
City Johnston	State IA	Zip Code 50131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 546 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Waldschmitt, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6651 NW 48th St

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2017

**Transaction ID : SA11AI.34594**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Waldschmitt, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6651 NW 48th St

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

**Transaction ID : SA11AI.34595**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Waldschmitt, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6651 NW 48th St

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Architectural Arts	Occupation (for Individual) Cabinet Maker
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2017

**Transaction ID : SA11AI.34596**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 547 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Wall, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1746 Willow Creek Ct  
 City San Jose State CA Zip Code 95124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Preparatory Academy Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 22 / 2017  
**Transaction ID : SA11AI.34597**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Wall, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1746 Willow Creek Ct  
 City San Jose State CA Zip Code 95124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Preparatory Academy Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : SA11AI.34598**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Wall, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1746 Willow Creek Ct  
 City San Jose State CA Zip Code 95124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Preparatory Academy Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 22 / 2017  
**Transaction ID : SA11AI.34599**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶  
**TOTAL** This Period (last page this line number only)..... ▶

75.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 548 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Wall, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1746 Willow Creek Ct  
 City San Jose State CA Zip Code 95124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Preparatory Academy Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 09 / 2017  
**Transaction ID : SA11AI.34600**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. wallace, matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1141 35th Ave n  
 City saint cloud State MN Zip Code 56303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brush Masters Occupation (for Individual) Painter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 08 / 2017  
**Transaction ID : SA11AI.34602**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. wallace, matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1141 35th Ave n  
 City saint cloud State MN Zip Code 56303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brush Masters Occupation (for Individual) Painter  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 08 / 2017  
**Transaction ID : SA11AI.34603**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 549 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
wallace, matt, , ,

Mailing Address 1141 35th Ave n

City saint cloud	State MN	Zip Code 56303
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brush Masters	Occupation (for Individual) Painter
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2017

**Transaction ID : SA11Al.34604**

Amount of Each Receipt this Period  
27.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
wallace, matt, , ,

Mailing Address 1141 35th Ave n

City saint cloud	State MN	Zip Code 56303
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brush Masters	Occupation (for Individual) Painter
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2017

**Transaction ID : SA11Al.34605**

Amount of Each Receipt this Period  
27.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
wallace, matt, , ,

Mailing Address 1141 35th Ave n

City saint cloud	State MN	Zip Code 56303
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brush Masters	Occupation (for Individual) Painter
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

**Transaction ID : SA11Al.34606**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 550 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Webb, Dustin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2808 st mark Dr  
 City mansfield State TX Zip Code 76063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2017  
**Transaction ID : SA11AI.34618**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Webb, Dustin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2808 st mark Dr  
 City mansfield State TX Zip Code 76063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11AI.34619**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Webb, Dustin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2808 st mark Dr  
 City mansfield State TX Zip Code 76063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : SA11AI.34620**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 551 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Webb, Dustin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2808 st mark Dr  
 City mansfield    State TX    Zip Code 76063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None    Occupation (for Individual) None  
 Receipt For:  Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017  
**Transaction ID : SA11AI.34621**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Webb, Dustin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2808 st mark Dr  
 City mansfield    State TX    Zip Code 76063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None    Occupation (for Individual) None  
 Receipt For:  Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11AI.34622**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Webb, Dustin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2808 st mark Dr  
 City mansfield    State TX    Zip Code 76063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None    Occupation (for Individual) None  
 Receipt For:  Primary     General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2017  
**Transaction ID : SA11AI.34623**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 552 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Webb, Dustin, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2017
Mailing Address 2808 st mark Dr		<b>Transaction ID : SA11AI.34624</b>
City mansfield	State TX	Zip Code 76063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) None	Occupation (for Individual) None	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Webb, Dustin, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2017
Mailing Address 2808 st mark Dr		<b>Transaction ID : SA11AI.34625</b>
City mansfield	State TX	Zip Code 76063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) None	Occupation (for Individual) None	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Webster, Laurence, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2017
Mailing Address 5710 W Gate City Blvd Suite K Box		<b>Transaction ID : SA11AI.34629</b>
City Greensboro	State NC	Zip Code 27407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Self	Occupation (for Individual) MD	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 553 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Webster, Laurence, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2017
Mailing Address 5710 W Gate City Blvd Suite K Box		<b>Transaction ID : SA11AI.34630</b>
City Greensboro	State NC	Zip Code 27407
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Self	Occupation (for Individual) MD	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Webster, Laurence, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 21 / 2017
Mailing Address 5710 W Gate City Blvd Suite K Box		<b>Transaction ID : SA11AI.34631</b>
City Greensboro	State NC	Zip Code 27407
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Self	Occupation (for Individual) MD	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Webster, Laurence, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2017
Mailing Address 5710 W Gate City Blvd Suite K Box		<b>Transaction ID : SA11AI.34632</b>
City Greensboro	State NC	Zip Code 27407
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 27.00
Name of Employer (for Individual) Self	Occupation (for Individual) MD	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 297.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 554 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Webster, Laurence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5710 W Gate City Blvd Suite K Box  
 City Greensboro State NC Zip Code 27407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2017  
**Transaction ID : SA11AI.34633**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**B. Weil, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1470 Rose St  
 City Berkeley State CA Zip Code 94702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) College Preparatory School Occupation (for Individual) cook  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2017  
**Transaction ID : SA11AI.34638**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Westbrook, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1166 Corsica Dr  
 City Pacific Palisades State CA Zip Code 90272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Screenwriter  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2017  
**Transaction ID : SA11AI.34650**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 555 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Westbrook, Adam, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1166 Corsica Dr  
City Pacific Palisades State CA Zip Code 90272  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) self-employed Occupation (for Individual) Screenwriter  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 10 / 2017  
**Transaction ID : SA11AI.34651**  
Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Westbrook, Adam, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1166 Corsica Dr  
City Pacific Palisades State CA Zip Code 90272  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) self-employed Occupation (for Individual) Screenwriter  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.34652**  
Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Weston, Roderick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 613 linley Ln  
City Lincoln State CA Zip Code 95842  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Self employed Occupation (for Individual) Construction  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 20 / 2017  
**Transaction ID : SA11AI.34654**  
Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 556 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Weston, Roderick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 613 linley Ln  
City Lincoln State CA Zip Code 95842  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Self employed Occupation (for Individual) Construction  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 243.00

Date of Receipt **09 / 20 / 2017**  
**Transaction ID : SA11AI.34655**  
Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Weston, Roderick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 613 linley Ln  
City Lincoln State CA Zip Code 95842  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Self employed Occupation (for Individual) Construction  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 20 / 2017**  
**Transaction ID : SA11AI.34656**  
Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Weston, Roderick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 613 linley Ln  
City Lincoln State CA Zip Code 95842  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Self employed Occupation (for Individual) Construction  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 297.00

Date of Receipt **11 / 20 / 2017**  
**Transaction ID : SA11AI.34657**  
Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 557 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Weston, Roderick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 linley Ln  
 City Lincoln State CA Zip Code 95842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Construction  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 20 / 2017**  
**Transaction ID : SA11AI.34658**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Whitney, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8105 Pinto Path  
 City Austin State TX Zip Code 78736-1822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 02 / 2017**  
**Transaction ID : SA11AI.34663**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Whitney, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8105 Pinto Path  
 City Austin State TX Zip Code 78736-1822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 02 / 2017**  
**Transaction ID : SA11AI.34664**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 558 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Whitney, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8105 Pinto Path  
 City Austin State TX Zip Code 78736-1822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI.34665**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Whitney, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8105 Pinto Path  
 City Austin State TX Zip Code 78736-1822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2017  
**Transaction ID : SA11AI.34666**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Williams, Barry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 Clinton St  
 City Portland State ME Zip Code 04103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) n/a Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2017  
**Transaction ID : SA11AI.34671**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 559 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Williams, Barry, , ,</b>		Date of Receipt
Mailing Address 42 Clinton St		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Portland	State ME	Zip Code 04103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34672</b>
Name of Employer (for Individual) n/a		Occupation (for Individual) N/A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="text" value="243.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Williams, Barry, , ,</b>		Date of Receipt
Mailing Address 42 Clinton St		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Portland	State ME	Zip Code 04103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34673</b>
Name of Employer (for Individual) n/a		Occupation (for Individual) N/A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="text" value="270.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Williams, Barry, , ,</b>		Date of Receipt
Mailing Address 42 Clinton St		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Portland	State ME	Zip Code 04103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34674</b>
Name of Employer (for Individual) n/a		Occupation (for Individual) N/A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="27.00"/>
<input type="text" value="297.00"/>		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 560 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Williams, Bridget, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 138 Bidwell Pkwy  
 City Buffalo State NY Zip Code 14222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Student Occupation (for Individual) NA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 13 / 2017**  
**Transaction ID : SA11AI.34675**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Williams, Bridget, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 138 Bidwell Pkwy  
 City Buffalo State NY Zip Code 14222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Student Occupation (for Individual) NA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 13 / 2017**  
**Transaction ID : SA11AI.34676**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Williams, Bridget, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 138 Bidwell Pkwy  
 City Buffalo State NY Zip Code 14222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Student Occupation (for Individual) NA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 13 / 2017**  
**Transaction ID : SA11AI.34677**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 561 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Williams, Bridget, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 138 Bidwell Pkwy  
 City Buffalo State NY Zip Code 14222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Student Occupation (for Individual) NA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : SA11AI.34678**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Williams, Bridget, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 138 Bidwell Pkwy  
 City Buffalo State NY Zip Code 14222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Student Occupation (for Individual) NA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : SA11AI.34679**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Williams, Bridget, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 138 Bidwell Pkwy  
 City Buffalo State NY Zip Code 14222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Student Occupation (for Individual) NA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2017  
**Transaction ID : SA11AI.34680**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 562 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Williamson, Carrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5204 Avenue F  
 City Austin State TX Zip Code 78751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual) Physical Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 11 / 13 / 2017  
**Transaction ID : SA11AI.34685**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Williamson, Carrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5204 Avenue F  
 City Austin State TX Zip Code 78751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual) Physical Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 12 / 13 / 2017  
**Transaction ID : SA11AI.34686**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Wilson, john, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2126 Grove Rd  
 City Baileys Harbor State WI Zip Code 54202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Manufacturing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 19 / 2017  
**Transaction ID : SA11AI.34689**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 563 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Wilson, john, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2017
Mailing Address 2126 Grove Rd			<b>Transaction ID : SA11AI.34690</b>
City Baileys Harbor	State WI	Zip Code 54202	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self self		Occupation (for Individual) Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Wilson, john, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2017
Mailing Address 2126 Grove Rd			<b>Transaction ID : SA11AI.34691</b>
City Baileys Harbor	State WI	Zip Code 54202	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self self		Occupation (for Individual) Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wilson, john, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2017
Mailing Address 2126 Grove Rd			<b>Transaction ID : SA11AI.34692</b>
City Baileys Harbor	State WI	Zip Code 54202	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self self		Occupation (for Individual) Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 564 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Wittmann, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 W 9th  
 City Winfield State KS Zip Code 67156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WestRock Occupation (for Individual) Buyer/Planner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11AI.34700**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Wittmann, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 W 9th  
 City Winfield State KS Zip Code 67156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WestRock Occupation (for Individual) Buyer/Planner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2017  
**Transaction ID : SA11AI.34701**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Wood, Cody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Hampton St  
 City Rudd State IA Zip Code 50471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Graham Wood Door Occupation (for Individual) Door Lifter  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 03 / 2017  
**Transaction ID : SA11AI.34707**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 565 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Wood, Cody, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Hampton St

City Rudd	State IA	Zip Code 50471
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Graham Wood Door	Occupation (for Individual) Door Lifter
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2017

**Transaction ID : SA11AI.34708**

Amount of Each Receipt this Period  
27.00

Memo Item

**B. Wood, Cody, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Hampton St

City Rudd	State IA	Zip Code 50471
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Graham Wood Door	Occupation (for Individual) Door Lifter
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2017

**Transaction ID : SA11AI.34709**

Amount of Each Receipt this Period  
27.00

Memo Item

**C. Wood, Cody, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Hampton St

City Rudd	State IA	Zip Code 50471
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Graham Wood Door	Occupation (for Individual) Door Lifter
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2017

**Transaction ID : SA11AI.34710**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 566 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Wood, Cody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Hampton St  
 City Rudd State IA Zip Code 50471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Graham Wood Door Occupation (for Individual) Door Lifter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **12 / 03 / 2017**  
**Transaction ID : SA11AI.34711**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Wood, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5036 Albany Dr  
 City Plano State TX Zip Code 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAP Occupation (for Individual) Integration Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 09 / 2017**  
**Transaction ID : SA11AI.34712**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Wood, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5036 Albany Dr  
 City Plano State TX Zip Code 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAP Occupation (for Individual) Integration Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 09 / 2017**  
**Transaction ID : SA11AI.34713**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 127.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 567 OF 684
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Wood, John, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2017
Mailing Address 5036 Albany Dr		<b>Transaction ID : SA11Al.34714</b>
City Plano	State TX	Zip Code 75093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) SAP	Occupation (for Individual) Integration Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Wood, John, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 09 / 2017
Mailing Address 5036 Albany Dr		<b>Transaction ID : SA11Al.34715</b>
City Plano	State TX	Zip Code 75093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) SAP	Occupation (for Individual) Integration Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wood, John, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 09 / 2017
Mailing Address 5036 Albany Dr		<b>Transaction ID : SA11Al.34716</b>
City Plano	State TX	Zip Code 75093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) SAP	Occupation (for Individual) Integration Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 568 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Wood, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5036 Albany Dr  
 City Plano State TX Zip Code 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAP Occupation (for Individual) Integration Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 09 / 2017  
**Transaction ID : SA11AI.34717**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Worden, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18160 Bancroft Ave  
 City Monte Sereno State CA Zip Code 95030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11AI.34718**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Worden, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18160 Bancroft Ave  
 City Monte Sereno State CA Zip Code 95030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Varian Medical Systems Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 27 / 2017  
**Transaction ID : SA11AI.34719**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 569 OF 684
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Worden, Jason, , ,</b>		Date of Receipt
Mailing Address 18160 Bancroft Ave		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City Monte Sereno	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34720</b>
Name of Employer (for Individual) Varian Medical Systems		Occupation (for Individual) Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Worden, Jason, , ,</b>		Date of Receipt
Mailing Address 18160 Bancroft Ave		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City Monte Sereno	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34721</b>
Name of Employer (for Individual) Varian Medical Systems		Occupation (for Individual) Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Worden, Jason, , ,</b>		Date of Receipt
Mailing Address 18160 Bancroft Ave		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City Monte Sereno	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34722</b>
Name of Employer (for Individual) Varian Medical Systems		Occupation (for Individual) Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 570 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Worden, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18160 Bancroft Ave  
 City Monte Sereno State CA Zip Code 95030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Varian Medical Systems Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11AI.34723**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Wylie, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14407 Kedvale Ave  
 City Midlothian State IL Zip Code 60445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Grumman/Butkus Associates  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2017  
**Transaction ID : SA11AI.34730**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**C. Wylie, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14407 Kedvale Ave  
 City Midlothian State IL Zip Code 60445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Grumman/Butkus Associates  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2017  
**Transaction ID : SA11AI.34731**  
 Amount of Each Receipt this Period  
 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 154.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 571 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Wylie, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14407 Kedvale Ave  
 City Midlothian State IL Zip Code 60445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grumman/Butkus Associates Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 26 / 2017  
**Transaction ID : SA11AI.34732**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Wylie, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14407 Kedvale Ave  
 City Midlothian State IL Zip Code 60445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grumman/Butkus Associates Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 26 / 2017  
**Transaction ID : SA11AI.34733**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Wylie, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14407 Kedvale Ave  
 City Midlothian State IL Zip Code 60445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grumman/Butkus Associates Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 26 / 2017  
**Transaction ID : SA11AI.34734**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 572 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. YANG, QI DE, , ,**

Mailing Address **1258 74TH STREEET**

City Brooklyn	State NY	Zip Code 11228
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MTS LOGISTICS, INC.	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2017

**Transaction ID : SA11AI.34737**

Amount of Each Receipt this Period  
**25.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. yao, eric, , ,**

Mailing Address **17301 midsummer Ln**

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2017

**Transaction ID : SA11AI.34738**

Amount of Each Receipt this Period  
**50.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. yao, eric, , ,**

Mailing Address **17301 midsummer Ln**

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2017

**Transaction ID : SA11AI.34739**

Amount of Each Receipt this Period  
**50.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 573 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. yao, eric, , ,**

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2017

**Transaction ID : SA11AI.34740**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. yao, eric, , ,**

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

**Transaction ID : SA11AI.34741**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. yao, eric, , ,**

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2017

**Transaction ID : SA11AI.34742**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 574 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. yao, eric, , ,**

Mailing Address 17301 midsummer Ln

City Castro Valley	State CA	Zip Code 94546
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Berkeley	Occupation (for Individual) sw engr
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2017

**Transaction ID : SA11AI.34743**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Yi, Arthur, , ,**

Mailing Address 143 Mendham Dr

City North Wales	State PA	Zip Code 19454
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aon	Occupation (for Individual) Operations Coordinator
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2017

**Transaction ID : SA11AI.34745**

Amount of Each Receipt this Period  
27.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Yi, Arthur, , ,**

Mailing Address 143 Mendham Dr

City North Wales	State PA	Zip Code 19454
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aon	Occupation (for Individual) Operations Coordinator
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2017

**Transaction ID : SA11AI.34746**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 575 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Yi, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 143 Mendham Dr  
 City North Wales    State PA    Zip Code 19454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aon    Occupation (for Individual) Operations Coordinator  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.34747**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Yi, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 143 Mendham Dr  
 City North Wales    State PA    Zip Code 19454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aon    Occupation (for Individual) Operations Coordinator  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 10 / 2017  
**Transaction ID : SA11AI.34748**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C. Yi, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 143 Mendham Dr  
 City North Wales    State PA    Zip Code 19454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aon    Occupation (for Individual) Operations Coordinator  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 10 / 2017  
**Transaction ID : SA11AI.34749**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 576 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Zampedro, Val, , ,</b>			Date of Receipt												
Mailing Address 1752 Pine Tree St S Apt. F			<table border="1" style="width: 100%;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>18</td> <td></td> <td>2017</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	07		18		2017
M M M	/	D D D	/	Y Y Y Y Y Y											
07		18		2017											
City Columbus State OH Zip Code 43229			<b>Transaction ID : SA11Al.34763</b>												
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period												
Name of Employer (for Individual) retired Occupation (for Individual) retired			<table border="1" style="width: 100%;"> <tr> <td>50.00</td> </tr> </table>			50.00									
50.00															
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼													
		<table border="1" style="width: 100%;"> <tr> <td>350.00</td> </tr> </table>				350.00									
350.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Zampedro, Val, , ,</b>			Date of Receipt												
Mailing Address 1752 Pine Tree St S Apt. F			<table border="1" style="width: 100%;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>18</td> <td></td> <td>2017</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	08		18		2017
M M M	/	D D D	/	Y Y Y Y Y Y											
08		18		2017											
City Columbus State OH Zip Code 43229			<b>Transaction ID : SA11Al.34764</b>												
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period												
Name of Employer (for Individual) retired Occupation (for Individual) retired			<table border="1" style="width: 100%;"> <tr> <td>50.00</td> </tr> </table>			50.00									
50.00															
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼													
		<table border="1" style="width: 100%;"> <tr> <td>400.00</td> </tr> </table>				400.00									
400.00															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Zampedro, Val, , ,</b>			Date of Receipt												
Mailing Address 1752 Pine Tree St S Apt. F			<table border="1" style="width: 100%;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>18</td> <td></td> <td>2017</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	09		18		2017
M M M	/	D D D	/	Y Y Y Y Y Y											
09		18		2017											
City Columbus State OH Zip Code 43229			<b>Transaction ID : SA11Al.34765</b>												
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period												
Name of Employer (for Individual) retired Occupation (for Individual) retired			<table border="1" style="width: 100%;"> <tr> <td>50.00</td> </tr> </table>			50.00									
50.00															
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼													
		<table border="1" style="width: 100%;"> <tr> <td>450.00</td> </tr> </table>				450.00									
450.00															

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1" style="width: 100%;"> <tr> <td>150.00</td> </tr> </table>	150.00
150.00		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1" style="width: 100%;"> <tr> <td> </td> </tr> </table>	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 577 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Zampedro, Val, , ,</b>		Date of Receipt
Mailing Address 1752 Pine Tree St S Apt. F		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2017"/>
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.34766</b>
Name of Employer (for Individual) retired		Occupation (for Individual) retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Zampedro, Val, , ,</b>		Date of Receipt
Mailing Address 1752 Pine Tree St S Apt. F		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.34767</b>
Name of Employer (for Individual) retired		Occupation (for Individual) retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Zampedro, Val, , ,</b>		Date of Receipt
Mailing Address 1752 Pine Tree St S Apt. F		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2017"/>
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.34768</b>
Name of Employer (for Individual) retired		Occupation (for Individual) retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 578 OF 684  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Zampedro, Val, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1752 Pine Tree St S  
 Apt. F  
 City Columbus State OH Zip Code 43229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2017  
**Transaction ID : SA11AI.34769**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Zampedro, Val, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1752 Pine Tree St S  
 Apt. F  
 City Columbus State OH Zip Code 43229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : SA11AI.34770**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Zastrow, Janine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 223 Heather Dr  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2017  
**Transaction ID : SA11AI.34775**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 579 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Zastrow, Janine, , ,</b>		Date of Receipt
Mailing Address 223 Heather Dr		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2017"/>
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34776</b>
Name of Employer (for Individual) N/A		Occupation (for Individual) N/A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
	<input type="text" value="2000.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Zink, Dorothy, , ,</b>		Date of Receipt
Mailing Address 6291 Royalist Dr		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Huntington Beach	State CA	Zip Code 92647
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34781</b>
Name of Employer (for Individual) Haven Exchange		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
	<input type="text" value="225.00"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Zink, Dorothy, , ,</b>		Date of Receipt
Mailing Address 6291 Royalist Dr		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Huntington Beach	State CA	Zip Code 92647
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.34782</b>
Name of Employer (for Individual) Haven Exchange		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
	<input type="text" value="250.00"/>	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 580 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zink, Dorothy, , ,

Mailing Address 6291 Royalist Dr

City Huntington Beach	State CA	Zip Code 92647
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Haven Exchange	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2017

**Transaction ID : SA11AI.34783**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zink, Dorothy, , ,

Mailing Address 6291 Royalist Dr

City Huntington Beach	State CA	Zip Code 92647
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Haven Exchange	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

**Transaction ID : SA11AI.34784**

Amount of Each Receipt this Period  
25.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zitnik, Galynn, , ,

Mailing Address 15335 Beach Dr NE

City Lake Forest Park	State WA	Zip Code 98155
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) scientist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2017

**Transaction ID : SA11AI.34787**

Amount of Each Receipt this Period  
27.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 581 OF 684
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Zitnik, Galynn, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2017 <b>Transaction ID : SA11AI.34788</b>		
Mailing Address 15335 Beach Dr NE			Amount of Each Receipt this Period 27.00		
City Lake Forest Park	State WA	Zip Code 98155	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 243.00		
Name of Employer (for Individual) retired		Occupation (for Individual) scientist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Zitnik, Galynn, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 26 / 2017 <b>Transaction ID : SA11AI.34789</b>		
Mailing Address 15335 Beach Dr NE			Amount of Each Receipt this Period 27.00		
City Lake Forest Park	State WA	Zip Code 98155	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 270.00		
Name of Employer (for Individual) retired		Occupation (for Individual) scientist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Zitnik, Galynn, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 26 / 2017 <b>Transaction ID : SA11AI.34790</b>		
Mailing Address 15335 Beach Dr NE			Amount of Each Receipt this Period 27.00		
City Lake Forest Park	State WA	Zip Code 98155	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 297.00		
Name of Employer (for Individual) retired		Occupation (for Individual) scientist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 582 OF 684
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Zitnik, Galynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15335 Beach Dr NE  
 City Lake Forest Park State WA Zip Code 98155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2017  
**Transaction ID : SA11AI.34791**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**B. Zonta, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 352 Brighton Ave #329  
 City San Francisco State CA Zip Code 94112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Web Editor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2017  
**Transaction ID : SA11AI.34797**  
 Amount of Each Receipt this Period 27.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	54.00
<b>TOTAL</b> This Period (last page this line number only).....	89915.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 583 OF 684  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. ADP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5800 Windward Parkway  
 City Alpharetta State GA Zip Code 30005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1053.15

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA15.31361**  
 Amount of Each Receipt this Period  
 893.15  
 Memo Item

**B. State Fund**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 8192  
 City Pleasanton State CA Zip Code 94588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 634.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2017  
**Transaction ID : SA15.31390**  
 Amount of Each Receipt this Period  
 413.51  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1306.66
<b>TOTAL</b> This Period (last page this line number only).....▶	1306.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Aciz, Joshua, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31362</b> Amount of Each Disbursement this Period 2602.29	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Aciz, Joshua, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31364</b> Amount of Each Disbursement this Period 2602.28	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Aciz, Joshua, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31365</b> Amount of Each Disbursement this Period 2602.30	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7806.87
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Aciz, Joshua, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31366</b> Amount of Each Disbursement this Period 2602.29	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Aciz, Joshua, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31367</b> Amount of Each Disbursement this Period 2602.28	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Aciz, Joshua, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 28 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31368</b> Amount of Each Disbursement this Period 2602.30	
City Warren	State RI	Zip Code 02885	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7806.87

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Aciz, Myrianette, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31023</b> Amount of Each Disbursement this Period [REDACTED] 250.00	
City Warren	State RI	Zip Code 02885	Category/ Type [REDACTED]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Aciz, Myrianette, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017	
Mailing Address 22 Warren Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31069</b> Amount of Each Disbursement this Period [REDACTED] 1000.00	
City Warren	State RI	Zip Code 02885	Category/ Type [REDACTED]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Administrative Business Services</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2017	
Mailing Address 5125 Stony Meadows Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31038</b> Amount of Each Disbursement this Period [REDACTED] 1700.00	
City District Heights	State MD	Zip Code 20747	Category/ Type [REDACTED]
Purpose of Disbursement Accounting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 2950.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Administrative Business Services**

Full Name (Last, First, Middle Initial)

Mailing Address 5125 Stoney Meadows Drive

City District Heights State MD Zip Code 20747

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31094

Amount of Each Disbursement this Period: 1300.00

Memo Item

**B. Administrative Business Services**

Full Name (Last, First, Middle Initial)

Mailing Address 5125 Stoney Meadows Drive

City District Heights State MD Zip Code 20747

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31142

Amount of Each Disbursement this Period: 925.00

Memo Item

**C. Administrative Business Services**

Full Name (Last, First, Middle Initial)

Mailing Address 5125 Stoney Meadows Drive

City District Heights State MD Zip Code 20747

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31192

Amount of Each Disbursement this Period: 900.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3125.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Administrative Business Services**

Full Name (Last, First, Middle Initial)

Mailing Address 5125 Stoney Meadows Drive

City District Heights State MD Zip Code 20747

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 16 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.31268**

Amount of Each Disbursement this Period: 1112.50

Memo Item

**B. Administrative Business Services**

Full Name (Last, First, Middle Initial)

Mailing Address 5125 Stoney Meadows Drive

City District Heights State MD Zip Code 20747

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 18 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.31327**

Amount of Each Disbursement this Period: 1050.00

Memo Item

**C. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.31342**

Amount of Each Disbursement this Period: 64.43

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2226.93

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 5800 Windward Parkway		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31343</b> Amount of Each Disbursement this Period 24.00
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 5800 Windward Parkway		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31344</b> Amount of Each Disbursement this Period 4593.08
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Taxes		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2017
Mailing Address 5800 Windward Parkway		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31345</b> Amount of Each Disbursement this Period 64.43
City Alpharetta	State GA	Zip Code 30005
Purpose of Disbursement Payroll Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4681.51

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.31346**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.31348**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.31346**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31350

Amount of Each Disbursement this Period: 4495.12

Memo Item

**B. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31351

Amount of Each Disbursement this Period: 24.00

Memo Item

**C. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31352

Amount of Each Disbursement this Period: 64.43

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4583.55

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

### A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31353

Amount of Each Disbursement this Period

24.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31354

Amount of Each Disbursement this Period

4495.16

Memo Item

Full Name (Last, First, Middle Initial)

### C. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31355

Amount of Each Disbursement this Period

64.43

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4583.59

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.31356**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.31357**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.31358**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31359  
Amount of Each Disbursement this Period  
4429.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31360  
Amount of Each Disbursement this Period  
30.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AirBNB**

Mailing Address 888 Brannan Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31134  
Amount of Each Disbursement this Period  
61.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4520.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31057</b> Amount of Each Disbursement this Period 50.00	
City New York	State NY	Zip Code 10001	Category/ Type [ ]
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31064</b> Amount of Each Disbursement this Period 0.50	
City New York	State NY	Zip Code 10001	Category/ Type [ ]
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31122</b> Amount of Each Disbursement this Period 0.75	
City New York	State NY	Zip Code 10001	Category/ Type [ ]
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	51.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 275 Seventh Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31158</b> Amount of Each Disbursement this Period [ ] 144.58
City New York	State NY	Zip Code 10001
Purpose of Disbursement Credit Card Payment		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 3001 Nicollet Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31158</b> Amount of Each Disbursement this Period [ ] 129.58
City Minneapolis	State MN	Zip Code 55408
Purpose of Disbursement Office Supplies		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 275 Seventh Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31158</b> Amount of Each Disbursement this Period [ ] 15.00
City New York	State NY	Zip Code 10001
Purpose of Disbursement Service Charge		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 144.58
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31167</b> Amount of Each Disbursement this Period [REDACTED] 0.75	
City New York	State NY	Zip Code 10001	Category/ Type [REDACTED]
Purpose of Disbursement		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31211</b> Amount of Each Disbursement this Period [REDACTED] 1557.11	
City New York	State NY	Zip Code 10001	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Payment		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Alamo Rent a Car</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 1 Airport Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31211</b> Amount of Each Disbursement this Period [REDACTED] 109.32	
City Manchester	State NH	Zip Code 03103	Category/ Type [REDACTED]
Purpose of Disbursement Car Rental		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1557.86
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex Office**

Mailing Address 1155 Harrison Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31211  
Amount of Each Disbursement this Period  
377.77

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sarpinos Pizza**

Mailing Address 578 E Oakton St

City Des Plaines State IL Zip Code 60018

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31211  
Amount of Each Disbursement this Period  
582.08

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31211  
Amount of Each Disbursement this Period  
25.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 275 Seventh Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31211</b> Amount of Each Disbursement this Period [REDACTED] 106.25
City New York	State NY	Zip Code 10001
Purpose of Disbursement Fees/Interest		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017
Mailing Address 275 Seventh Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31230</b> Amount of Each Disbursement this Period [REDACTED] 0.25
City New York	State NY	Zip Code 10001
Purpose of Disbursement Bank Charges		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31032</b> Amount of Each Disbursement this Period [REDACTED] 369.50
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 369.75
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31046</b> Amount of Each Disbursement this Period [ ] 119.20
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel	Category/Type [ ]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31096</b> Amount of Each Disbursement this Period [ ] 274.40
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel	Category/Type [ ]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017
Mailing Address P.O. Box 619616, MD 5675		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31095</b> Amount of Each Disbursement this Period [ ] 25.00
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel	Category/Type [ ]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 418.60
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31013</b> Amount of Each Disbursement this Period 1221.86
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31017</b> Amount of Each Disbursement this Period 379.06
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31015</b> Amount of Each Disbursement this Period 28.17
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1629.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31021  
Amount of Each Disbursement this Period  
26.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31022  
Amount of Each Disbursement this Period  
81.83

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.3102t  
Amount of Each Disbursement this Period  
200.49

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

309.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31028</b> Amount of Each Disbursement this Period [ ] 61.85	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31031</b> Amount of Each Disbursement this Period [ ] 57.38	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31034</b> Amount of Each Disbursement this Period [ ] 34.75	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 153.98
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31036  
Amount of Each Disbursement this Period  
94.03

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31037  
Amount of Each Disbursement this Period  
21.52

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31044  
Amount of Each Disbursement this Period  
18.38

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

133.93

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31043</b> Amount of Each Disbursement this Period 67.77
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31045</b> Amount of Each Disbursement this Period 26.62
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31051</b> Amount of Each Disbursement this Period 75.83
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	170.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31054</b> Amount of Each Disbursement this Period 26.57
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31055</b> Amount of Each Disbursement this Period 16.16
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31056</b> Amount of Each Disbursement this Period 20.48
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	63.21
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31058</b> Amount of Each Disbursement this Period 38.00
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31059</b> Amount of Each Disbursement this Period 89.50
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31062</b> Amount of Each Disbursement this Period 1034.40
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1161.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Authorize.net**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 03 / 2017

FEC Identification Number  
**C**

**Transaction ID : SB21B.31065**

Amount of Each Disbursement this Period  
322.22

Memo Item

**B. Authorize.net**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 03 / 2017

FEC Identification Number  
**C**

**Transaction ID : SB21B.31068**

Amount of Each Disbursement this Period  
42.71

Memo Item

**C. Authorize.net**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 04 / 2017

FEC Identification Number  
**C**

**Transaction ID : SB21B.31070**

Amount of Each Disbursement this Period  
23.21

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 388.14

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31076</b> Amount of Each Disbursement this Period 56.53
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31080</b> Amount of Each Disbursement this Period 14.52
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31081</b> Amount of Each Disbursement this Period 21.32
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	92.37
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31083</b>	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [ ] 38.24
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31085</b>	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [ ] 191.05
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31093</b>	
City San Francisco	State CA	Zip Code 94128	Amount of Each Disbursement this Period [ ] 119.20
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 348.49
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31095</b> Amount of Each Disbursement this Period [ ] 68.01	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31098</b> Amount of Each Disbursement this Period [ ] 27.84	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31100</b> Amount of Each Disbursement this Period [ ] 19.81	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 115.66
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)  
**A. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 18 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.31101  
Amount of Each Disbursement this Period  
16.50

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 21 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.31103  
Amount of Each Disbursement this Period  
61.28

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 22 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.31104  
Amount of Each Disbursement this Period  
30.71

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 108.49

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31106</b> Amount of Each Disbursement this Period 22.04
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31107</b> Amount of Each Disbursement this Period 10.87
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31108</b> Amount of Each Disbursement this Period 27.67
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.58
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31109</b> Amount of Each Disbursement this Period 77.71
City San Francisco	State CA	
Zip Code 94128		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31110</b> Amount of Each Disbursement this Period 22.16
City San Francisco	State CA	
Zip Code 94128		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31111</b> Amount of Each Disbursement this Period 31.33
City San Francisco	State CA	
Zip Code 94128		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	131.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31112  
Amount of Each Disbursement this Period  
33.23

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31113  
Amount of Each Disbursement this Period  
965.31

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31114  
Amount of Each Disbursement this Period  
351.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1350.24

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Authorize.net**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31117

Amount of Each Disbursement this Period: 108.64

Memo Item

**B. Authorize.net**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31120

Amount of Each Disbursement this Period: 37.92

Memo Item

**C. Authorize.net**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31123

Amount of Each Disbursement this Period: 55.02

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 201.58

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31125  
Amount of Each Disbursement this Period  
15.12

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31129  
Amount of Each Disbursement this Period  
229.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31131  
Amount of Each Disbursement this Period  
59.11

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

304.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31132  
Amount of Each Disbursement this Period  
55.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31133  
Amount of Each Disbursement this Period  
27.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31134  
Amount of Each Disbursement this Period  
35.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

119.07

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31135  
Amount of Each Disbursement this Period  
63.03

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31137  
Amount of Each Disbursement this Period  
25.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31141  
Amount of Each Disbursement this Period  
16.27

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

105.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31143</b> Amount of Each Disbursement this Period [ ] 23.69	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31144</b> Amount of Each Disbursement this Period [ ] 29.17	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31147</b> Amount of Each Disbursement this Period [ ] 60.96	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 113.82
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31148</b> Amount of Each Disbursement this Period 14.65
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31150</b> Amount of Each Disbursement this Period 48.49
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31157</b> Amount of Each Disbursement this Period 32.35
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

95.49

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 09 / 29 / 2017		
Mailing Address P.O. Box 8999			FEC Identification Number C [ ] <b>Transaction ID : SB21B.31162</b> Amount of Each Disbursement this Period [ ] 70.03		
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]		
Purpose of Disbursement Credit Card Processing Fees		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 10 / 02 / 2017		
Mailing Address P.O. Box 8999			FEC Identification Number C [ ] <b>Transaction ID : SB21B.31165</b> Amount of Each Disbursement this Period [ ] 1000.34		
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]		
Purpose of Disbursement Credit Card Processing Fees		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 10 / 03 / 2017		
Mailing Address P.O. Box 8999			FEC Identification Number C [ ] <b>Transaction ID : SB21B.31166</b> Amount of Each Disbursement this Period [ ] 58.47		
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]		
Purpose of Disbursement Credit Card Processing Fees		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1128.84
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31168**  
Amount of Each Disbursement this Period  
256.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31172**  
Amount of Each Disbursement this Period  
17.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31174**  
Amount of Each Disbursement this Period  
64.65

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

339.24

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31177

Amount of Each Disbursement this Period

154.13

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 11 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31183

Amount of Each Disbursement this Period

180.31

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 12 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31184

Amount of Each Disbursement this Period

63.53

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

397.97



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31186</b> Amount of Each Disbursement this Period 62.00
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31190</b> Amount of Each Disbursement this Period 85.68
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31191</b> Amount of Each Disbursement this Period 20.75
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	168.43
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31193  
Amount of Each Disbursement this Period  
33.54

Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31194  
Amount of Each Disbursement this Period  
22.65

Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31197  
Amount of Each Disbursement this Period  
30.14

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

86.33

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)  
**A. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
10 / 23 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31201**  
Amount of Each Disbursement this Period  
98.09

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
10 / 24 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31204**  
Amount of Each Disbursement this Period  
10.74

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
10 / 25 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31205**  
Amount of Each Disbursement this Period  
28.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 137.12

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31206</b> Amount of Each Disbursement this Period 7.45
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31208</b> Amount of Each Disbursement this Period 18.46
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31208</b> Amount of Each Disbursement this Period 70.98
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	96.89
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

### A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.31210**  
 Amount of Each Disbursement this Period  
 [ ] 31.22

Memo Item

Full Name (Last, First, Middle Initial)

### B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.31224**  
 Amount of Each Disbursement this Period  
 [ ] 747.16

Memo Item

Full Name (Last, First, Middle Initial)

### C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2017			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.31226**  
 Amount of Each Disbursement this Period  
 [ ] 527.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1306.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31249</b> Amount of Each Disbursement this Period [ ] 70.77
City San Francisco	State CA	Zip Code 94128
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31250</b> Amount of Each Disbursement this Period [ ] 16.06
City San Francisco	State CA	Zip Code 94128
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31251</b> Amount of Each Disbursement this Period [ ] 13.81
City San Francisco	State CA	Zip Code 94128
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 100.64

**TOTAL** This Period (last page this line number only)..... ▶

[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)  
**A. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
11 / 09 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31257**  
Amount of Each Disbursement this Period  
26.12

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
11 / 10 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31260**  
Amount of Each Disbursement this Period  
31.96

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
11 / 13 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31262**  
Amount of Each Disbursement this Period  
235.36

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 293.44

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number <b>C</b>
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Transaction ID : <b>SB21B.31264</b>
Candidate Name		Amount of Each Disbursement this Period 52.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number <b>C</b>
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Transaction ID : <b>SB21B.31265</b>
Candidate Name		Amount of Each Disbursement this Period 33.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number <b>C</b>
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Transaction ID : <b>SB21B.31266</b>
Candidate Name		Amount of Each Disbursement this Period 23.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

109.37

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)  
**A. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
11 / 17 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31269**  
Amount of Each Disbursement this Period  
18.57

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
11 / 20 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31272**  
Amount of Each Disbursement this Period  
55.24

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
11 / 21 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31273**  
Amount of Each Disbursement this Period  
14.12

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 87.93

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 22 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31275</b> Amount of Each Disbursement this Period [ ] 28.28
City San Francisco	State CA	Zip Code 94128
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 24 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31276</b> Amount of Each Disbursement this Period [ ] 57.98
City San Francisco	State CA	Zip Code 94128
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31277</b> Amount of Each Disbursement this Period [ ] 61.21
City San Francisco	State CA	Zip Code 94128
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 147.47
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 28 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31280</b> Amount of Each Disbursement this Period 26.23
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 29 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31282</b> Amount of Each Disbursement this Period 29.92
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31283</b> Amount of Each Disbursement this Period 36.09
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

92.24

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)  
**A. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
12 / 01 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31288**  
Amount of Each Disbursement this Period  
527.09

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
12 / 04 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31291**  
Amount of Each Disbursement this Period  
347.33

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
12 / 05 / 2017

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31292**  
Amount of Each Disbursement this Period  
16.84

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 891.26

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31293</b> Amount of Each Disbursement this Period 350.73
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31296</b> Amount of Each Disbursement this Period 27.27
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31297</b> Amount of Each Disbursement this Period 46.78
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	424.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 11 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31301</b> Amount of Each Disbursement this Period [ ] 233.97	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31305</b> Amount of Each Disbursement this Period [ ] 48.76	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 13 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31305</b> Amount of Each Disbursement this Period [ ] 63.30	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 346.03
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 12 / 14 / 2017	
Mailing Address P.O. Box 8999			FEC Identification Number C [ ] <b>Transaction ID : SB21B.31312</b> Amount of Each Disbursement this Period [ ] 25.16	
City San Francisco	State CA	Zip Code 94128	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing Fees		Category/Type [ ]		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 12 / 15 / 2017	
Mailing Address P.O. Box 8999			FEC Identification Number C [ ] <b>Transaction ID : SB21B.31316</b> Amount of Each Disbursement this Period [ ] 33.63	
City San Francisco	State CA	Zip Code 94128	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing Fees		Category/Type [ ]		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 12 / 18 / 2017	
Mailing Address P.O. Box 8999			FEC Identification Number C [ ] <b>Transaction ID : SB21B.31324</b> Amount of Each Disbursement this Period [ ] 82.04	
City San Francisco	State CA	Zip Code 94128	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing Fees		Category/Type [ ]		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 140.83

**TOTAL** This Period (last page this line number only)..... ▶

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31329</b> Amount of Each Disbursement this Period 62.16
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31330</b> Amount of Each Disbursement this Period 14.89
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31334</b> Amount of Each Disbursement this Period 14.87
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	91.92
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31336</b> Amount of Each Disbursement this Period [ ] 41.32	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 26 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31337</b> Amount of Each Disbursement this Period [ ] 102.28	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2017	
Mailing Address P.O. Box 8999		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31338</b> Amount of Each Disbursement this Period [ ] 19.28	
City San Francisco	State CA	Zip Code 94128	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 162.88
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 28 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31339</b> Amount of Each Disbursement this Period 28.95
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2017
Mailing Address P.O. Box 8999		FEC Identification Number C <b>Transaction ID : SB21B.31341</b> Amount of Each Disbursement this Period 25.74
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Comfort Inn O'Hare</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2017
Mailing Address 2175 E Touhy Ave		FEC Identification Number C <b>Transaction ID : SB21B.31082</b> Amount of Each Disbursement this Period 683.93
City Des Plaines	State IL	
Purpose of Disbursement Lodging		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

738.62

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Comfort Inn O'Hare</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2017	
Mailing Address 2175 E Touhy Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31087</b> Amount of Each Disbursement this Period [REDACTED] 227.97	
City Des Plaines	State IL	Zip Code 60018	Category/ Type [REDACTED]
Purpose of Disbursement Lodging			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Comfort Inn O'Hare</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2017	
Mailing Address 2175 E Touhy Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31091</b> Amount of Each Disbursement this Period [REDACTED] 558.18	
City Des Plaines	State IL	Zip Code 60018	Category/ Type [REDACTED]
Purpose of Disbursement Lodging			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Comfort Inn O'Hare</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017	
Mailing Address 2175 E Touhy Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31121</b> Amount of Each Disbursement this Period [REDACTED] 455.95	
City Des Plaines	State IL	Zip Code 60018	Category/ Type [REDACTED]
Purpose of Disbursement Lodging			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1242.10
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Continental National America Group</b>		Date of Disbursement MM / DD / YYYY 07 / 04 / 2017
Mailing Address 333 South Wabash Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31014</b> Amount of Each Disbursement this Period [ ] 88.00
City Chicago	State IL	Zip Code 60604
Purpose of Disbursement Insurance	Category/ Type [ ]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CT Corporation</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2017
Mailing Address 1015 15th Street, NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31252</b> Amount of Each Disbursement this Period [ ] 380.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Corporate Representation	Category/ Type [ ]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address P. O. Box 20706		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31044</b> Amount of Each Disbursement this Period [ ] 83.20
City Atlanta	State GA	Zip Code 30320
Purpose of Disbursement Travel	Category/ Type [ ]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[ ] 551.20
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14TH STREET NW #101W

City Washington State DC Zip Code 20009

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.34812

Amount of Each Disbursement this Period: 7.45

Memo Item

**B. Eventbrite**

Full Name (Last, First, Middle Initial)

Mailing Address 155 5th St 7th Floor

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Contribution Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31303

Amount of Each Disbursement this Period: 709.48

Memo Item

**C. Facebook**

Full Name (Last, First, Middle Initial)

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Web Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31061

Amount of Each Disbursement this Period: 40.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 756.93

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Web Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31188**  
Amount of Each Disbursement this Period  
50.18

Memo Item

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Web Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31223**  
Amount of Each Disbursement this Period  
75.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Web Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31287**  
Amount of Each Disbursement this Period  
107.56

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

232.74

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Fedex Office</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2017	
Mailing Address 1155 Harrison Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31169</b> Amount of Each Disbursement this Period [ ] 116.09	
City San Francisco	State CA	Zip Code 94103	Category/ Type [ ]
Purpose of Disbursement Printing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>B. Fedex Office</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2017	
Mailing Address 1155 Harrison Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31185</b> Amount of Each Disbursement this Period [ ] 94.99	
City San Francisco	State CA	Zip Code 94103	Category/ Type [ ]
Purpose of Disbursement Printing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>C. Fedex Office</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017	
Mailing Address 1155 Harrison Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31228</b> Amount of Each Disbursement this Period [ ] 5.92	
City San Francisco	State CA	Zip Code 94103	Category/ Type [ ]
Purpose of Disbursement Printing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 217.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Fedex Office</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31259</b> Amount of Each Disbursement this Period [ ] 51.64
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Fedex Office</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2017
Mailing Address 1155 Harrison Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31319</b> Amount of Each Disbursement this Period [ ] 60.33
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Printing		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Google</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31012</b> Amount of Each Disbursement this Period [ ] 100.00
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Web Advertising		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 211.97
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C <b>Transaction ID : SB21B.31063</b> Amount of Each Disbursement this Period 100.00
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C <b>Transaction ID : SB21B.31116</b> Amount of Each Disbursement this Period 100.00
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Google</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C <b>Transaction ID : SB21B.31164</b> Amount of Each Disbursement this Period 100.00
City Mountain View	State CA	
Purpose of Disbursement Web Advertising	Zip Code 94043	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

300.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31225</b> Amount of Each Disbursement this Period [REDACTED] 100.00
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Web Advertising	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31289</b> Amount of Each Disbursement this Period [REDACTED] 104.16
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Web Advertising	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) <b>C. Gulf Oil</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address 14 Ascutney Store R		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31182</b> Amount of Each Disbursement this Period [REDACTED] 32.25
City Ascutney	State VT	Zip Code 05030
Purpose of Disbursement Gas	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Memo Item <input type="checkbox"/>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 236.41
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Gulf Oil</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2017
Mailing Address 14 Ascutney Store R		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31261</b> Amount of Each Disbursement this Period [ ] 31.87
City Ascutney	State VT	Zip Code 05030
Purpose of Disbursement Gas	Category/ Type [ ]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hartson, Alison, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 16599 Sequoia St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31369</b> Amount of Each Disbursement this Period [ ] 3680.18
City Fountain Valley	State CA	Zip Code 92708
Purpose of Disbursement Payroll	Category/ Type [ ]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hartson, Alison, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address 16599 Sequoia St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31371</b> Amount of Each Disbursement this Period [ ] 3680.19
City Fountain Valley	State CA	Zip Code 92708
Purpose of Disbursement Payroll	Category/ Type [ ]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 7392.24
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Hartson, Alison, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017	
Mailing Address 16599 Sequoia St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31371</b> Amount of Each Disbursement this Period [REDACTED] 3680.19	
City Fountain Valley	State CA	Zip Code 92708	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hartson, Alison, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 16599 Sequoia St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31372</b> Amount of Each Disbursement this Period [REDACTED] 3680.18	
City Fountain Valley	State CA	Zip Code 92708	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hotwire</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017	
Mailing Address 655 Montgomery Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31033</b> Amount of Each Disbursement this Period [REDACTED] 377.40	
City San Francisco	State CA	Zip Code 94111	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 7737.77
[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Hotwire**

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.31067**  
Amount of Each Disbursement this Period  
148.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hotwire**

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.31299**  
Amount of Each Disbursement this Period  
68.39

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hotwire**

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 13 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.31307**  
Amount of Each Disbursement this Period  
71.85

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

288.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Hotwire**

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31311**  
Amount of Each Disbursement this Period  
139.47

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hotwire**

Mailing Address 655 Montgomery Street

City San Francisco State CA Zip Code 94111

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31321**  
Amount of Each Disbursement this Period  
69.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. JetBlue**

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31011**  
Amount of Each Disbursement this Period  
131.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

340.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. JetBlue</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017
Mailing Address 2701 Queens Plz N		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31310</b> Amount of Each Disbursement this Period [ ] 292.20
City Long Island City	State NY	Zip Code 11101
Purpose of Disbursement Travel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. JetBlue</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address 2701 Queens Plz N		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31328</b> Amount of Each Disbursement this Period [ ] 25.00
City Long Island City	State NY	Zip Code 11101
Purpose of Disbursement Travel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Lemay, Bryant, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 13 Dryden Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31373</b> Amount of Each Disbursement this Period [ ] 2585.31
City Warwick	State RI	Zip Code 02888
Purpose of Disbursement Payroll		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2902.51
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Lemay, Bryant, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31374</b> Amount of Each Disbursement this Period [ ] 2585.30	
City Warwick	State RI	Zip Code 02888	Category/ Type [ ]
Purpose of Disbursement Payroll		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Lemay, Bryant, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31376</b> Amount of Each Disbursement this Period [ ] 2585.32	
City Warwick	State RI	Zip Code 02888	Category/ Type [ ]
Purpose of Disbursement Payroll		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Lemay, Bryant, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31377</b> Amount of Each Disbursement this Period [ ] 2585.31	
City Warwick	State RI	Zip Code 02888	Category/ Type [ ]
Purpose of Disbursement Payroll		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 7755.93
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Lemay, Bryant, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31378</b> Amount of Each Disbursement this Period 2585.30	
City Warwick	State RI	Zip Code 02888	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Lemay, Bryant, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 28 / 2017	
Mailing Address 13 Dryden Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31379</b> Amount of Each Disbursement this Period 2585.32	
City Warwick	State RI	Zip Code 02888	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Monetta, Michael, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 5 Midhurst St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.3138t</b> Amount of Each Disbursement this Period 3464.86	
City Nashua	State NH	Zip Code 03063	Category/ Type
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8635.48
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Monetta, Michael, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address 5 Midhurst St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31384</b> Amount of Each Disbursement this Period [REDACTED] 3464.87	
City Nashua	State NH	Zip Code 03063	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Monetta, Michael, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 28 / 2017	
Mailing Address 5 Midhurst St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31385</b> Amount of Each Disbursement this Period [REDACTED] 3467.69	
City Nashua	State NH	Zip Code 03063	Category/ Type [REDACTED]
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Nationbuilder</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017	
Mailing Address 11693 San Vicente Blvd., #560		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31024</b> Amount of Each Disbursement this Period [REDACTED] 3078.70	
City Los Angeles	State CA	Zip Code 90049	Category/ Type [REDACTED]
Purpose of Disbursement Website		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 10011.26

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Nationbuilder**

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement Website

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31079**  
Amount of Each Disbursement this Period  
3078.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nationbuilder**

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement Website

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31118**  
Amount of Each Disbursement this Period  
3078.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nationbuilder**

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement Website

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31124**  
Amount of Each Disbursement this Period  
3078.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9236.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Nationbuilder**

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement Website

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.31176**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nationbuilder**

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement Website

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.31255**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nationbuilder**

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement Website

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.31298**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Overnight Prints**

Mailing Address 7582 Las Vegas Blvd S  
# 487

City Las Vegas State NV Zip Code 89123

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 19 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31039  
Amount of Each Disbursement this Period  
72.08

Memo Item

Full Name (Last, First, Middle Initial)

**B. Overnight Prints**

Mailing Address 7582 Las Vegas Blvd S  
# 487

City Las Vegas State NV Zip Code 89123

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31072  
Amount of Each Disbursement this Period  
72.45

Memo Item

Full Name (Last, First, Middle Initial)

**C. Overnight Prints**

Mailing Address 7582 Las Vegas Blvd S  
# 487

City Las Vegas State NV Zip Code 89123

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.31078  
Amount of Each Disbursement this Period  
34.51

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

179.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.34813**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Priceline**

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.31077**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC**

Mailing Address 1090 Vermont Ave., NW  
Suite 750

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.31126**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Sandler, Reiff, Lamb, Rosenstein &amp; Birkenstock, PC</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31161</b> Amount of Each Disbursement this Period [REDACTED] 385.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Sandler, Reiff, Lamb, Rosenstein &amp; Birkenstock, PC</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31207</b> Amount of Each Disbursement this Period [REDACTED] 1010.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Sandler, Reiff, Lamb, Rosenstein &amp; Birkenstock, PC</b>		Date of Disbursement MM / DD / YYYY 11 / 21 / 2017
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31274</b> Amount of Each Disbursement this Period [REDACTED] 2765.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 4160.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Sandler, Reiff, Lamb, Rosenstein &amp; Birkenstock, PC</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017
Mailing Address 1090 Vermont Ave., NW Suite 750		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31314</b> Amount of Each Disbursement this Period [REDACTED] 1337.50
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address 135 N. Access Road		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31084</b> Amount of Each Disbursement this Period [REDACTED] 22.26
City South San Francisco	State CA	Zip Code 94123
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Shell Oil</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2017
Mailing Address 135 N. Access Road		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31258</b> Amount of Each Disbursement this Period [REDACTED] 41.77
City South San Francisco	State CA	Zip Code 94123
Purpose of Disbursement Travel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1401.53
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. Shell Oil**

Full Name (Last, First, Middle Initial)

Mailing Address 135 N. Access Road

City South San Francisco State CA Zip Code 94123

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31306

Amount of Each Disbursement this Period: 36.77

Memo Item

**B. Shell Oil**

Full Name (Last, First, Middle Initial)

Mailing Address 135 N. Access Road

City South San Francisco State CA Zip Code 94123

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31318

Amount of Each Disbursement this Period: 40.32

Memo Item

**C. Shen, John, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 26 Wilton St

City Waltham State MA Zip Code 02453

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31386

Amount of Each Disbursement this Period: 730.34

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 807.43

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Shen, John, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017	
Mailing Address 26 Wilton St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31313</b> Amount of Each Disbursement this Period [ ] 73.30	
City Waltham	State MA	Zip Code 02453	Category/ Type [ ]
Purpose of Disbursement Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Gulf Oil</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017	
Mailing Address 14 Ascutney Store R		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31313</b> Amount of Each Disbursement this Period [ ] 36.49	
City Ascutney	State VT	Zip Code 05030	Category/ Type [ ]
Purpose of Disbursement Gas		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017	
Mailing Address 85 N. Main Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31313</b> Amount of Each Disbursement this Period [ ] 36.81	
City Branford	State CT	Zip Code 06405	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 73.30
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Shen, John, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 28 / 2017
Mailing Address 26 Wilton St		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.31387</b> Amount of Each Disbursement this Period 2504.80
City Waltham	State MA	
Zip Code 02453	Purpose of Disbursement Payroll	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Spirit Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address 2800 Executive Way		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.31016</b> Amount of Each Disbursement this Period 164.18
City Miramar	State FL	
Zip Code 33025	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Spirit Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address 2800 Executive Way		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.31042</b> Amount of Each Disbursement this Period 146.38
City Miramar	State FL	
Zip Code 33025	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2815.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Spirit Airlines**

Mailing Address 2800 Executive Way

City Miramar State FL Zip Code 33025

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31049**  
Amount of Each Disbursement this Period  
211.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31128**  
Amount of Each Disbursement this Period  
24.71

Memo Item

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31195**  
Amount of Each Disbursement this Period  
56.47

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

292.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31271  
Amount of Each Disbursement this Period

91.49

Memo Item

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31302  
Amount of Each Disbursement this Period

91.01

Memo Item

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 85 N. Main Street

City Branford State CT Zip Code 06405

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2017

FEC Identification Number

C

Transaction ID : SB21B.31323  
Amount of Each Disbursement this Period

40.97

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

223.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. State Fund**

Mailing Address PO Box 8192

City Pleasanton State CA Zip Code 94588

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31010**  
Amount of Each Disbursement this Period  
154.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sullivan-Friedman, Samuel, , ,**

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31060**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sullivan-Friedman, Samuel, , ,**

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31127**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2154.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)  
**A. Sullivan-Friedman, Samuel, , ,**

Date of Disbursement  
MM / DD / YYYY  
09 / 27 / 2017

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31153**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Sullivan-Friedman, Samuel, , ,**

Date of Disbursement  
MM / DD / YYYY  
11 / 07 / 2017

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31251**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Sullivan-Friedman, Samuel, , ,**

Date of Disbursement  
MM / DD / YYYY  
11 / 30 / 2017

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31286**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)  
**A. Sullivan-Friedman, Samuel, , ,**

Date of Disbursement  
MM / DD / YYYY  
12 / 28 / 2017

Mailing Address 3103 Fairfield Avenue #10G

City Bronx State NY Zip Code 10463

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31340**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Twilio**

Date of Disbursement  
MM / DD / YYYY  
08 / 21 / 2017

Mailing Address 375 Beale Street Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31102**  
Amount of Each Disbursement this Period  
48.09

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Twilio**

Date of Disbursement  
MM / DD / YYYY  
10 / 06 / 2017

Mailing Address 375 Beale Street Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Website

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
**C**  
Transaction ID : **SB21B.31173**  
Amount of Each Disbursement this Period  
40.03

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1088.12

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

### A. Twilio

Mailing Address 375 Beale Street  
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Website

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31196**  
Amount of Each Disbursement this Period  
80.13

Memo Item

Full Name (Last, First, Middle Initial)

### B. Twilio

Mailing Address 375 Beale Street  
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Website

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31198**  
Amount of Each Disbursement this Period  
40.01

Memo Item

Full Name (Last, First, Middle Initial)

### C. Twilio

Mailing Address 375 Beale Street  
Suite 300

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Website

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31227**  
Amount of Each Disbursement this Period  
40.01

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

160.15

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Twilio</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017
Mailing Address 375 Beale Street Suite 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31254</b> Amount of Each Disbursement this Period [REDACTED] 40.16
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement Website		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Twilio</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2017
Mailing Address 375 Beale Street Suite 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31317</b> Amount of Each Disbursement this Period [REDACTED] 40.25
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement Website		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Twilio</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2017
Mailing Address 375 Beale Street Suite 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.31331</b> Amount of Each Disbursement this Period [REDACTED] 40.19
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement Website		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 120.60
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31071**  
Amount of Each Disbursement this Period  
20.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31086**  
Amount of Each Disbursement this Period  
15.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.3109c**  
Amount of Each Disbursement this Period  
21.59

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

57.46

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.31092**  
Amount of Each Disbursement this Period  
7.12

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.31145**  
Amount of Each Disbursement this Period  
28.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.31185**  
Amount of Each Disbursement this Period  
7.04

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

42.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2017
Mailing Address 1455 Market Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31270</b> Amount of Each Disbursement this Period [ ] 6.72
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Travel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address 1455 Market Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31277</b> Amount of Each Disbursement this Period [ ] 4.69
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Travel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Uber Technologies</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2017
Mailing Address 1455 Market Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31322</b> Amount of Each Disbursement this Period [ ] 12.30
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Travel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 23.71
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31138**  
Amount of Each Disbursement this Period  
153.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31149**  
Amount of Each Disbursement this Period  
25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31156**  
Amount of Each Disbursement this Period  
30.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

209.59

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

**A. United Healthcare**

Full Name (Last, First, Middle Initial)

Mailing Address 4 Taft Court

City Rockville State MD Zip Code 20850

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31011

Amount of Each Disbursement this Period: 1523.01

Memo Item

**B. United Healthcare**

Full Name (Last, First, Middle Initial)

Mailing Address 4 Taft Court

City Rockville State MD Zip Code 20850

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31041

Amount of Each Disbursement this Period: 1503.33

Memo Item

**C. United Healthcare**

Full Name (Last, First, Middle Initial)

Mailing Address 4 Taft Court

City Rockville State MD Zip Code 20850

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B.31114

Amount of Each Disbursement this Period: 1523.01

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4549.35

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. United Healthcare</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C <b>Transaction ID : SB21B.31195</b> Amount of Each Disbursement this Period 1523.01
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. United Healthcare</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C <b>Transaction ID : SB21B.31267</b> Amount of Each Disbursement this Period 1523.01
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. United Healthcare</b>		Date of Disbursement MM / DD / YYYY 11 / 28 / 2017
Mailing Address 4 Taft Court		FEC Identification Number C <b>Transaction ID : SB21B.31281</b> Amount of Each Disbursement this Period 541.30
City Rockville	State MD	
Zip Code 20850		Memo Item <input type="checkbox"/>
Purpose of Disbursement Insurance	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3587.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Zoom.us**

Mailing Address 55 Almaden Boulevard  
6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31073**  
Amount of Each Disbursement this Period  
154.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. Zoom.us**

Mailing Address 55 Almaden Boulevard  
6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31119**  
Amount of Each Disbursement this Period  
154.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. Zoom.us**

Mailing Address 55 Almaden Boulevard  
6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.31171**  
Amount of Each Disbursement this Period  
154.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

464.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Zoom.us</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017
Mailing Address 55 Almaden Boulevard 6th Floor		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31229</b>
City San Jose	State CA	Zip Code 95113
Purpose of Disbursement Software	Candidate Name	Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [ ] 154.99
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Zoom.us</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2017
Mailing Address 55 Almaden Boulevard 6th Floor		FEC Identification Number C [ ] <b>Transaction ID : SB21B.31294</b>
City San Jose	State CA	Zip Code 95113
Purpose of Disbursement Software	Candidate Name	Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [ ] 154.99
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [ ]
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 309.98
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 177391.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name (Last, First, Middle Initial) <b>A. Friends of Manka</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2017
Mailing Address PO Box 2467		FEC Identification Number C [ ]
City Redmond	State WA	Zip Code 98073
Purpose of Disbursement Non-Federal Donation		Transaction ID : <b>SB29.31178</b>
Candidate Name		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00