

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 WOLF PAC

ADDRESS (number and street) 6230 WILSHIRE BLVD SUITE 140 Check if different than previously reported. (ACC) LOS ANGELES CA 90048

2. FEC IDENTIFICATION NUMBER C C00485102 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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

Type or Print Name of Treasurer David Koller

Signature of Treasurer David Koller [Electronically Filed] Date 01 / 29 / 2016

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

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>	<input type="text" value="123254.79"/>	<input type="text" value="123254.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="129696.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="164677.89"/>	<input type="text" value="306866.29"/>
(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="294374.70"/>	<input type="text" value="430121.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="161191.59"/>	<input type="text" value="296937.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="133183.11"/>	<input type="text" value="133183.11"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WOLF PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	68346.11	95646.11
(ii) Unitemized	96067.00	209758.40
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	164413.11	305404.51
(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)	164413.11	305404.51
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).....	264.78	1461.78
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))..... ▶	164677.89	306866.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	164677.89	306866.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	136534.23	272280.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	136534.23	272280.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	24657.36	24657.36
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	161191.59	296937.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	161191.59	296937.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	164413.11	305404.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	164413.11	305404.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	136534.23	272280.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	264.78	1461.78
38. Net Operating Expenditures (subtract Line 37 from Line 36)	136269.45	270818.83

**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 340
(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 (Last, First, Middle Initial)
A. Kayla Acebo

Mailing Address 4623 S Victor Ave

City State Zip Code
Tulsa OK 74105

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

Name of Employer Occupation
The University of Tulsa Fundraiser

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
 07 / 29 / 2015
Transaction ID : SA11AI.16283

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Joseph Adams

Mailing Address 1405 Berwick Rd.

City State Zip Code
Towson MD 21204

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

Name of Employer Occupation
Turning Point Clinic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : SA11AI.16286

Amount of Each Receipt this Period
50.00

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

Mailing Address 1405 Berwick Rd.

City State Zip Code
Towson MD 21204

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

Name of Employer Occupation
Turning Point Clinic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2015
Transaction ID : SA11AI.16287

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Joseph Adams
Full Name (Last, First, Middle Initial)
Mailing Address 1405 Berwick Rd.
City Towson State MD Zip Code 21204
FEC ID number of contributing federal political committee. **C**
Name of Employer Turning Point Clinic Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 13 / 2015**
Transaction ID : SA11AI.16288
Amount of Each Receipt this Period **50.00**

B. Joseph Adams
Full Name (Last, First, Middle Initial)
Mailing Address 1405 Berwick Rd.
City Towson State MD Zip Code 21204
FEC ID number of contributing federal political committee. **C**
Name of Employer Turning Point Clinic Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 13 / 2015**
Transaction ID : SA11AI.16289
Amount of Each Receipt this Period **50.00**

C. Joseph Adams
Full Name (Last, First, Middle Initial)
Mailing Address 1405 Berwick Rd.
City Towson State MD Zip Code 21204
FEC ID number of contributing federal political committee. **C**
Name of Employer Turning Point Clinic Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 13 / 2015**
Transaction ID : SA11AI.16290
Amount of Each Receipt this Period **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 340
	<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. Joseph Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 1405 Berwick Rd.
 City Towson State MD Zip Code 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Turning Point Clinic Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : SA11AI.16291
 Amount of Each Receipt this Period
 50.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : SA11AI.16306
 Amount of Each Receipt this Period
 50.00

C. David Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 6374 Greenway Rd
 City Fort Worth State TX Zip Code 76116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Student
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11AI.16307
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 340
	(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. David Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 6374 Greenway Rd

City Fort Worth State TX Zip Code 76116

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

Name of Employer N/A Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : SA11AI.16308

Amount of Each Receipt this Period
 50.00

B. David Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 6374 Greenway Rd

City Fort Worth State TX Zip Code 76116

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

Name of Employer N/A Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2015
Transaction ID : SA11AI.16309

Amount of Each Receipt this Period
 50.00

C. David Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 6374 Greenway Rd

City Fort Worth State TX Zip Code 76116

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

Name of Employer N/A Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2015
Transaction ID : SA11AI.16310

Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. David Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 6374 Greenway Rd

City Fort Worth State TX Zip Code 76116

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

Name of Employer N/A Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SA11AI.16311

Amount of Each Receipt this Period
50.00

B. Ivan Ambriz
Full Name (Last, First, Middle Initial)

Mailing Address 202 N Shaddle Ave

City Mundelein State IL Zip Code 60060

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

Name of Employer Leider Greenhouses Occupation Controller

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 / 2015

Transaction ID : SA11AI.16322

Amount of Each Receipt this Period
25.00

C. Ivan Ambriz
Full Name (Last, First, Middle Initial)

Mailing Address 202 N Shaddle Ave

City Mundelein State IL Zip Code 60060

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

Name of Employer Leider Greenhouses Occupation Controller

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 / 2015

Transaction ID : SA11AI.16323

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Ivan Ambriz
Full Name (Last, First, Middle Initial)

Mailing Address 202 N Shaddle Ave

City Mundelein State IL Zip Code 60060

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

Name of Employer: Leider Greenhouses Occupation: Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt: **11 / 02 / 2015**
Transaction ID : **SA11AI.16324**

Amount of Each Receipt this Period: **25.00**

B. Ivan Ambriz
Full Name (Last, First, Middle Initial)

Mailing Address 202 N Shaddle Ave

City Mundelein State IL Zip Code 60060

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

Name of Employer: Leider Greenhouses Occupation: Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **12 / 02 / 2015**
Transaction ID : **SA11AI.16325**

Amount of Each Receipt this Period: **25.00**

C. William Arnold
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 22730

City Juneau State AK Zip Code 99802-2730

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

Name of Employer: None Occupation: None

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **09 / 23 / 2015**
Transaction ID : **SA11AI.16342**

Amount of Each Receipt this Period: **25.00**

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 340
	<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. Robert Ash
 Full Name (Last, First, Middle Initial)
 Mailing Address 3905 Bonnell Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Freescale Semiconductor Occupation Engineering Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : SA11AI.18551
 Amount of Each Receipt this Period
 50.00

B. Robert Ash
 Full Name (Last, First, Middle Initial)
 Mailing Address 3905 Bonnell Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Freescale Semiconductor Occupation Engineering Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11AI.18552
 Amount of Each Receipt this Period
 50.00

C. Robert Ash
 Full Name (Last, First, Middle Initial)
 Mailing Address 3905 Bonnell Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Freescale Semiconductor Occupation Engineering Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : SA11AI.18553
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Robert Ash

Mailing Address 3905 Bonnell Drive

City Austin State TX Zip Code 78731

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

Name of Employer: Freescale Semiconductor Occupation: Engineering Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: **10 / 29 / 2015**

Transaction ID : SA11AI.18554

Amount of Each Receipt this Period: **50.00**

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

Mailing Address 3905 Bonnell Drive

City Austin State TX Zip Code 78731

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

Name of Employer: Freescale Semiconductor Occupation: Engineering Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **11 / 30 / 2015**

Transaction ID : SA11AI.18555

Amount of Each Receipt this Period: **50.00**

Full Name (Last, First, Middle Initial)
C. Matthew Balch

Mailing Address 220 Union Ave

City Peekskill State NY Zip Code 10566

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

Name of Employer: Amtrak Occupation: Communication & Signals

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **09 / 06 / 2015**

Transaction ID : SA11AI.16358

Amount of Each Receipt this Period: **25.00**

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 14 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Matthew Balch

Mailing Address 220 Union Ave

City Peekskill State NY Zip Code 10566

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

Name of Employer Amtrak Occupation Communication & Signals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.16359

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Matthew Balch

Mailing Address 220 Union Ave

City Peekskill State NY Zip Code 10566

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

Name of Employer Amtrak Occupation Communication & Signals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : SA11AI.16360

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Matthew Balch

Mailing Address 220 Union Ave

City Peekskill State NY Zip Code 10566

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

Name of Employer Amtrak Occupation Communication & Signals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16361

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Larry Bao

Mailing Address 5240 N Sheridan Rd
Apt 312

City Chicago State IL Zip Code 60640

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

Name of Employer Self Occupation 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 / 28 / 2015
Transaction ID : SA11AI.16370

Amount of Each Receipt this Period
25.00

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

Mailing Address 1463 N Pembroke Dr

City South Elgin State IL Zip Code 60177

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2015
Transaction ID : SA11AI.16379

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Chris Basdeckis

Mailing Address 1463 N Pembroke Dr

City South Elgin State IL Zip Code 60177

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015
Transaction ID : SA11AI.16380

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Omar Basser

Mailing Address 1 Boland Dr

City Lackawanna State NY Zip Code 14218

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

Name of Employer People inc Occupation IRA Specialist

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
 09 / 12 / 2015
Transaction ID : SA11AI.16384

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Lou Ann Behringer

Mailing Address 1920 E Janice Way

City Phoenix State AZ Zip Code 85022

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

Name of Employer Emaho foundation Occupation CEO

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 / 22 / 2015
Transaction ID : SA11AI.16397

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Lou Ann Behringer

Mailing Address 1920 E Janice Way

City Phoenix State AZ Zip Code 85022

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

Name of Employer Emaho foundation Occupation CEO

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 / 22 / 2015
Transaction ID : SA11AI.16398

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Christine Bell

Mailing Address 9541 Signal Ct.

City State Zip Code
Sacramento CA 95827

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

Name of Employer Occupation

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 / 2015
Transaction ID : SA11AI.16401

Amount of Each Receipt this Period
25.00

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

Mailing Address 9541 Signal Ct.

City State Zip Code
Sacramento CA 95827

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

Name of Employer Occupation

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 / 2015
Transaction ID : SA11AI.16402

Amount of Each Receipt this Period
25.00

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

Mailing Address 9541 Signal Ct.

City State Zip Code
Sacramento CA 95827

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

Name of Employer Occupation

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 / 2015
Transaction ID : SA11AI.16403

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Christine Bell

Mailing Address 9541 Signal Ct.

City State Zip Code
Sacramento CA 95827

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11AI.16404

Amount of Each Receipt this Period
25.00

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

Mailing Address 9541 Signal Ct

City State Zip Code
Sacramento CA 95827

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

Name of Employer Occupation
Guided Wave Inc. Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : SA11AI.16405

Amount of Each Receipt this Period
100.00

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

Mailing Address 9541 Signal Ct

City State Zip Code
Sacramento CA 95827

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

Name of Employer Occupation
Guided Wave Inc. Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : SA11AI.16406

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 9541 Signal Ct

City Sacramento State CA Zip Code 95827

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

Name of Employer Guided Wave Inc. Occupation Engineer

Receipt For:
 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 / 23 / 2015

Transaction ID : SA11Al.16407

Amount of Each Receipt this Period
100.00

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

Mailing Address 9541 Signal Ct

City Sacramento State CA Zip Code 95827

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

Name of Employer Guided Wave Inc. Occupation Engineer

Receipt For:
 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 / 23 / 2015

Transaction ID : SA11Al.16408

Amount of Each Receipt this Period
100.00

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

Mailing Address 9541 Signal Ct

City Sacramento State CA Zip Code 95827

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

Name of Employer Guided Wave Inc. Occupation Engineer

Receipt For:
 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
11 / 15 / 2015

Transaction ID : SA11Al.16409

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 9541 Signal Ct

City Sacramento State CA Zip Code 95827

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

Name of Employer Guided Wave Inc. Occupation Engineer

Receipt For:
 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 / 15 / 2015
Transaction ID : SA11Al.16410

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Charles Bergeron

Mailing Address CMR 490 Box 2371

City Apo State AE Zip Code 09708

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

Name of Employer US Army Occupation Soldier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11Al.16415

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Sharon Berliner

Mailing Address 3103 Mountain Oak Ct

City Houston State TX Zip Code 77068

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

Name of Employer N/A Occupation clinical psychologist

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 / 2015
Transaction ID : SA11Al.16420

Amount of Each Receipt this Period
25.00

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 22 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Sharon Berliner
Full Name (Last, First, Middle Initial)

Mailing Address 3103 Mountain Oak Ct

City Houston State TX Zip Code 77068

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

Name of Employer N/A Occupation clinical psychologist

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 / 19 / 2015
Transaction ID : SA11Al.16421

Amount of Each Receipt this Period
 250.00

B. Shawn Bierbrauer
Full Name (Last, First, Middle Initial)

Mailing Address 1309 Northport Dr #10

City Madison State WI Zip Code 53704

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

Name of Employer USAutoforce Occupation Delivery Driver

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11Al.16432

Amount of Each Receipt this Period
 20.00

C. Shawn Bierbrauer
Full Name (Last, First, Middle Initial)

Mailing Address 1309 Northport Dr #10

City Madison State WI Zip Code 53704

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

Name of Employer USAutoforce Occupation Delivery Driver

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
 12 / 02 / 2015
Transaction ID : SA11Al.16433

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Henry Bingaman
Full Name (Last, First, Middle Initial)

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 Self Occupation Marketing 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
 07 / 02 / 2015

Transaction ID : SA11AI.16437

Amount of Each Receipt this Period
 50.00

B. Henry Bingaman
Full Name (Last, First, Middle Initial)

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 Self Occupation Marketing Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015

Transaction ID : SA11AI.16438

Amount of Each Receipt this Period
 50.00

C. Henry Bingaman
Full Name (Last, First, Middle Initial)

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 Self Occupation Marketing Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.16439

Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 340
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Anthony Bjorklund		Date of Receipt MM / DD / YYYY 07 / 29 / 2015 Transaction ID : SA11AI.16440
Mailing Address 110 S 6th St		Amount of Each Receipt this Period 50.00
City Montevideo	State MN	Zip Code 56265
FEC ID number of contributing federal political committee. C		
Name of Employer The Schwan Food Company	Occupation Product Portfolio Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Anthony Bjorklund		Date of Receipt MM / DD / YYYY 08 / 29 / 2015 Transaction ID : SA11AI.16441
Mailing Address 110 S 6th St		Amount of Each Receipt this Period 50.00
City Montevideo	State MN	Zip Code 56265
FEC ID number of contributing federal political committee. C		
Name of Employer The Schwan Food Company	Occupation Product Portfolio Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Anthony Bjorklund		Date of Receipt MM / DD / YYYY 09 / 29 / 2015 Transaction ID : SA11AI.16442
Mailing Address 110 S 6th St		Amount of Each Receipt this Period 50.00
City Montevideo	State MN	Zip Code 56265
FEC ID number of contributing federal political committee. C		
Name of Employer The Schwan Food Company	Occupation Product Portfolio Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 340
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Anthony Bjorklund		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.16443
Mailing Address 110 S 6th St		Amount of Each Receipt this Period 500.00
City Montevideo	State MN	Zip Code 56265
FEC ID number of contributing federal political committee. C		
Name of Employer The Schwan Food Company	Occupation Product Portfolio Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Zeb Blair		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.16449
Mailing Address 1169 Sargeant St		Amount of Each Receipt this Period 25.00
City Baltimore	State MD	Zip Code 21223
FEC ID number of contributing federal political committee. C		
Name of Employer Projection Baltimore Convention Cent	Occupation AV Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Zeb Blair		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015 Transaction ID : SA11AI.16450
Mailing Address 1169 Sargeant St		Amount of Each Receipt this Period 25.00
City Baltimore	State MD	Zip Code 21223
FEC ID number of contributing federal political committee. C		
Name of Employer Projection Baltimore Convention Cent	Occupation AV Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Zeb Blair
Full Name (Last, First, Middle Initial)
Mailing Address 1169 Sargeant St
City Baltimore State MD Zip Code 21223
FEC ID number of contributing federal political committee. **C**
Name of Employer Projection | Baltimore Convention Cent Occupation AV Operations 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
12 / 02 / 2015
Transaction ID : SA11AI.16451
Amount of Each Receipt this Period
25.00

B. Mark Blood
Full Name (Last, First, Middle Initial)
Mailing Address 111 Brigham St Unit 19A
City Hudson State MA Zip Code 01749
FEC ID number of contributing federal political committee. **C**
Name of Employer Raytheon Occupation Software Engineer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2015
Transaction ID : SA11AI.16452
Amount of Each Receipt this Period
300.00

C. Paul Boback
Full Name (Last, First, Middle Initial)
Mailing Address 212 Sandy Ln
City Warwick State RI Zip Code 02889
FEC ID number of contributing federal political committee. **C**
Name of Employer Amgen Occupation Manufacturing Technician
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 / 2015
Transaction ID : SA11AI.16455
Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 340
	(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. Paul Boback
Full Name (Last, First, Middle Initial)

Mailing Address 212 Sandy Ln

City Warwick State RI Zip Code 02889

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

Name of Employer Amgen Occupation Manufacturing Technician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 29 / 2015
Transaction ID : SA11Al.16456

Amount of Each Receipt this Period
25.00

B. Paul Boback
Full Name (Last, First, Middle Initial)

Mailing Address 212 Sandy Ln

City Warwick State RI Zip Code 02889

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

Name of Employer Amgen Occupation Manufacturing Technician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
11 / 29 / 2015
Transaction ID : SA11Al.16457

Amount of Each Receipt this Period
25.00

C. Paul Boback
Full Name (Last, First, Middle Initial)

Mailing Address 212 Sandy Ln

City Warwick State RI Zip Code 02889

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

Name of Employer Amgen Occupation Manufacturing Technician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 29 / 2015
Transaction ID : SA11Al.16458

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Kurt Bomke

Mailing Address 47 Sierra Springs Dr

City State Zip Code
Crowley Lake CA 93546

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

Name of Employer Occupation
retired retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : SA11Al.16461

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Kurt Bomke

Mailing Address 47 Sierra Springs Dr

City State Zip Code
Crowley Lake CA 93546

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

Name of Employer Occupation
retired retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : SA11Al.16462

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Kurt Bomke

Mailing Address 47 Sierra Springs Dr

City State Zip Code
Crowley Lake CA 93546

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

Name of Employer Occupation
retired retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : SA11Al.16463

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 340
	<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. Kurt Bomke
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Sierra Springs Dr
 City Crowley Lake State CA Zip Code 93546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : SA11AI.16464
 Amount of Each Receipt this Period
 100.00

B. Kurt Bomke
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Sierra Springs Dr
 City Crowley Lake State CA Zip Code 93546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : SA11AI.16465
 Amount of Each Receipt this Period
 100.00

C. Kurt Bomke
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Sierra Springs Dr
 City Crowley Lake State CA Zip Code 93546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.16466
 Amount of Each Receipt this Period
 100.00

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

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

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

FOR LINE NUMBER: PAGE 30 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Adam Boyer

Mailing Address 608 Ray Drive

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2015
Transaction ID : SA11AI.16473

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Adam Boyer

Mailing Address 608 Ray Drive

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : SA11AI.16474

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Adam Boyer

Mailing Address 608 Ray Drive

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Occupation

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 / 2015
Transaction ID : SA11AI.16475

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 340
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Adam Boyer

Mailing Address 608 Ray Drive

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2015
Transaction ID : SA11AI.16476

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Phillip Brandt

Mailing Address 15226 Thomas Ave

City State Zip Code
Allen Park MI 48101

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2015
Transaction ID : SA11AI.16482

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Phillip Brandt

Mailing Address 15226 Thomas Ave

City State Zip Code
Allen Park MI 48101

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2015
Transaction ID : SA11AI.16483

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 340
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Phillip Brandt

Mailing Address 15226 Thomas Ave

City State Zip Code
Allen Park MI 48101

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
11 / 13 / 2015
Transaction ID : SA11AI.16484

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Phillip Brandt

Mailing Address 15226 Thomas Ave

City State Zip Code
Allen Park MI 48101

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 13 / 2015
Transaction ID : SA11AI.16485

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Frank Briggs

Mailing Address 812 E. Washington St.

City State Zip Code
Tecumseh OK 74873

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

Name of Employer Occupation
none none

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 06 / 2015
Transaction ID : SA11AI.16498

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 340
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Frank Briggs
Full Name (Last, First, Middle Initial)
Mailing Address 812 E. Washington St.
City Tecumseh State OK Zip Code 74873
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation none
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2015
Transaction ID : SA11AI.16499
Amount of Each Receipt this Period
25.00

B. Frank Briggs
Full Name (Last, First, Middle Initial)
Mailing Address 812 E. Washington St.
City Tecumseh State OK Zip Code 74873
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation none
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2015
Transaction ID : SA11AI.16500
Amount of Each Receipt this Period
25.00

C. Frank Briggs
Full Name (Last, First, Middle Initial)
Mailing Address 812 E. Washington St.
City Tecumseh State OK Zip Code 74873
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation none
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2015
Transaction ID : SA11AI.16501
Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 340
<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. Tod Brilliant
Full Name (Last, First, Middle Initial)
Mailing Address 429 Bosley St
City Santa Rosa State CA Zip Code 95401
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Creative Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2015
Transaction ID : SA11AI.16504
Amount of Each Receipt this Period
25.00

B. Courtez Brown
Full Name (Last, First, Middle Initial)
Mailing Address 1108 Morningstar Trail
City Richardson State TX Zip Code 75081
FEC ID number of contributing federal political committee. **C**
Name of Employer Mastercard Occupation Software Technical Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015
Transaction ID : SA11AI.16505
Amount of Each Receipt this Period
100.00

C. Courtez Brown
Full Name (Last, First, Middle Initial)
Mailing Address 1108 Morningstar Trail
City Richardson State TX Zip Code 75081
FEC ID number of contributing federal political committee. **C**
Name of Employer Mastercard Occupation Software Technical Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 21 / 2015
Transaction ID : SA11AI.16506
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 340
	<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. Courtez Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Morningstar Trail
 City Richardson State TX Zip Code 75081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mastercard Occupation Software Technical Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.16507
 Amount of Each Receipt this Period
 100.00

B. Courtez Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Morningstar Trail
 City Richardson State TX Zip Code 75081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mastercard Occupation Software Technical Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.16508
 Amount of Each Receipt this Period
 100.00

C. Courtez Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Morningstar Trail
 City Richardson State TX Zip Code 75081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mastercard Occupation Software Technical Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2015
Transaction ID : SA11AI.16509
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Courtez Brown

Mailing Address 1108 Morningstar Trail

City	State	Zip Code
Richardson	TX	75081

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

Name of Employer	Occupation
Mastercard	Software Technical Consultant

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	/	21	/	2015

Transaction ID : SA11AI.16510

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Zedrick Brown

Mailing Address 5398 Rene Dr.

City	State	Zip Code
Warren	MI	48091

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

Name of Employer	Occupation
U.S. Army TARDEC	Mechanical 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	/	30	/	2015

Transaction ID : SA11AI.16513

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Zedrick Brown

Mailing Address 5398 Rene Dr.

City	State	Zip Code
Warren	MI	48091

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

Name of Employer	Occupation
U.S. Army TARDEC	Mechanical 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	/	30	/	2015

Transaction ID : SA11AI.16514

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 340
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Zedrick Brown

Mailing Address 5398 Rene Dr.

City Warren	State MI	Zip Code 48091
----------------	-------------	-------------------

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

Name of Employer U.S. Army TARDEC	Occupation Mechanical 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	/	30	/	2015

Transaction ID : SA11AI.16515

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
B. Zedrick Brown

Mailing Address 5398 Rene Dr.

City Warren	State MI	Zip Code 48091
----------------	-------------	-------------------

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

Name of Employer U.S. Army TARDEC	Occupation Mechanical 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	/	30	/	2015

Transaction ID : SA11AI.16516

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
C. Maurice Bucknor

Mailing Address 4016 Maguire Blvd

City Orlando	State FL	Zip Code 32803
-----------------	-------------	-------------------

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

Name of Employer Aetna	Occupation 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	/	15	/	2015

Transaction ID : SA11AI.16527

Amount of Each Receipt this Period

25.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Maurice Bucknor
 Full Name (Last, First, Middle Initial)
 Mailing Address 4016 Maguire Blvd
 City Orlando State FL Zip Code 32803
 Date of Receipt: 10 / 15 / 2015
Transaction ID : SA11AI.16528
 Amount of Each Receipt this Period: 250.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: Aetna Occupation: Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 250.00

B. Maurice Bucknor
 Full Name (Last, First, Middle Initial)
 Mailing Address 4016 Maguire Blvd
 City Orlando State FL Zip Code 32803
 Date of Receipt: 11 / 15 / 2015
Transaction ID : SA11AI.16529
 Amount of Each Receipt this Period: 25.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: Aetna Occupation: Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 275.00

C. Maurice Bucknor
 Full Name (Last, First, Middle Initial)
 Mailing Address 4016 Maguire Blvd
 City Orlando State FL Zip Code 32803
 Date of Receipt: 12 / 15 / 2015
Transaction ID : SA11AI.16530
 Amount of Each Receipt this Period: 250.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: Aetna Occupation: Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 300.00

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

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

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

FOR LINE NUMBER: PAGE 39 OF 340
(check only one)

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

Full Name (Last, First, Middle Initial)
A. David Bugg

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	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.16533

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. David Bugg

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	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.16534

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. David Bugg

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	Occupation
------------------	------------

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	/	2015

Transaction ID : SA11AI.16535

Amount of Each Receipt this Period
25.00

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

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

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

FOR LINE NUMBER: PAGE 40 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. David Bugg

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

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

Transaction ID : SA11AI.16536

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Mason Burdette

Mailing Address 14151 Conway Dr

City Oregon City State OR Zip Code 97045

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

Name of Employer Occupation
USAF 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 / 28 / 2015

Transaction ID : SA11AI.16541

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Mason Burdette

Mailing Address 14151 Conway Dr

City Oregon City State OR Zip Code 97045

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

Name of Employer Occupation
USAF 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 / 28 / 2015

Transaction ID : SA11AI.16542

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. T Burge
Full Name (Last, First, Middle Initial)
Mailing Address POBox 50331

City Irvine	State CA	Zip Code 92619
----------------	-------------	-------------------

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

Name of Employer Activision	Occupation Engineer
--------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2015

Transaction ID : SA11AI.16543

Amount of Each Receipt this Period
100.00

B. T Burge
Full Name (Last, First, Middle Initial)
Mailing Address POBox 50331

City Irvine	State CA	Zip Code 92619
----------------	-------------	-------------------

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

Name of Employer Activision	Occupation Engineer
--------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : SA11AI.16544

Amount of Each Receipt this Period
100.00

C. T Burge
Full Name (Last, First, Middle Initial)
Mailing Address POBox 50331

City Irvine	State CA	Zip Code 92619
----------------	-------------	-------------------

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

Name of Employer Activision	Occupation Engineer
--------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2015

Transaction ID : SA11AI.16545

Amount of Each Receipt this Period
100.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 340
(check only one)

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

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

NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address POBox 50331

City Irvine	State CA	Zip Code 92619
----------------	-------------	-------------------

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

Name of Employer Activision	Occupation Engineer
--------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11Al.16546

Amount of Each Receipt this Period
100.00

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

Mailing Address POBox 50331

City Irvine	State CA	Zip Code 92619
----------------	-------------	-------------------

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

Name of Employer Activision	Occupation Engineer
--------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2015

Transaction ID : SA11Al.16547

Amount of Each Receipt this Period
100.00

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

Mailing Address POBox 50331

City Irvine	State CA	Zip Code 92619
----------------	-------------	-------------------

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

Name of Employer Activision	Occupation Engineer
--------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2015

Transaction ID : SA11Al.16548

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Luis Campusano

Mailing Address 210 front Ave

City State Zip Code
brentwood NY 11717

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

Name of Employer Occupation
None Student

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 / 2015
Transaction ID : SA11AI.16560

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Luis Campusano

Mailing Address 210 front Ave

City State Zip Code
brentwood NY 11717

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

Name of Employer Occupation
None Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2015
Transaction ID : SA11AI.16561

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Julie Canman

Mailing Address 200 Pinehurst Ave

City State Zip Code
New York NY 10033

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

Name of Employer Occupation
Columbia University 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 / 06 / 2015
Transaction ID : SA11AI.16571

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Julie Canman		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 Transaction ID : SA11AI.16572
Mailing Address 200 Pinehurst Ave		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10033
FEC ID number of contributing federal political committee. C		
Name of Employer Columbia University	Occupation Scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Julie Canman		Date of Receipt MM / DD / YYYY 10 / 06 / 2015 Transaction ID : SA11AI.16573
Mailing Address 200 Pinehurst Ave		Amount of Each Receipt this Period 25.00
City New York	State NY	Zip Code 10033
FEC ID number of contributing federal political committee. C		
Name of Employer Columbia University	Occupation Scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Julie Canman		Date of Receipt MM / DD / YYYY 10 / 11 / 2015 Transaction ID : SA11AI.16574
Mailing Address 200 Pinehurst Ave		Amount of Each Receipt this Period 25.00
City New York	State NY	Zip Code 10033
FEC ID number of contributing federal political committee. C		
Name of Employer Columbia University	Occupation Scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Julie Canman
 Full Name (Last, First, Middle Initial)
 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 Columbia University Occupation Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : SA11AI.16575
 Amount of Each Receipt this Period
 25.00

B. Julie Canman
 Full Name (Last, First, Middle Initial)
 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 Columbia University Occupation Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2015
Transaction ID : SA11AI.16576
 Amount of Each Receipt this Period
 25.00

C. Julie Canman
 Full Name (Last, First, Middle Initial)
 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 Columbia University Occupation Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16577
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Julie Canman
 Full Name (Last, First, Middle Initial)
 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 Columbia University Occupation Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11AI.16578
 Amount of Each Receipt this Period
 25.00

B. Noe Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 S Lenzner
 City Sierra Vista State AZ Zip Code 85635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fort Huachuca Electronic Provi Occupation Electronics Engineering Intern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.16581
 Amount of Each Receipt this Period
 25.00

C. Noe Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 S Lenzner
 City Sierra Vista State AZ Zip Code 85635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fort Huachuca Electronic Provi Occupation Electronics Engineering Intern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11AI.16582
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Noe Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 409 S Lenzner
City Sierra Vista State AZ Zip Code 85635
FEC ID number of contributing federal political committee. **C**
Name of Employer Fort Huachuca Electronic Provi Occupation Electronics Engineering Intern
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 16 / 2015
Transaction ID : SA11AI.16583
Amount of Each Receipt this Period
25.00

B. Reid Cappelli
Full Name (Last, First, Middle Initial)
Mailing Address 3185 Meadow View Ln
City Palm Harbor State FL Zip Code 34683
FEC ID number of contributing federal political committee. **C**
Name of Employer Korla PolySchool Occupation English Teacher
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 13 / 2015
Transaction ID : SA11AI.16586
Amount of Each Receipt this Period
25.00

C. Reid Cappelli
Full Name (Last, First, Middle Initial)
Mailing Address 3185 Meadow View Ln
City Palm Harbor State FL Zip Code 34683
FEC ID number of contributing federal political committee. **C**
Name of Employer Korla PolySchool Occupation English Teacher
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 13 / 2015
Transaction ID : SA11AI.16587
Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Reid Cappelli
Full Name (Last, First, Middle Initial)

Mailing Address 3185 Meadow View Ln

City State Zip Code
Palm Harbor FL 34683

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

Name of Employer Occupation
Koria PolySchool English Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2015
Transaction ID : SA11AI.16588

Amount of Each Receipt this Period
25.00

B. Reid Cappelli
Full Name (Last, First, Middle Initial)

Mailing Address 3185 Meadow View Ln

City State Zip Code
Palm Harbor FL 34683

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

Name of Employer Occupation
Koria PolySchool English Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 13 / 2015
Transaction ID : SA11AI.16589

Amount of Each Receipt this Period
25.00

C. Alvaro Cardenas
Full Name (Last, First, Middle Initial)

Mailing Address 1835 Fillmore Street

City State Zip Code
Santa Clara CA 95050

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

Name of Employer Occupation
NA Self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2015
Transaction ID : SA11AI.16592

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 49 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Alvaro Cardenas

Mailing Address 1835 Fillmore Street

City State Zip Code
Santa Clara CA 95050

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

Name of Employer Occupation
NA Self

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 / 05 / 2015
Transaction ID : SA11AI.16593

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Alvaro Cardenas

Mailing Address 1835 Fillmore Street

City State Zip Code
Santa Clara CA 95050

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

Name of Employer Occupation
NA Self

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 / 05 / 2015
Transaction ID : SA11AI.16594

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Alvaro Cardenas

Mailing Address 1835 Fillmore Street

City State Zip Code
Santa Clara CA 95050

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

Name of Employer Occupation
NA Self

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 / 05 / 2015
Transaction ID : SA11AI.16595

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Alan Carr

Mailing Address 1254 S Terrace St

City Janesville State WI Zip Code 53546-5537

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

Name of Employer retired Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2015
Transaction ID : SA11Al.16600

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Alan Carr

Mailing Address 1254 S Terrace St

City Janesville State WI Zip Code 53546-5537

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

Name of Employer retired Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11Al.16601

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
c. Alan Carr

Mailing Address 1254 S Terrace St

City Janesville State WI Zip Code 53546-5537

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

Name of Employer retired Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : SA11Al.16602

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 340
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Dale Carstensen
Full Name (Last, First, Middle Initial)
Mailing Address 1074 NE Grandview Dr
City Roseburg State OR Zip Code 97470
FEC ID number of contributing federal political committee. **C**
Name of Employer DB Franchising USA, LLC Occupation Director of Real Estate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 20 / 2015
Transaction ID : SA11AI.16606
Amount of Each Receipt this Period
25.00

B. Dale Carstensen
Full Name (Last, First, Middle Initial)
Mailing Address 1074 NE Grandview Dr
City Roseburg State OR Zip Code 97470
FEC ID number of contributing federal political committee. **C**
Name of Employer DB Franchising USA, LLC Occupation Director of Real Estate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2015
Transaction ID : SA11AI.16607
Amount of Each Receipt this Period
25.00

C. Dale Carstensen
Full Name (Last, First, Middle Initial)
Mailing Address 1074 NE Grandview Dr
City Roseburg State OR Zip Code 97470
FEC ID number of contributing federal political committee. **C**
Name of Employer DB Franchising USA, LLC Occupation Director of Real Estate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2015
Transaction ID : SA11AI.16608
Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Dale Carstensen
Full Name (Last, First, Middle Initial)
Mailing Address 1074 NE Grandview Dr
City Roseburg State OR Zip Code 97470
FEC ID number of contributing federal political committee. **C**
Name of Employer DB Franchising USA, LLC Occupation Director of Real Estate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2015
Transaction ID : SA11AI.16609
Amount of Each Receipt this Period
25.00

B. Christopher Casebier
Full Name (Last, First, Middle Initial)
Mailing Address 2625 24th St Apt A
City Santa Monica State CA Zip Code 90405
FEC ID number of contributing federal political committee. **C**
Name of Employer Verizon Communications Occupation Technician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2015
Transaction ID : SA11AI.16614
Amount of Each Receipt this Period
25.00

c. Christopher Casebier
Full Name (Last, First, Middle Initial)
Mailing Address 2625 24th St Apt A
City Santa Monica State CA Zip Code 90405
FEC ID number of contributing federal political committee. **C**
Name of Employer Verizon Communications Occupation Technician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2015
Transaction ID : SA11AI.16615
Amount of Each Receipt this Period
25.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Humberto Castaneda

Mailing Address 12735 NE 116 Ln Apt H

City State Zip Code
Kirkland WA 98034

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2015
Transaction ID : SA11Al.16616

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Humberto Castaneda

Mailing Address 12735 NE 116 Ln Apt H

City State Zip Code
Kirkland WA 98034

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2015
Transaction ID : SA11Al.16617

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Humberto Castaneda

Mailing Address 12735 NE 116 Ln Apt H

City State Zip Code
Kirkland WA 98034

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11Al.16618

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 54 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Humberto Castaneda

Mailing Address 12735 NE 116 Ln Apt H

City State Zip Code
Kirkland WA 98034

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2015
Transaction ID : SA11Al.16619

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Humberto Castaneda

Mailing Address 12735 NE 116 Ln Apt H

City State Zip Code
Kirkland WA 98034

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2015
Transaction ID : SA11Al.16620

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Daryl Castillo

Mailing Address 712 Avery Rd W

City State Zip Code
Winlock WA 98596

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

Name of Employer Occupation
n/a 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 / 02 / 2015
Transaction ID : SA11Al.16623

Amount of Each Receipt this Period
25.00

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 55 OF 340
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Daryl Castillo

Mailing Address 712 Avery Rd W

City Winlock	State WA	Zip Code 98596
-----------------	-------------	-------------------

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

Name of Employer n/a	Occupation 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	/	02	/	2015

Transaction ID : SA11AI.16624

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Daryl Castillo

Mailing Address 712 Avery Rd W

City Winlock	State WA	Zip Code 98596
-----------------	-------------	-------------------

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

Name of Employer n/a	Occupation 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	/	02	/	2015

Transaction ID : SA11AI.16625

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Daryl Castillo

Mailing Address 712 Avery Rd W

City Winlock	State WA	Zip Code 98596
-----------------	-------------	-------------------

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

Name of Employer n/a	Occupation 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	/	02	/	2015

Transaction ID : SA11AI.16626

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Paul Charles
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation Deer Breeder & Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 02 / 2015
Transaction ID : SA11AI.16647

Amount of Each Receipt this Period 25.00

B. Christopher Cioffi
Full Name (Last, First, Middle Initial)

Mailing Address 23 W 89TH St APT 4R

City New York State NY Zip Code 10024

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

Name of Employer AdsYolo Media Inc Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 02 / 2015
Transaction ID : SA11AI.16663

Amount of Each Receipt this Period 50.00

c. Christopher Cioffi
Full Name (Last, First, Middle Initial)

Mailing Address 23 W 89TH St APT 4R

City New York State NY Zip Code 10024

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

Name of Employer AdsYolo Media Inc Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.16664

Amount of Each Receipt this Period 50.00

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 57 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Christopher Cioffi
Full Name (Last, First, Middle Initial)

Mailing Address 23 W 89TH St
APT 4R

City New York State NY Zip Code 10024

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

Name of Employer AdsYolo Media Inc Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 02 / 2015
Transaction ID : SA11AI.16665

Amount of Each Receipt this Period
50.00

B. Alex Corpolongo
Full Name (Last, First, Middle Initial)

Mailing Address 274 W Columbia Ave

City Belleville State MI Zip Code 48111

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

Name of Employer Global E Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 16 / 2015
Transaction ID : SA11AI.16691

Amount of Each Receipt this Period
25.00

c. Alex Corpolongo
Full Name (Last, First, Middle Initial)

Mailing Address 274 W Columbia Ave

City Belleville State MI Zip Code 48111

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

Name of Employer Global E Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 16 / 2015
Transaction ID : SA11AI.16692

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Alex Corpolongo
Full Name (Last, First, Middle Initial)
Mailing Address 274 W Columbia Ave
City Belleville State MI Zip Code 48111
FEC ID number of contributing federal political committee. **C**
Name of Employer Global E Group Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 16 / 2015**
Transaction ID : SA11AI.16693
Amount of Each Receipt this Period **25.00**

B. Alex Corpolongo
Full Name (Last, First, Middle Initial)
Mailing Address 274 W Columbia Ave
City Belleville State MI Zip Code 48111
FEC ID number of contributing federal political committee. **C**
Name of Employer Global E Group Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 16 / 2015**
Transaction ID : SA11AI.16694
Amount of Each Receipt this Period **25.00**

C. Daniel Covey
Full Name (Last, First, Middle Initial)
Mailing Address 1000 E Hillside Rd
City Naperville State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : SA11AI.16703
Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 340
	<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. Daniel Covey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 E Hillside Rd
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2015
Transaction ID : SA11AI.16704
 Amount of Each Receipt this Period
 100.00

B. Jeffrey Craig
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Linden Dr
 City Lafayette State LA Zip Code 70506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Google Occupation Software Engineer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : SA11AI.16706
 Amount of Each Receipt this Period
 50.00

c. Jeffrey Craig
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Linden Dr
 City Lafayette State LA Zip Code 70506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Google Occupation Software Engineer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015
Transaction ID : SA11AI.16707
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Jeffrey Craig		Date of Receipt
Mailing Address 100 Linden Dr		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lafayette	LA	70506
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16708
Name of Employer	Occupation	Amount of Each Receipt this Period
Google	Software Engineer	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) B. Jeffrey Craig		Date of Receipt
Mailing Address 100 Linden Dr		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lafayette	LA	70506
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16709
Name of Employer	Occupation	Amount of Each Receipt this Period
Google	Software Engineer	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. mitchel craun		Date of Receipt
Mailing Address 6530 El Colegio Rd Apt 3301		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Santa Barbara	CA	93106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16712
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 61 OF 340
(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 (Last, First, Middle Initial)
A. mitchel craun

Mailing Address 6530 El Colegio Rd
Apt 3301

City Santa Barbara State CA Zip Code 93106

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : SA11Al.16713

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. mitchel craun

Mailing Address 6530 El Colegio Rd
Apt 3301

City Santa Barbara State CA Zip Code 93106

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

Name of Employer Occupation

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 / 2015
Transaction ID : SA11Al.16714

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. mitchel craun

Mailing Address 6530 El Colegio Rd
Apt 3301

City Santa Barbara State CA Zip Code 93106

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2015
Transaction ID : SA11Al.16715

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 62 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Jonathan Criswell
 Full Name (Last, First, Middle Initial)
 Mailing Address 9874 Highwater Ct
 City State Zip Code
 Burke VA 22015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United States Marine Corps Marine
 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 / 2015
Transaction ID : SA11AI.16719
 Amount of Each Receipt this Period
 100.00

B. Melita Croom
 Full Name (Last, First, Middle Initial)
 Mailing Address 13930 Winding HI
 City State Zip Code
 San Antonio TX 78217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None None
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : SA11AI.16722
 Amount of Each Receipt this Period
 25.00

c. Melita Croom
 Full Name (Last, First, Middle Initial)
 Mailing Address 13930 Winding HI
 City State Zip Code
 San Antonio TX 78217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None None
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : SA11AI.16723
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Melita Croom
Full Name (Last, First, Middle Initial)
Mailing Address 13930 Winding HI
City San Antonio State TX Zip Code 78217
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt
11 / 22 / 2015
Transaction ID : SA11AI.16724
Amount of Each Receipt this Period 25.00

B. Melita Croom
Full Name (Last, First, Middle Initial)
Mailing Address 13930 Winding HI
City San Antonio State TX Zip Code 78217
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 22 / 2015
Transaction ID : SA11AI.16725
Amount of Each Receipt this Period 25.00

C. Erick Crowell
Full Name (Last, First, Middle Initial)
Mailing Address 541 High Street
City Medford State MA Zip Code 02155
FEC ID number of contributing federal political committee. **C**
Name of Employer Plexxi, Inc. Occupation Product Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
07 / 20 / 2015
Transaction ID : SA11AI.16726
Amount of Each Receipt this Period 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Erick Crowell
Full Name (Last, First, Middle Initial)

Mailing Address 541 High Street

City Medford	State MA	Zip Code 02155
-----------------	-------------	-------------------

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

Name of Employer Plexxi, Inc.	Occupation Product 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
08	/	20	/	2015

Transaction ID : SA11AI.16727

Amount of Each Receipt this Period
50.00

B. Erick Crowell
Full Name (Last, First, Middle Initial)

Mailing Address 541 High Street

City Medford	State MA	Zip Code 02155
-----------------	-------------	-------------------

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

Name of Employer Plexxi, Inc.	Occupation Product 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
09	/	20	/	2015

Transaction ID : SA11AI.16728

Amount of Each Receipt this Period
50.00

C. Erick Crowell
Full Name (Last, First, Middle Initial)

Mailing Address 541 High Street

City Medford	State MA	Zip Code 02155
-----------------	-------------	-------------------

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

Name of Employer Plexxi, Inc.	Occupation Product 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
10	/	20	/	2015

Transaction ID : SA11AI.16729

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Erick Crowell
Full Name (Last, First, Middle Initial)

Mailing Address 541 High Street

City Medford State MA Zip Code 02155

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

Name of Employer Plexxi, Inc. Occupation Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11AI.16730

Amount of Each Receipt this Period
 50.00

B. Erick Crowell
Full Name (Last, First, Middle Initial)

Mailing Address 541 High Street

City Medford State MA Zip Code 02155

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

Name of Employer Plexxi, Inc. Occupation Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16731

Amount of Each Receipt this Period
 50.00

C. Alexander Cuda
Full Name (Last, First, Middle Initial)

Mailing Address 201 Park Ave Apt 33

City Albany State NY Zip Code 12202

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

Name of Employer Boies, Schiller & Flexner LLP Occupation Paralegal

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 / 2015
Transaction ID : SA11AI.16734

Amount of Each Receipt this Period
 25.00

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 66 OF 340
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Alexander Cuda

Mailing Address 201 Park Ave
Apt 33

City Albany State NY Zip Code 12202

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

Name of Employer Boies, Schiller & Flexner LLP Occupation Paralegal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2015
Transaction ID : SA11Al.16735

Amount of Each Receipt this Period 25.00

Full Name (Last, First, Middle Initial)
B. Alexander Cuda

Mailing Address 201 Park Ave
Apt 33

City Albany State NY Zip Code 12202

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

Name of Employer Boies, Schiller & Flexner LLP Occupation Paralegal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 03 / 2015
Transaction ID : SA11Al.16736

Amount of Each Receipt this Period 25.00

Full Name (Last, First, Middle Initial)
C. Alexander Cuda

Mailing Address 201 Park Ave
Apt 33

City Albany State NY Zip Code 12202

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

Name of Employer Boies, Schiller & Flexner LLP Occupation Paralegal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 03 / 2015
Transaction ID : SA11Al.16737

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 67 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. walter Denley

Mailing Address 2546 Oakwood Trce

City State Zip Code
Smyrna GA 30080-8291

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

Name of Employer Occupation
retired retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2015
Transaction ID : SA11Al.16752

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. walter Denley

Mailing Address 2546 Oakwood Trce

City State Zip Code
Smyrna GA 30080-8291

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

Name of Employer Occupation
retired retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : SA11Al.16753

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. walter Denley

Mailing Address 2546 Oakwood Trce

City State Zip Code
Smyrna GA 30080-8291

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

Name of Employer Occupation
retired retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2015
Transaction ID : SA11Al.16754

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 340
	<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. walter Denley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2546 Oakwood Trce
 City State Zip Code
 Smyrna GA 30080-8291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 retired retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2015
Transaction ID : SA11AI.16755
 Amount of Each Receipt this Period
 25.00

B. Nick DeSantis
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 N 70th St
 City State Zip Code
 Seattle WA 98103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None None
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2015
Transaction ID : SA11AI.16760
 Amount of Each Receipt this Period
 50.00

C. Nick DeSantis
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 N 70th St
 City State Zip Code
 Seattle WA 98103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None None
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2015
Transaction ID : SA11AI.16761
 Amount of Each Receipt this Period
 50.00

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 69 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Nick DeSantis
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 N 70th St
 City Seattle State WA Zip Code 98103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11AI.16762
 Amount of Each Receipt this Period
 50.00

B. Nick DeSantis
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 N 70th St
 City Seattle State WA Zip Code 98103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2015
Transaction ID : SA11AI.16763
 Amount of Each Receipt this Period
 50.00

C. Nick DeSantis
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 N 70th St
 City Seattle State WA Zip Code 98103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015
Transaction ID : SA11AI.16764
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Nick DeSantis
Full Name (Last, First, Middle Initial)
Mailing Address 424 N 70th St
City Seattle State WA Zip Code 98103
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015
Transaction ID : SA11Al.16765
Amount of Each Receipt this Period
100.00

B. David Dillingham
Full Name (Last, First, Middle Initial)
Mailing Address 7220 Moss Creek Pl
City Evansville State IN Zip Code 47720
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015
Transaction ID : SA11Al.16776
Amount of Each Receipt this Period
25.00

C. David Dillingham
Full Name (Last, First, Middle Initial)
Mailing Address 7220 Moss Creek Pl
City Evansville State IN Zip Code 47720
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015
Transaction ID : SA11Al.16777
Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. John Doht
Full Name (Last, First, Middle Initial)

Mailing Address 7369 Arlington Dr

City State Zip Code
St. Louis MO 63117

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

Name of Employer Occupation
Daugherty Business Solutions 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
12 / 27 / 2015

Transaction ID : SA11Al.16793

Amount of Each Receipt this Period
50.00

B. Dan Dolmar
Full Name (Last, First, Middle Initial)

Mailing Address 2145 Skyline Dr

City State Zip Code
Redding CA 96001

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

Name of Employer Occupation
CH2M HILL Groundwater Hydrologist

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 / 2015

Transaction ID : SA11Al.16796

Amount of Each Receipt this Period
25.00

C. Dan Dolmar
Full Name (Last, First, Middle Initial)

Mailing Address 2145 Skyline Dr

City State Zip Code
Redding CA 96001

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

Name of Employer Occupation
CH2M HILL Groundwater Hydrologist

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 / 2015

Transaction ID : SA11Al.16797

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Dan Dolmar
Full Name (Last, First, Middle Initial)
Mailing Address 2145 Skyline Dr
City Redding State CA Zip Code 96001
FEC ID number of contributing federal political committee. **C**
Name of Employer CH2M HILL Occupation Groundwater Hydrologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2015
Transaction ID : SA11AI.16798
Amount of Each Receipt this Period
25.00

B. Dan Dolmar
Full Name (Last, First, Middle Initial)
Mailing Address 2145 Skyline Dr
City Redding State CA Zip Code 96001
FEC ID number of contributing federal political committee. **C**
Name of Employer CH2M HILL Occupation Groundwater Hydrologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2015
Transaction ID : SA11AI.16799
Amount of Each Receipt this Period
25.00

C. Jason Donofrio
Full Name (Last, First, Middle Initial)
Mailing Address 39 Willow Pl
City Brooklyn State NY Zip Code 11201
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 14 / 2015
Transaction ID : SA11AI.16806
Amount of Each Receipt this Period
20.00

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:	PAGE 73 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Jason Donofrio

Mailing Address 39 Willow Pl

City State Zip Code
Brooklyn NY 11201

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2015
Transaction ID : SA11AI.16807

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Austin Druker

Mailing Address 52 Hardy Rd

City State Zip Code
Wenham NH 03110

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

Name of Employer Occupation
N/A Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2015
Transaction ID : SA11AI.16829

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Austin Druker

Mailing Address 52 Hardy Rd

City State Zip Code
Wenham NH 03110

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

Name of Employer Occupation
N/A Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2015
Transaction ID : SA11AI.16830

Amount of Each Receipt this Period
25.00

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: PAGE 74 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Austin Drukker

Mailing Address 52 Hardy Rd

City State Zip Code
Wenham NH 03110

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

Name of Employer Occupation
N/A Student

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 / 2015
Transaction ID : SA11AI.16831

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Austin Drukker

Mailing Address 52 Hardy Rd

City State Zip Code
Wenham NH 03110

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

Name of Employer Occupation
N/A Student

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 / 2015
Transaction ID : SA11AI.16832

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Jeremy Dyer

Mailing Address 72 Park Ave apt 9

City State Zip Code
Portland ME 04101

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

Name of Employer Occupation
Unemployed Unemployed

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 / 2015
Transaction ID : SA11AI.16847

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 340
	<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. Jeremy Dyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 Park Ave apt 9
 City Portland State ME Zip Code 04101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unemployed Occupation Unemployed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.16848
 Amount of Each Receipt this Period
 25.00

B. Jeremy Dyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 Park Ave apt 9
 City Portland State ME Zip Code 04101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unemployed Occupation Unemployed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2015
Transaction ID : SA11AI.16849
 Amount of Each Receipt this Period
 25.00

C. Jeremy Dyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 Park Ave apt 9
 City Portland State ME Zip Code 04101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unemployed Occupation Unemployed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11AI.16850
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Florian Eggenberger
Full Name (Last, First, Middle Initial)

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 self employed Occupation IT System Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **11 / 28 / 2015**

Transaction ID : SA11Al.16876

Amount of Each Receipt this Period **25.00**

B. Florian Eggenberger
Full Name (Last, First, Middle Initial)

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 self employed Occupation IT System Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 25 / 2015**

Transaction ID : SA11Al.16877

Amount of Each Receipt this Period **25.00**

C. Florian Eggenberger
Full Name (Last, First, Middle Initial)

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 self employed Occupation IT System Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **12 / 28 / 2015**

Transaction ID : SA11Al.16878

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 340
	<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. C Robert Emerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Highland St
 City Spencer State MA Zip Code 01562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.16883
 Amount of Each Receipt this Period
 25.00

B. C Robert Emerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Highland St
 City Spencer State MA Zip Code 01562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA11AI.16884
 Amount of Each Receipt this Period
 25.00

C. Alessandro Fabbri
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Summit North Dr NE
 City Atlanta State GA Zip Code 30324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cena Corp. Occupation System 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 / 05 / 2015
Transaction ID : SA11AI.16891
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Alessandro Fabbri		Date of Receipt MM / DD / YYYY 10 / 05 / 2015 Transaction ID : SA11AI.16892
Mailing Address 408 Summit North Dr NE		Amount of Each Receipt this Period 250.00
City Atlanta	State GA	Zip Code 30324
FEC ID number of contributing federal political committee. C		
Name of Employer Ciena Corp.	Occupation System Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Alessandro Fabbri		Date of Receipt MM / DD / YYYY 11 / 05 / 2015 Transaction ID : SA11AI.16893
Mailing Address 408 Summit North Dr NE		Amount of Each Receipt this Period 25.00
City Atlanta	State GA	Zip Code 30324
FEC ID number of contributing federal political committee. C		
Name of Employer Ciena Corp.	Occupation System Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Alessandro Fabbri		Date of Receipt MM / DD / YYYY 12 / 05 / 2015 Transaction ID : SA11AI.16894
Mailing Address 408 Summit North Dr NE		Amount of Each Receipt this Period 25.00
City Atlanta	State GA	Zip Code 30324
FEC ID number of contributing federal political committee. C		
Name of Employer Ciena Corp.	Occupation System Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 340
	<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. Jonathan Ferreira
 Full Name (Last, First, Middle Initial)
 Mailing Address 836 Dewey St
 City Union State NJ Zip Code 07083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Author
 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 / 2015
Transaction ID : SA11AI.16901
 Amount of Each Receipt this Period
50.00

B. Joshua Finocchio
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Elwood Pl
 City Revere State MA Zip Code 02151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Author
 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 / 05 / 2015
Transaction ID : SA11AI.16910
 Amount of Each Receipt this Period
25.00

C. Sean Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address 2011 Hearst Ave.
 City Berkeley State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2015
Transaction ID : SA11AI.16922
 Amount of Each Receipt this Period
25.00

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

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

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

FOR LINE NUMBER: PAGE 80 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Sean Ford

Mailing Address 2011 Hearst Ave.

City Berkeley State CA Zip Code 94709

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : SA11AI.16923

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Sean Ford

Mailing Address 2011 Hearst Ave.

City Berkeley State CA Zip Code 94709

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

Name of Employer Occupation

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 / 2015
Transaction ID : SA11AI.16924

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Sean Ford

Mailing Address 2011 Hearst Ave.

City Berkeley State CA Zip Code 94709

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : SA11AI.16925

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Glen Forder

Mailing Address 3 Elm Pl

City Randolph State NJ Zip Code 07869

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

Name of Employer A&P Occupation Customer Service

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 / 2015

Transaction ID : SA11AI.16928

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Glen Forder

Mailing Address 3 Elm Pl

City Randolph State NJ Zip Code 07869

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

Name of Employer A&P Occupation Customer Service

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 / 2015

Transaction ID : SA11AI.16929

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Glen Forder

Mailing Address 3 Elm Pl

City Randolph State NJ Zip Code 07869

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

Name of Employer A&P Occupation Customer Service

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 / 2015

Transaction ID : SA11AI.16930

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Glen Forder

Mailing Address 3 Elm Pl

City Randolph State NJ Zip Code 07869

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

Name of Employer A&P Occupation Customer Service

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 / 2015

Transaction ID : **SA11AI.16931**

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. James Forman III

Mailing Address 1328 Parkside Ave

City Ewing State NJ Zip Code 08638

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

Name of Employer self-employed Occupation Security

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 / 2015

Transaction ID : **SA11AI.16932**

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Edward Fouad

Mailing Address 7566 Peart Ct

City Woodland State CA Zip Code 95776

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

Name of Employer Caltech Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : **SA11AI.16941**

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Spencer Freeman		Date of Receipt MM / DD / YYYY 07 / 03 / 2015 Transaction ID : SA11Al.16944
Mailing Address 22359 Boating Way		Amount of Each Receipt this Period 250.00
City Canyon Lake	State CA	Zip Code 92587
FEC ID number of contributing federal political committee. C	Name of Employer Freeman & Son Fire Restoration	Occupation Contractor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Spencer Freeman		Date of Receipt MM / DD / YYYY 08 / 03 / 2015 Transaction ID : SA11Al.16945
Mailing Address 22359 Boating Way		Amount of Each Receipt this Period 250.00
City Canyon Lake	State CA	Zip Code 92587
FEC ID number of contributing federal political committee. C	Name of Employer Freeman & Son Fire Restoration	Occupation Contractor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Timothie Fujita		Date of Receipt MM / DD / YYYY 09 / 17 / 2015 Transaction ID : SA11Al.16952
Mailing Address 14729 Bordeaux Ln		Amount of Each Receipt this Period 25.00
City Chino Hills	State CA	Zip Code 91709
FEC ID number of contributing federal political committee. C	Name of Employer DoCircle	Occupation Product Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Timothie Fujita
Full Name (Last, First, Middle Initial)
Mailing Address 14729 Bordeaux Ln
City Chino Hills State CA Zip Code 91709
FEC ID number of contributing federal political committee. **C**
Name of Employer DoCircle Occupation Product Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2015
Transaction ID : SA11AI.16953
Amount of Each Receipt this Period
250.00

B. Timothie Fujita
Full Name (Last, First, Middle Initial)
Mailing Address 14729 Bordeaux Ln
City Chino Hills State CA Zip Code 91709
FEC ID number of contributing federal political committee. **C**
Name of Employer DoCircle Occupation Product Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2015
Transaction ID : SA11AI.16954
Amount of Each Receipt this Period
25.00

C. Stephen Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 50 Dey St Loft 439
City Jersey City State NJ Zip Code 07306
FEC ID number of contributing federal political committee. **C**
Name of Employer BFS Occupation Security
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 04 / 2015
Transaction ID : SA11AI.16967
Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

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

Name of Employer BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
08 / 04 / 2015
Transaction ID : SA11AI.16968

Amount of Each Receipt this Period
100.00

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

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

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

Name of Employer BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 04 / 2015
Transaction ID : SA11AI.16969

Amount of Each Receipt this Period
100.00

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

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

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

Name of Employer BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 04 / 2015
Transaction ID : SA11AI.16970

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

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

Name of Employer BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA11Al.16971

Amount of Each Receipt this Period
100.00

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

Mailing Address 50 Dey St
Loft 439

City Jersey City State NJ Zip Code 07306

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

Name of Employer BFS Occupation Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11Al.16972

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. jaime garfield

Mailing Address 113 Campbell St

City Santa Cruz State CA Zip Code 95060

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

Name of Employer Staff of Life Occupation retail-grocery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : SA11Al.16973

Amount of Each Receipt this Period
100.00

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

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

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

FOR LINE NUMBER: PAGE 87 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. jaime garfield

Mailing Address 113 Campbell St

City Santa Cruz State CA Zip Code 95060

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

Name of Employer Occupation
Staff of Life retail-grocery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : SA11AI.16974

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. jaime garfield

Mailing Address 113 Campbell St

City Santa Cruz State CA Zip Code 95060

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

Name of Employer Occupation
Staff of Life retail-grocery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11AI.16975

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. jaime garfield

Mailing Address 113 Campbell St

City Santa Cruz State CA Zip Code 95060

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

Name of Employer Occupation
Staff of Life retail-grocery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16976

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

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

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

FOR LINE NUMBER: PAGE 88 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Nathan Garner

Mailing Address 202 Long Ln

City West Chester State PA Zip Code 19380

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

Name of Employer: PLCB Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11AI.16979

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Nathan Garner

Mailing Address 202 Long Ln

City West Chester State PA Zip Code 19380

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

Name of Employer: PLCB Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : SA11AI.16980

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Nathan Garner

Mailing Address 202 Long Ln

City West Chester State PA Zip Code 19380

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

Name of Employer: PLCB Occupation: 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 / 29 / 2015
Transaction ID : SA11AI.16981

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 89 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Nathan Garner

Mailing Address 202 Long Ln

City West Chester State PA Zip Code 19380

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

Name of Employer Occupation
PLCB 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 / 29 / 2015
Transaction ID : SA11AI.16982

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Casey Gater

Mailing Address 5400 NW 39th Ave Apt S164

City Gainesville State FL Zip Code 32606

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

Name of Employer Occupation
City of Gainesville Motoer Equipment Operator

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 / 18 / 2015
Transaction ID : SA11AI.16989

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Casey Gater

Mailing Address 5400 NW 39th Ave Apt S164

City Gainesville State FL Zip Code 32606

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

Name of Employer Occupation
City of Gainesville Motoer Equipment Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2015
Transaction ID : SA11AI.16990

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Casey Gater

Mailing Address 5400 NW 39th Ave Apt S164

City Gainesville	State FL	Zip Code 32606
---------------------	-------------	-------------------

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

Name of Employer City of Gainesville	Occupation Motoer Equipment Operator
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2015

Transaction ID : SA11AI.16991

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Casey Gater

Mailing Address 5400 NW 39th Ave Apt S164

City Gainesville	State FL	Zip Code 32606
---------------------	-------------	-------------------

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

Name of Employer City of Gainesville	Occupation Motoer Equipment Operator
---	---

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	/	2015

Transaction ID : SA11AI.16992

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. DANIEL GILLIS

Mailing Address 8777 FRAN DOR Ln

City Northville	State MI	Zip Code 48168
--------------------	-------------	-------------------

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

Name of Employer GILLIS ELECTRIC, INC.	Occupation Electrical Contractor
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : SA11AI.17000

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. DANIEL GILLIS
Full Name (Last, First, Middle Initial)
Mailing Address 8777 FRAN DOR Ln
City Northville State MI Zip Code 48168
FEC ID number of contributing federal political committee. **C**
Name of Employer GILLIS ELECTRIC, INC. Occupation Electrical Contractor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 09 / 2015
Transaction ID : SA11AI.17001
Amount of Each Receipt this Period
25.00

B. DANIEL GILLIS
Full Name (Last, First, Middle Initial)
Mailing Address 8777 FRAN DOR Ln
City Northville State MI Zip Code 48168
FEC ID number of contributing federal political committee. **C**
Name of Employer GILLIS ELECTRIC, INC. Occupation Electrical Contractor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 09 / 2015
Transaction ID : SA11AI.17002
Amount of Each Receipt this Period
25.00

C. DANIEL GILLIS
Full Name (Last, First, Middle Initial)
Mailing Address 8777 FRAN DOR Ln
City Northville State MI Zip Code 48168
FEC ID number of contributing federal political committee. **C**
Name of Employer GILLIS ELECTRIC, INC. Occupation Electrical Contractor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2015
Transaction ID : SA11AI.17003
Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Raymond Giorgi
Full Name (Last, First, Middle Initial)
Mailing Address 113 Marion Ave

City Pittsburgh	State PA	Zip Code 15221
--------------------	-------------	-------------------

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

Name of Employer N/A	Occupation 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		06		2015

Transaction ID : SA11AI.17004

Amount of Each Receipt this Period
100.00

B. Raymond Giorgi
Full Name (Last, First, Middle Initial)
Mailing Address 113 Marion Ave

City Pittsburgh	State PA	Zip Code 15221
--------------------	-------------	-------------------

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

Name of Employer N/A	Occupation 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		06		2015

Transaction ID : SA11AI.17005

Amount of Each Receipt this Period
100.00

C. Raymond Giorgi
Full Name (Last, First, Middle Initial)
Mailing Address 113 Marion Ave

City Pittsburgh	State PA	Zip Code 15221
--------------------	-------------	-------------------

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

Name of Employer N/A	Occupation 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
09		06		2015

Transaction ID : SA11AI.17006

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 340
<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. Raymond Giorgi
Full Name (Last, First, Middle Initial)
Mailing Address 113 Marion Ave

City Pittsburgh	State PA	Zip Code 15221
--------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Software Engineer
-------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Transaction ID : SA11AI.17007

Amount of Each Receipt this Period
100.00

B. Raymond Giorgi
Full Name (Last, First, Middle Initial)
Mailing Address 113 Marion Ave

City Pittsburgh	State PA	Zip Code 15221
--------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Software Engineer
-------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.17008

Amount of Each Receipt this Period
100.00

C. Raymond Giorgi
Full Name (Last, First, Middle Initial)
Mailing Address 113 Marion Ave

City Pittsburgh	State PA	Zip Code 15221
--------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Software Engineer
-------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2015

Transaction ID : SA11AI.17009

Amount of Each Receipt this Period
100.00

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

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

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

FOR LINE NUMBER: PAGE 94 OF 340
(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 (Last, First, Middle Initial)
A. James Girard

Mailing Address 32 Sanchez St

City San Francisco State CA Zip Code 94114

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

Name of Employer Self Occupation Bodywork

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 / 2015

Transaction ID : SA11Al.17010

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. James Girard

Mailing Address 32 Sanchez St

City San Francisco State CA Zip Code 94114

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

Name of Employer Self Occupation Bodywork

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 / 2015

Transaction ID : SA11Al.17011

Amount of Each Receipt this Period
50.00

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

Mailing Address 32 Sanchez St

City San Francisco State CA Zip Code 94114

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

Name of Employer Self Occupation Bodywork

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 / 2015

Transaction ID : SA11Al.17012

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

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

FOR LINE NUMBER: PAGE 95 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. James Girard

Mailing Address 32 Sanchez St

City San Francisco State CA Zip Code 94114

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

Name of Employer Self Occupation Bodywork

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 / 2015
Transaction ID : SA11Al.17013

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. James Girard

Mailing Address 32 Sanchez St

City San Francisco State CA Zip Code 94114

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

Name of Employer Self Occupation Bodywork

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 / 2015
Transaction ID : SA11Al.17014

Amount of Each Receipt this Period
50.00

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

Mailing Address 32 Sanchez St

City San Francisco State CA Zip Code 94114

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

Name of Employer Self Occupation Bodywork

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 / 2015
Transaction ID : SA11Al.17015

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 96 OF 340
(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. Robert Gleich
 Full Name (Last, First, Middle Initial)
 Mailing Address 7365 Escarpment St
 City Las Vegas State NV Zip Code 89139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bellagio Hotel and Casino Occupation Showroom Usher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11AI.17024
 Amount of Each Receipt this Period
 25.00

B. Robert Gleich
 Full Name (Last, First, Middle Initial)
 Mailing Address 7365 Escarpment St
 City Las Vegas State NV Zip Code 89139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bellagio Hotel and Casino Occupation Showroom Usher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.17025
 Amount of Each Receipt this Period
 25.00

C. Robert Gleich
 Full Name (Last, First, Middle Initial)
 Mailing Address 7365 Escarpment St
 City Las Vegas State NV Zip Code 89139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bellagio Hotel and Casino Occupation Showroom Usher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2015
Transaction ID : SA11AI.17026
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 97 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Robert Gleich

Mailing Address 7365 Escarpment St

City State Zip Code
Las Vegas NV 89139

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

Name of Employer Occupation
Bellagio Hotel and Casino Showroom Usher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 / /
 12 / 11 / 2015
Transaction ID : SA11AI.17027

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Carl Glover

Mailing Address 4045 Colorado St

City State Zip Code
Long Beach CA 90814

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

Name of Employer Occupation
Illumination Foundation Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 / /
 09 / 08 / 2015
Transaction ID : SA11AI.17030

Amount of Each Receipt this Period
 25.00

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

Mailing Address 4045 Colorado St

City State Zip Code
Long Beach CA 90814

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

Name of Employer Occupation
Illumination Foundation Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 / /
 10 / 08 / 2015
Transaction ID : SA11AI.17031

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 98 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Carl Glover
 Full Name (Last, First, Middle Initial)
 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 Illumination Foundation Occupation 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 / 2015
Transaction ID : SA11AI.17032
 Amount of Each Receipt this Period
 25.00

B. Carl Glover
 Full Name (Last, First, Middle Initial)
 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 Illumination Foundation Occupation 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 / 2015
Transaction ID : SA11AI.17033
 Amount of Each Receipt this Period
 25.00

C. Lindsay Godin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2031 Yorkshire Ave Apt 102
 City St. Paul State MN Zip Code 55116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Minnesota Occupation Postdoctoral Fellow
 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 / 2015
Transaction ID : SA11AI.17036
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 (Last, First, Middle Initial) A. Lindsay Godin		Date of Receipt
Mailing Address 2031 Yorkshire Ave Apt 102		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
St. Paul	MN	55116
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.17037
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
University of Minnesota	Postdoctoral Fellow	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lindsay Godin		Date of Receipt
Mailing Address 2031 Yorkshire Ave Apt 102		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
St. Paul	MN	55116
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.17038
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
University of Minnesota	Postdoctoral Fellow	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lindsay Godin		Date of Receipt
Mailing Address 2031 Yorkshire Ave Apt 102		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
St. Paul	MN	55116
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.17039
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
University of Minnesota	Postdoctoral Fellow	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 340
	<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. John Graziano
 Full Name (Last, First, Middle Initial)
 Mailing Address 1442 Queens Rd
 City Berkeley State CA Zip Code 94708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skillz, Inc Occupation Director of Engineering
 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 / 03 / 2015
Transaction ID : SA11AI.17056
 Amount of Each Receipt this Period
 250.00

B. John Graziano
 Full Name (Last, First, Middle Initial)
 Mailing Address 1442 Queens Rd
 City Berkeley State CA Zip Code 94708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skillz, Inc Occupation Director of Engineering
 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 / 23 / 2015
Transaction ID : SA11AI.17057
 Amount of Each Receipt this Period
 100.00

C. Christopher Paul Grenier
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Bellevue Ave
 City Pitman State NJ Zip Code 08071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ancora Psychiatric Hospital Occupation Chaplain
 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 / 30 / 2015
Transaction ID : SA11AI.17059
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 101 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Darmin Hadzic
 Full Name (Last, First, Middle Initial)
 Mailing Address 444 2nd Ave N
 City Twin Falls State ID Zip Code 83301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : SA11AI.17081
 Amount of Each Receipt this Period
 50.00

B. Darmin Hadzic
 Full Name (Last, First, Middle Initial)
 Mailing Address 444 2nd Ave N
 City Twin Falls State ID Zip Code 83301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : SA11AI.17082
 Amount of Each Receipt this Period
 50.00

C. Lars Hansen
 Full Name (Last, First, Middle Initial)
 Mailing Address Hvidovre Torv 8 st/tv
 City Hvidovre State ZZ Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11AI.17095
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 (Last, First, Middle Initial)
A. Robert Harper

Mailing Address 16657 E 23rd St S Suite 204

City Independence State MO Zip Code 64055

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

Name of Employer ACS Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11AI.17105

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Brendan Harris

Mailing Address PO Box G

City San Jose State CA Zip Code 95151

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

Name of Employer LinkedIn Occupation 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 / 03 / 2015
Transaction ID : SA11AI.17106

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Brendan Harris

Mailing Address PO Box G

City San Jose State CA Zip Code 95151

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

Name of Employer LinkedIn Occupation 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 / 03 / 2015
Transaction ID : SA11AI.17107

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Brendan Harris

Mailing Address **PO Box G**

City **San Jose** State **CA** Zip Code **95151**

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

Name of Employer **LinkedIn** Occupation **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
09 / 03 / 2015

Transaction ID : SA11Al.17108

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Carolynne Harris

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 **retired** Occupation **retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

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

Transaction ID : SA11Al.17112

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Donald Hartmann

Mailing Address **5829 SW 120 Ave**

City **Cooper City** State **FL** Zip Code **33330**

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

Name of Employer **None** Occupation **None**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : SA11Al.17115

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 104 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Donald Hartmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 5829 SW 120 Ave
 City State Zip Code
 Cooper City FL 33330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None None
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2015
Transaction ID : SA11AI.17116
 Amount of Each Receipt this Period
 100.00

B. Donald Hartmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 5829 SW 120 Ave
 City State Zip Code
 Cooper City FL 33330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None None
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.17117
 Amount of Each Receipt this Period
 100.00

C. Donald Hartmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 5829 SW 120 Ave
 City State Zip Code
 Cooper City FL 33330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None None
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2015
Transaction ID : SA11AI.17118
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Donald Hartmann
Full Name (Last, First, Middle Initial)

Mailing Address 5829 SW 120 Ave

City Cooper City State FL Zip Code 33330

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2015

Transaction ID : SA11AI.17119

Amount of Each Receipt this Period
100.00

B. Donald Hartmann
Full Name (Last, First, Middle Initial)

Mailing Address 5829 SW 120 Ave

City Cooper City State FL Zip Code 33330

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : SA11AI.17120

Amount of Each Receipt this Period
100.00

C. Mary Beth Hilburn
Full Name (Last, First, Middle Initial)

Mailing Address Box 865

City Capt. Cook State HI Zip Code 96704

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2015

Transaction ID : SA11AI.17137

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 106 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Mary Beth Hilburn

Mailing Address Box 865

City State Zip Code
Capt. Cook HI 96704

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.17138

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Mary Beth Hilburn

Mailing Address Box 865

City State Zip Code
Capt. Cook HI 96704

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : SA11AI.17139

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Mary Beth Hilburn

Mailing Address Box 865

City State Zip Code
Capt. Cook HI 96704

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.17140

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 340
	<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. Edwin Hilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 30655 52 Ave So
 City Auburn State WA Zip Code 98001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KING COUNTY.GOV./Transt Occupation Welder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11Al.17149
 Amount of Each Receipt this Period
 25.00

B. Edwin Hilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 30655 52 Ave So
 City Auburn State WA Zip Code 98001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KING COUNTY.GOV./Transt Occupation Welder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015
Transaction ID : SA11Al.17150
 Amount of Each Receipt this Period
 25.00

C. Edwin Hilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 30655 52 Ave So
 City Auburn State WA Zip Code 98001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KING COUNTY.GOV./Transt Occupation Welder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015
Transaction ID : SA11Al.17151
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 108 OF 340
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Edwin Hilton

Mailing Address 30655 52 Ave So

City Auburn State WA Zip Code 98001

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

Name of Employer Occupation
KING COUNTY.GOV./Transt Welder

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 / 2015
Transaction ID : SA11Al.17152

Amount of Each Receipt this Period
25.00

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

Mailing Address 2002 timber Ln

City Houston State TX Zip Code 77027

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2015
Transaction ID : SA11Al.17157

Amount of Each Receipt this Period
25.00

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

Mailing Address 2002 timber Ln

City Houston State TX Zip Code 77027

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2015
Transaction ID : SA11Al.17158

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Daniel Hodge
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 timber Ln
 City Houston State TX Zip Code 77027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 11 / 12 / 2015
Transaction ID : SA11Al.17159
 Amount of Each Receipt this Period
 25.00

B. Justin V Hoffman
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Naturo Pathic Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 11 / 03 / 2015
Transaction ID : SA11Al.17165
 Amount of Each Receipt this Period
 100.00

C. Justin V Hoffman
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Naturo Pathic Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 12 / 03 / 2015
Transaction ID : SA11Al.17166
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 110 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Alex Homan

Mailing Address 312 Spruce

City Quincy State IL Zip Code 62301

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

Name of Employer Good Samaritan Home of Quincy Occupation CNA

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 / 01 / 2015
Transaction ID : SA11AI.18521

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. William Homans

Mailing Address 843 Catalpa St

City Clarksdale State MS Zip Code 38614

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

Name of Employer self Occupation touring musician/recording artist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : SA11AI.17183

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Brian Horton

Mailing Address 6505 Pacific Ave #279

City Stockton State CA Zip Code 95207

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

Name of Employer Quality Driver Solutions Occupation Truck Driver

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : SA11AI.17199

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 111 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Brent Houghton

Mailing Address 14500 Las Palmas Dr #36

City Bakersfield State CA Zip Code 93306

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

Name of Employer Slixbits Inc. Occupation Software Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 21 / 2015**

Transaction ID : **SA11AI.17201**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)
B. Brent Houghton

Mailing Address 14500 Las Palmas Dr #36

City Bakersfield State CA Zip Code 93306

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

Name of Employer Slixbits Inc. Occupation Software Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 21 / 2015**

Transaction ID : **SA11AI.17202**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)
C. Brent Houghton

Mailing Address 14500 Las Palmas Dr #36

City Bakersfield State CA Zip Code 93306

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

Name of Employer Slixbits Inc. Occupation Software Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 21 / 2015**

Transaction ID : **SA11AI.17203**

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

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

FOR LINE NUMBER: PAGE 112 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Brent Houghton

Mailing Address 14500 Las Palmas Dr #36

City Bakersfield State CA Zip Code 93306

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

Name of Employer Slixbits Inc. Occupation 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
10 / 21 / 2015

Transaction ID : **SA11AI.17204**

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Brent Houghton

Mailing Address 14500 Las Palmas Dr #36

City Bakersfield State CA Zip Code 93306

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

Name of Employer Slixbits Inc. Occupation 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
11 / 21 / 2015

Transaction ID : **SA11AI.17205**

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Brent Houghton

Mailing Address 14500 Las Palmas Dr #36

City Bakersfield State CA Zip Code 93306

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

Name of Employer Slixbits Inc. Occupation Software Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : **SA11AI.17206**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Robert F Howland
Full Name (Last, First, Middle Initial)

Mailing Address 980 Bush St Apt 208

City San Francisco	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

Name of Employer Three Flip Studios	Occupation Co-Founder
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.17210

Amount of Each Receipt this Period

100.00

B. Robert F Howland
Full Name (Last, First, Middle Initial)

Mailing Address 980 Bush St Apt 208

City San Francisco	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

Name of Employer Three Flip Studios	Occupation Co-Founder
--	--------------------------

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	/	2015

Transaction ID : SA11AI.17211

Amount of Each Receipt this Period

100.00

C. Robert F Howland
Full Name (Last, First, Middle Initial)

Mailing Address 980 Bush St Apt 208

City San Francisco	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

Name of Employer Three Flip Studios	Occupation Co-Founder
--	--------------------------

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
12	/	26	/	2015

Transaction ID : SA11AI.17212

Amount of Each Receipt this Period

100.00

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

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

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

FOR LINE NUMBER: PAGE 114 OF 340
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Robin Hudspeth

Mailing Address 4712 NW 22nd St

City Coconut Creek	State FL	Zip Code 33063
-----------------------	-------------	-------------------

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

Name of Employer None	Occupation None
--------------------------	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11Al.17215

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Robin Hudspeth

Mailing Address 4712 NW 22nd St

City Coconut Creek	State FL	Zip Code 33063
-----------------------	-------------	-------------------

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

Name of Employer None	Occupation None
--------------------------	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Transaction ID : SA11Al.17216

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Robin Hudspeth

Mailing Address 4712 NW 22nd St

City Coconut Creek	State FL	Zip Code 33063
-----------------------	-------------	-------------------

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

Name of Employer None	Occupation None
--------------------------	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11Al.17217

Amount of Each Receipt this Period
25.00

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

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

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

FOR LINE NUMBER: PAGE 115 OF 340
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Robin Hudspeth

Mailing Address 4712 NW 22nd St

City Coconut Creek State FL Zip Code 33063

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 06 / 2015
Transaction ID : SA11Al.17218

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Robin Hudspeth

Mailing Address 4712 NW 22nd St

City Coconut Creek State FL Zip Code 33063

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
12 / 06 / 2015
Transaction ID : SA11Al.17219

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Boyd Huff

Mailing Address 1305 NW 53rd St

City Lawton State OK Zip Code 73505

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

Name of Employer Occupation
retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
07 / 29 / 2015
Transaction ID : SA11Al.17220

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

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

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

FOR LINE NUMBER: PAGE 116 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Boyd Huff
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 NW 53rd St
 City Lawton State OK Zip Code 73505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2015
Transaction ID : SA11AI.17221
 Amount of Each Receipt this Period
 50.00

B. Boyd Huff
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 NW 53rd St
 City Lawton State OK Zip Code 73505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11AI.17222
 Amount of Each Receipt this Period
 50.00

C. Boyd Huff
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 NW 53rd St
 City Lawton State OK Zip Code 73505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : SA11AI.17223
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 117 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Boyd Huff
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 NW 53rd St
 City Lawton State OK Zip Code 73505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2015
Transaction ID : SA11AI.17224
 Amount of Each Receipt this Period
 50.00

B. Boyd Huff
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 NW 53rd St
 City Lawton State OK Zip Code 73505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : SA11AI.17225
 Amount of Each Receipt this Period
 50.00

C. Shirley D Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2114 Purple Plum Ln
 City Houston State TX Zip Code 77062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2015
Transaction ID : SA11AI.17226
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 118 OF 340
	(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. Shirley D Hunter
Full Name (Last, First, Middle Initial)
Mailing Address 2114 Purple Plum Ln
City Houston State TX Zip Code 77062
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt
08 / 30 / 2015
Transaction ID : SA11AI.17227
Amount of Each Receipt this Period 50.00

B. Shirley D Hunter
Full Name (Last, First, Middle Initial)
Mailing Address 2114 Purple Plum Ln
City Houston State TX Zip Code 77062
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
10 / 29 / 2015
Transaction ID : SA11AI.17228
Amount of Each Receipt this Period 50.00

C. Shirley D Hunter
Full Name (Last, First, Middle Initial)
Mailing Address 2114 Purple Plum Ln
City Houston State TX Zip Code 77062
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
12 / 30 / 2015
Transaction ID : SA11AI.17229
Amount of Each Receipt this Period 50.00

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

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

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

FOR LINE NUMBER: PAGE 119 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Erik Husoe

Mailing Address 33642 Valle Rd

City San Juan Capistrano State CA Zip Code 92675-4812

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

Name of Employer: None Occupation: None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 05 / 2015

Transaction ID : SA11AI.17230

Amount of Each Receipt this Period
50.00

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

Mailing Address 33642 Valle Rd

City San Juan Capistrano State CA Zip Code 92675-4812

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

Name of Employer: None Occupation: None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 05 / 2015

Transaction ID : SA11AI.17231

Amount of Each Receipt this Period
50.00

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

Mailing Address 33642 Valle Rd

City San Juan Capistrano State CA Zip Code 92675-4812

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

Name of Employer: None Occupation: None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.17232

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

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

FOR LINE NUMBER: PAGE 120 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Erik Husoe

Mailing Address 33642 Valle Rd

City San Juan Capistrano State CA Zip Code 92675-4812

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

Name of Employer: None Occupation: None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : SA11AI.17233

Amount of Each Receipt this Period
50.00

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

Mailing Address 33642 Valle Rd

City San Juan Capistrano State CA Zip Code 92675-4812

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

Name of Employer: None Occupation: None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2015
Transaction ID : SA11AI.17234

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Chad Irvin

Mailing Address 574 Button ave apartment # 162

City Manteca State CA Zip Code 95336

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

Name of Employer: Tracey Unified School District Occupation: English 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
 10 / 29 / 2015
Transaction ID : SA11AI.17246

Amount of Each Receipt this Period
25.00

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 121 OF 340
	<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. Chad Irvin
 Full Name (Last, First, Middle Initial)
 Mailing Address 574 Button ave apartment # 162
 City Manteca State CA Zip Code 95336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tracey Unified School District Occupation English 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
 11 / 29 / 2015
Transaction ID : SA11AI.17247
 Amount of Each Receipt this Period
 250.00

B. Chad Irvin
 Full Name (Last, First, Middle Initial)
 Mailing Address 574 Button ave apartment # 162
 City Manteca State CA Zip Code 95336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tracey Unified School District Occupation English 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
 12 / 29 / 2015
Transaction ID : SA11AI.17248
 Amount of Each Receipt this Period
 25.00

C. James Johns
 Full Name (Last, First, Middle Initial)
 Mailing Address 734th OD CO (EOD)
 City Fort Bliss State TX Zip Code 79916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Army Occupation EOD 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 / 28 / 2015
Transaction ID : SA11AI.17252
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 340
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. James Johns
Full Name (Last, First, Middle Initial)

Mailing Address 734th OD CO (EOD)

City Fort Bliss	State TX	Zip Code 79916
--------------------	-------------	-------------------

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

Name of Employer US Army	Occupation EOD 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	/	28	/	2015

Transaction ID : SA11AI.17253

Amount of Each Receipt this Period

90.00

50.00

B. William Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 625 S 13th Ave

City Maywood	State IL	Zip Code 60153
-----------------	-------------	-------------------

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

Name of Employer Motorola Solutions	Occupation Software Engineer
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2015

Transaction ID : SA11AI.17274

Amount of Each Receipt this Period

20.00

20.00

C. William Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 625 S 13th Ave

City Maywood	State IL	Zip Code 60153
-----------------	-------------	-------------------

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

Name of Employer Motorola Solutions	Occupation Software Engineer
--	---------------------------------

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
12	/	21	/	2015

Transaction ID : SA11AI.17275

Amount of Each Receipt this Period

20.00

20.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Lawrence Jones
Full Name (Last, First, Middle Initial)
Mailing Address 7920 Briarbrook Dr

City Ypsilanti	State MI	Zip Code 48197
-------------------	-------------	-------------------

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

Name of Employer University of Michigan	Occupation Assistant Registrar
--	-----------------------------------

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	/	18	/	2015

Transaction ID : SA11AI.17278

Amount of Each Receipt this Period
25.00

B. Lawrence Jones
Full Name (Last, First, Middle Initial)
Mailing Address 7920 Briarbrook Dr

City Ypsilanti	State MI	Zip Code 48197
-------------------	-------------	-------------------

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

Name of Employer University of Michigan	Occupation Assistant Registrar
--	-----------------------------------

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	/	2015

Transaction ID : SA11AI.17279

Amount of Each Receipt this Period
25.00

C. Lawrence Jones
Full Name (Last, First, Middle Initial)
Mailing Address 7920 Briarbrook Dr

City Ypsilanti	State MI	Zip Code 48197
-------------------	-------------	-------------------

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

Name of Employer University of Michigan	Occupation Assistant Registrar
--	-----------------------------------

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	/	18	/	2015

Transaction ID : SA11AI.17280

Amount of Each Receipt this Period
25.00

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

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

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FOR LINE NUMBER: PAGE 124 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Lawrence Jones

Mailing Address 7920 Briarbrook Dr

City Ypsilanti State MI Zip Code 48197

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

Name of Employer University of Michigan Occupation Assistant Registrar

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 / 2015

Transaction ID : SA11AI.17281

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Alexander Joseph

Mailing Address 10901 Raleigh Ave

City Garrett Park State MD Zip Code 20896

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

Name of Employer Georgetown University Occupation Research Technician

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 / 2015

Transaction ID : SA11AI.17284

Amount of Each Receipt this Period
25.00

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

Mailing Address 10901 Raleigh Ave

City Garrett Park State MD Zip Code 20896

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

Name of Employer Georgetown University Occupation Research Technician

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 / 2015

Transaction ID : SA11AI.17285

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

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

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FOR LINE NUMBER: PAGE 125 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Alexander Joseph

Mailing Address 10901 Raleigh Ave

City State Zip Code
Garrett Park MD 20896

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

Name of Employer Occupation
Georgetown University Research Technician

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 / 2015
Transaction ID : SA11AI.17286

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Dolores Josephson

Mailing Address 158 Calle Arroyo Seco

City State Zip Code
Albuquerque NM 87120

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

Name of Employer Occupation
BO Homes, LLC Office Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.17289

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Dolores Josephson

Mailing Address 158 Calle Arroyo Seco

City State Zip Code
Albuquerque NM 87120

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

Name of Employer Occupation
BO Homes, LLC Office Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA11AI.17290

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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FOR LINE NUMBER: PAGE 126 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Dolores Josephson

Mailing Address 158 Calle Arroyo Seco

City State Zip Code
Albuquerque NM 87120

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

Name of Employer Occupation
BO Homes, LLC Office 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 / 14 / 2015
Transaction ID : SA11AI.17291

Amount of Each Receipt this Period
25.00

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

Mailing Address 31848 Road 138

City State Zip Code
Visalia CA 93292

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2015
Transaction ID : SA11AI.17295

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Robert Kabchef

Mailing Address 31848 Road 138

City State Zip Code
Visalia CA 93292

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : SA11AI.17296

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00

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

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

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FOR LINE NUMBER: PAGE 127 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Robert Kabchef

Mailing Address 31848 Road 138

City Visalia State CA Zip Code 93292

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.17297

Amount of Each Receipt this Period
30.00

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

Mailing Address 31848 Road 138

City Visalia State CA Zip Code 93292

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2015
Transaction ID : SA11AI.17298

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Robert Kabchef

Mailing Address 31848 Road 138

City Visalia State CA Zip Code 93292

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA11AI.17299

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

TOTAL This Period (last page this line 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 128 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Robert Kabchef

Mailing Address 31848 Road 138

City Visalia State CA Zip Code 93292

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11AI.17300

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
B. Navi Kang

Mailing Address 9765 keystone Ct

City Clarence State NY Zip Code 14031

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

Name of Employer Occupation
Quality Inn Buffalo Airport Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.17303

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Navi Kang

Mailing Address 9765 keystone Ct

City Clarence State NY Zip Code 14031

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

Name of Employer Occupation
Quality Inn Buffalo Airport Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.17304

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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

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

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

FOR LINE NUMBER: PAGE 129 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Rey Karlsson

Mailing Address 16050 ne 2nd st

City Bellevue State WA Zip Code 98008

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

Name of Employer Self Occupation Engine Machinist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015

Transaction ID : SA11AI.17307

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Rey Karlsson

Mailing Address 16050 ne 2nd st

City Bellevue State WA Zip Code 98008

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

Name of Employer Self Occupation Engine Machinist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.17308

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Rey Karlsson

Mailing Address 16050 ne 2nd st

City Bellevue State WA Zip Code 98008

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

Name of Employer Self Occupation Engine Machinist

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 / 2015

Transaction ID : SA11AI.17309

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 340
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Rey Karlsson
Full Name (Last, First, Middle Initial)

Mailing Address 16050 ne 2nd st

City Bellevue State WA Zip Code 98008

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

Name of Employer Self Occupation Engine Machinist

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 / 2015

Transaction ID : SA11Al.17310

Amount of Each Receipt this Period
 25.00

B. Logan Keith
Full Name (Last, First, Middle Initial)

Mailing Address 12887 Caminito Del Canto

City Del Mar State CA Zip Code 92014

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

Name of Employer DLK Systems Engineering Occupation Self

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 / 2015

Transaction ID : SA11Al.17317

Amount of Each Receipt this Period
 25.00

C. Logan Keith
Full Name (Last, First, Middle Initial)

Mailing Address 12887 Caminito Del Canto

City Del Mar State CA Zip Code 92014

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

Name of Employer DLK Systems Engineering Occupation Self

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 / 2015

Transaction ID : SA11Al.17318

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Logan Keith		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2015 Transaction ID : SA11AI.17319
Mailing Address 12887 Caminito Del Canto		Amount of Each Receipt this Period 25.00
City Del Mar	State CA	Zip Code 92014
FEC ID number of contributing federal political committee. C		
Name of Employer DLK Systems Engineering	Occupation Self	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Logan Keith		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2015 Transaction ID : SA11AI.17320
Mailing Address 12887 Caminito Del Canto		Amount of Each Receipt this Period 25.00
City Del Mar	State CA	Zip Code 92014
FEC ID number of contributing federal political committee. C		
Name of Employer DLK Systems Engineering	Occupation Self	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Conrad Kelson		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2015 Transaction ID : SA11AI.17325
Mailing Address 3620 Kalamath St		Amount of Each Receipt this Period 20.00
City Denver	State CO	Zip Code 80211
FEC ID number of contributing federal political committee. C		
Name of Employer BT	Occupation Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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 132 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Conrad Kelson		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2015 Transaction ID : SA11AI.17326
Mailing Address 3620 Kalamath St		Amount of Each Receipt this Period 20.00
City Denver	State CO	Zip Code 80211
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00
Name of Employer BT	Occupation Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Kerkel		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2015 Transaction ID : SA11AI.17333
Mailing Address 5721 58th Ct SE		Amount of Each Receipt this Period 25.00
City Lacey	State WA	Zip Code 98513
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 225.00
Name of Employer Capital medical center	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard Kerkel		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2015 Transaction ID : SA11AI.17334
Mailing Address 5721 58th Ct SE		Amount of Each Receipt this Period 25.00
City Lacey	State WA	Zip Code 98513
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Capital medical center	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 133 OF 340
	<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. Kip Kirol
 Full Name (Last, First, Middle Initial)
 Mailing Address 6021 NE Milton St
 City Portland State OR Zip Code 97213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ON3P Skis Occupation Materials Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.17337
 Amount of Each Receipt this Period
 50.00

B. Kip Kirol
 Full Name (Last, First, Middle Initial)
 Mailing Address 6021 NE Milton St
 City Portland State OR Zip Code 97213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ON3P Skis Occupation Materials 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
 10 / 14 / 2015
Transaction ID : SA11AI.17338
 Amount of Each Receipt this Period
 50.00

C. Kip Kirol
 Full Name (Last, First, Middle Initial)
 Mailing Address 6021 NE Milton St
 City Portland State OR Zip Code 97213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ON3P Skis Occupation Materials 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
 11 / 14 / 2015
Transaction ID : SA11AI.17339
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 340
	<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. Kip Kirol
 Full Name (Last, First, Middle Initial)
 Mailing Address 6021 NE Milton St
 City Portland State OR Zip Code 97213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ON3P Skis Occupation Materials 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
 12 / 14 / 2015
Transaction ID : SA11AI.17340
 Amount of Each Receipt this Period
 50.00

B. Thomas Kleewein
 Full Name (Last, First, Middle Initial)
 Mailing Address 6118 Churchwood Ln
 City Greendale State WI Zip Code 53129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trisept Technology Occupation Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : SA11AI.17341
 Amount of Each Receipt this Period
 50.00

C. Thomas Kleewein
 Full Name (Last, First, Middle Initial)
 Mailing Address 6118 Churchwood Ln
 City Greendale State WI Zip Code 53129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trisept Technology Occupation Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : SA11AI.17342
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Thomas Kleewein
Full Name (Last, First, Middle Initial)

Mailing Address 6118 Churchwood Ln

City Greendale State WI Zip Code 53129

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

Name of Employer Occupation
Trisept Technology Software Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 24 / 2015
Transaction ID : SA11AI.17343

Amount of Each Receipt this Period
50.00

B. Thomas Kleewein
Full Name (Last, First, Middle Initial)

Mailing Address 6118 Churchwood Ln

City Greendale State WI Zip Code 53129

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

Name of Employer Occupation
Trisept Technology Software Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 24 / 2015
Transaction ID : SA11AI.17344

Amount of Each Receipt this Period
50.00

C. Thomas Kleewein
Full Name (Last, First, Middle Initial)

Mailing Address 6118 Churchwood Ln

City Greendale State WI Zip Code 53129

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

Name of Employer Occupation
Trisept Technology Software Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
11 / 24 / 2015
Transaction ID : SA11AI.17345

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 340
	<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. Thomas Kleewein
 Full Name (Last, First, Middle Initial)
 Mailing Address 6118 Churchwood Ln
 City Greendale State WI Zip Code 53129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trisept Technology Occupation Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : SA11Al.17346
 Amount of Each Receipt this Period
 50.00

B. Ryan Klefas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 S 25th St
 City Wausau State WI Zip Code 54403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Zenith American Solutions Occupation Web 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 / 24 / 2015
Transaction ID : SA11Al.17347
 Amount of Each Receipt this Period
 50.00

C. Ryan Klefas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 S 25th St
 City Wausau State WI Zip Code 54403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Zenith American Solutions Occupation Web 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
 08 / 24 / 2015
Transaction ID : SA11Al.17348
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 137 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Ryan Klefas

Mailing Address 1060 S 25th St

City Wausau State WI Zip Code 54403

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

Name of Employer Zenith American Solutions Occupation Web 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
09 / 24 / 2015

Transaction ID : SA11AI.17349

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Ryan Klefas

Mailing Address 1060 S 25th St

City Wausau State WI Zip Code 54403

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

Name of Employer Zenith American Solutions Occupation Web 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
10 / 24 / 2015

Transaction ID : SA11AI.17350

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Ryan Klefas

Mailing Address 1060 S 25th St

City Wausau State WI Zip Code 54403

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

Name of Employer Zenith American Solutions Occupation Web 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
11 / 24 / 2015

Transaction ID : SA11AI.17351

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Ryan Klefas

Mailing Address 1060 S 25th St

City Wausau State WI Zip Code 54403

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

Name of Employer Zenith American Solutions Occupation Web Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

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

Transaction ID : SA11Al.17352

Amount of Each Receipt this Period
50.00

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

Mailing Address 1108 Mission St

City Santa Cruz State CA Zip Code 95060

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

Name of Employer Self-employed Occupation Tattoo Artist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11Al.17357

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Robert Klem

Mailing Address 1108 Mission St

City Santa Cruz State CA Zip Code 95060

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

Name of Employer Self-employed Occupation Tattoo Artist

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 / 2015

Transaction ID : SA11Al.17358

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

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

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

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

FOR LINE NUMBER: PAGE 139 OF 340
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Robert Klem

Mailing Address 1108 Mission St

City Santa Cruz	State CA	Zip Code 95060
--------------------	-------------	-------------------

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

Name of Employer Self-employed	Occupation Tattoo Artist
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : SA11AI.17359

Amount of Each Receipt this Period
25.00

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

Mailing Address 1108 Mission St

City Santa Cruz	State CA	Zip Code 95060
--------------------	-------------	-------------------

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

Name of Employer Self-employed	Occupation Tattoo Artist
-----------------------------------	-----------------------------

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	/	2015

Transaction ID : SA11AI.17360

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Mark Knowles

Mailing Address 3787 Amesbury Rd

City La	State CA	Zip Code 90027
------------	-------------	-------------------

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

Name of Employer Disney	Occupation Clerk
----------------------------	---------------------

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	/	2015

Transaction ID : SA11AI.17363

Amount of Each Receipt this Period
25.00

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

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

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

FOR LINE NUMBER: PAGE 140 OF 340
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Mark Knowles

Mailing Address 3787 Amesbury Rd

City La	State CA	Zip Code 90027
------------	-------------	-------------------

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

Name of Employer Disney	Occupation Clerk
----------------------------	---------------------

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 / 2015
Transaction ID : SA11AI.17364

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Mark Knowles

Mailing Address 3787 Amesbury Rd

City La	State CA	Zip Code 90027
------------	-------------	-------------------

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

Name of Employer Disney	Occupation Clerk
----------------------------	---------------------

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 / 2015
Transaction ID : SA11AI.17365

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Mark Knowles

Mailing Address 3787 Amesbury Rd

City La	State CA	Zip Code 90027
------------	-------------	-------------------

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

Name of Employer Disney	Occupation Clerk
----------------------------	---------------------

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 / 2015
Transaction ID : SA11AI.17366

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 (Last, First, Middle Initial)
A. David Koller

Mailing Address 1041 S. Corning St.
Apt #101

City Los Angeles State CA Zip Code 90035

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

Name of Employer The Young Turks Occupation business administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID : SA11AI.17369

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Kent Kroeplin

Mailing Address 703 state Ave n

City Trf State MN Zip Code 56701

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

Name of Employer Digi-Key Occupation Packager

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 / 2015

Transaction ID : SA11AI.17378

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Kent Kroeplin

Mailing Address 703 state Ave n

City Trf State MN Zip Code 56701

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

Name of Employer Digi-Key Occupation Packager

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 / 2015

Transaction ID : SA11AI.17379

Amount of Each Receipt this Period
25.00

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

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

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

FOR LINE NUMBER: PAGE 142 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Michael Krzak

Mailing Address 520 Main St

City Avoca State PA Zip Code 18641

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

Name of Employer Tobyhanna Army Depot Occupation Electronics Worker

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 / 05 / 2015

Transaction ID : SA11AI.17388

Amount of Each Receipt this Period
25.00

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

Mailing Address 520 Main St

City Avoca State PA Zip Code 18641

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

Name of Employer Tobyhanna Army Depot Occupation Electronics Worker

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 / 02 / 2015

Transaction ID : SA11AI.17389

Amount of Each Receipt this Period
25.00

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

Mailing Address 520 Main St

City Avoca State PA Zip Code 18641

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

Name of Employer Tobyhanna Army Depot Occupation Electronics Worker

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
09 / 05 / 2015

Transaction ID : SA11AI.17390

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Michael Krzak

Mailing Address 520 Main St

City Avoca State PA Zip Code 18641

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

Name of Employer Tobyhanna Army Depot Occupation Electronics 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
 10 / 02 / 2015

Transaction ID : SA11AI.17391

Amount of Each Receipt this Period
25.00

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

Mailing Address 520 Main St

City Avoca State PA Zip Code 18641

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

Name of Employer Tobyhanna Army Depot Occupation Electronics Worker

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
 10 / 05 / 2015

Transaction ID : SA11AI.17392

Amount of Each Receipt this Period
25.00

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

Mailing Address 520 Main St

City Avoca State PA Zip Code 18641

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

Name of Employer Tobyhanna Army Depot Occupation Electronics 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
 11 / 02 / 2015

Transaction ID : SA11AI.17393

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 340
	<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. Michael Krzak
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 Main St
 City Avoca State PA Zip Code 18641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tobyhanna Army Depot Occupation Electronics Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : SA11AI.17394
 Amount of Each Receipt this Period
 25.00

B. Matthew Lasiter
 Full Name (Last, First, Middle Initial)
 Mailing Address 3155 Whileaway Cir E
 City Colorado Springs State CO Zip Code 80917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Company Occupation Programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : SA11AI.17416
 Amount of Each Receipt this Period
 25.00

c. Matthew Lasiter
 Full Name (Last, First, Middle Initial)
 Mailing Address 3155 Whileaway Cir E
 City Colorado Springs State CO Zip Code 80917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Company Occupation Programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2015
Transaction ID : SA11AI.17417
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 145 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Matthew Lasiter

Mailing Address 3155 Whileaway Cir E

City State Zip Code
Colorado Springs CO 80917

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

Name of Employer Occupation
Insurance Company 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
 12 / 19 / 2015
Transaction ID : SA11Al.17418

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Johnny LeBlanc

Mailing Address 8507 Bell Mountain Drive

City State Zip Code
Austin TX 78730

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2015
Transaction ID : SA11Al.17422

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Johnny LeBlanc

Mailing Address 8507 Bell Mountain Drive

City State Zip Code
Austin TX 78730

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : SA11Al.17423

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 146 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Johnny LeBlanc

Mailing Address 8507 Bell Mountain Drive

City State Zip Code
Austin TX 78730

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2015
Transaction ID : SA11Al.17424

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Johnny LeBlanc

Mailing Address 8507 Bell Mountain Drive

City State Zip Code
Austin TX 78730

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11Al.17425

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
c. Mary LeBlanc

Mailing Address 10 Malvern Hill Rd

City State Zip Code
Sterling MA 01564

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

Name of Employer Occupation
N/A 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 / 09 / 2015
Transaction ID : SA11Al.17428

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 340
	<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. Mary LeBlanc
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Malvern Hill Rd
 City Sterling State MA Zip Code 01564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation 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 / 09 / 2015
Transaction ID : SA11Al.17429
 Amount of Each Receipt this Period
 25.00

B. Mary LeBlanc
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Malvern Hill Rd
 City Sterling State MA Zip Code 01564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation 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 / 09 / 2015
Transaction ID : SA11Al.17430
 Amount of Each Receipt this Period
 25.00

C. Mary LeBlanc
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Malvern Hill Rd
 City Sterling State MA Zip Code 01564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation 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 / 09 / 2015
Transaction ID : SA11Al.17431
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 340
	<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. Judith Lee
Full Name (Last, First, Middle Initial)

Mailing Address 8204 Greeley Blvd

City Springfield State VA Zip Code 22152

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

Name of Employer Gibson Dunn & Crutcher Occupation attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : SA11AI.17433

Amount of Each Receipt this Period
 250.00

B. Judith Lee
Full Name (Last, First, Middle Initial)

Mailing Address 8204 Greeley Blvd

City Springfield State VA Zip Code 22152

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

Name of Employer Gibson Dunn & Crutcher Occupation attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : SA11AI.17434

Amount of Each Receipt this Period
 250.00

C. Bryant Lemay
Full Name (Last, First, Middle Initial)

Mailing Address 13 Dryden Blvd

City Warwick State RI Zip Code 02888

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

Name of Employer Prime Motor Group Occupation Automotive Technician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : SA11AI.17440

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 340
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Bryant Lemay

Mailing Address 13 Dryden Blvd

City Warwick State RI Zip Code 02888

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

Name of Employer Prime Motor Group Occupation Automotive Technician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2015
Transaction ID : SA11Al.17441

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Bryant Lemay

Mailing Address 13 Dryden Blvd

City Warwick State RI Zip Code 02888

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

Name of Employer Prime Motor Group Occupation Automotive Technician

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 / 2015
Transaction ID : SA11Al.17442

Amount of Each Receipt this Period
25.00

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

Mailing Address 63 Sunnyside Ave

City Mill Valley State CA Zip Code 94941

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

Name of Employer Self Occupation Communication Design

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : SA11Al.17443

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Michael Lemme
Full Name (Last, First, Middle Initial)

Mailing Address 63 Sunnyside Ave

City Mill Valley	State CA	Zip Code 94941
---------------------	-------------	-------------------

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

Name of Employer Self	Occupation Communication Design
--------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11Al.17444

Amount of Each Receipt this Period

50.00

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

Mailing Address 63 Sunnyside Ave

City Mill Valley	State CA	Zip Code 94941
---------------------	-------------	-------------------

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

Name of Employer Self	Occupation Communication Design
--------------------------	------------------------------------

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	/	28	/	2015

Transaction ID : SA11Al.17445

Amount of Each Receipt this Period

50.00

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

Mailing Address 63 Sunnyside Ave

City Mill Valley	State CA	Zip Code 94941
---------------------	-------------	-------------------

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

Name of Employer Self	Occupation Communication Design
--------------------------	------------------------------------

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	/	28	/	2015

Transaction ID : SA11Al.17446

Amount of Each Receipt this Period

50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 340
	<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. Michael Lemme
Full Name (Last, First, Middle Initial)

Mailing Address 63 Sunnyside Ave

City Mill Valley	State CA	Zip Code 94941
---------------------	-------------	-------------------

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

Name of Employer Self	Occupation Communication Design
--------------------------	------------------------------------

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
 11 / 28 / 2015
Transaction ID : SA11Al.17447

Amount of Each Receipt this Period
50.00

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

Mailing Address 63 Sunnyside Ave

City Mill Valley	State CA	Zip Code 94941
---------------------	-------------	-------------------

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

Name of Employer Self	Occupation Communication Design
--------------------------	------------------------------------

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
 12 / 28 / 2015
Transaction ID : SA11Al.17448

Amount of Each Receipt this Period
50.00

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

Mailing Address 3307 Hartzog Ford Rd

City West Jefferson	State NC	Zip Code 28694
------------------------	-------------	-------------------

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

Name of Employer None	Occupation Musician
--------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : SA11Al.17462

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Michael Little
Full Name (Last, First, Middle Initial)

Mailing Address 3307 Hartzog Ford Rd

City West Jefferson State NC Zip Code 28694

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

Name of Employer None Occupation Musician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : SA11Al.17463

Amount of Each Receipt this Period
 100.00

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

Mailing Address 3307 Hartzog Ford Rd

City West Jefferson State NC Zip Code 28694

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

Name of Employer None Occupation Musician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11Al.17464

Amount of Each Receipt this Period
 100.00

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

Mailing Address 3307 Hartzog Ford Rd

City West Jefferson State NC Zip Code 28694

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

Name of Employer None Occupation Musician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11Al.17465

Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 340
	<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. Michael Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 3307 Hartzog Ford Rd
 City West Jefferson State NC Zip Code 28694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Musician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : SA11Al.17466
 Amount of Each Receipt this Period
 100.00

B. Michael Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 3307 Hartzog Ford Rd
 City West Jefferson State NC Zip Code 28694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Musician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11Al.17467
 Amount of Each Receipt this Period
 100.00

C. kathy lloyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Hiran Barron Rd
 City pollock State LA Zip Code 71467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Evangeline Bank and Trust Occupation Process Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : SA11Al.17472
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. kathy lloyd		Date of Receipt
Mailing Address 150 Hiran Barron Rd		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City pollock	State LA	Zip Code 71467
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.17473
Name of Employer Evangeline Bank and Trust		Amount of Each Receipt this Period
Occupation Process Operations		<input type="text" value="75.00"/>
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 (Last, First, Middle Initial) B. kathy lloyd		Date of Receipt
Mailing Address 150 Hiran Barron Rd		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City pollock	State LA	Zip Code 71467
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.17474
Name of Employer Evangeline Bank and Trust		Amount of Each Receipt this Period
Occupation Process Operations		<input type="text" value="75.00"/>
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 (Last, First, Middle Initial) C. kathy lloyd		Date of Receipt
Mailing Address 150 Hiran Barron Rd		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City pollock	State LA	Zip Code 71467
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.17475
Name of Employer Evangeline Bank and Trust		Amount of Each Receipt this Period
Occupation Process Operations		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="675.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 150 Hiran Barron Rd

City pollock State LA Zip Code 71467

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

Name of Employer: Evangeline Bank and Trust
Occupation: Process Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
11 / 24 / 2015

Transaction ID : SA11Al.17476

Amount of Each Receipt this Period
750.00

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

Mailing Address 150 Hiran Barron Rd

City pollock State LA Zip Code 71467

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

Name of Employer: Evangeline Bank and Trust
Occupation: Process Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt
12 / 24 / 2015

Transaction ID : SA11Al.17477

Amount of Each Receipt this Period
75.00

C. Roy Loewenstein
Full Name (Last, First, Middle Initial)

Mailing Address 6115 E San Cristobal St

City Tucson State AK Zip Code 85715

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

Name of Employer: Tucson Internal Medicine
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
11 / 23 / 2015

Transaction ID : SA11Al.17483

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Roy Loewenstein
Full Name (Last, First, Middle Initial)

Mailing Address 6115 E San Cristobal St

City Tucson State AK Zip Code 85715

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

Name of Employer Tucson Internal Medicine Occupation 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
 12 / 23 / 2015
Transaction ID : SA11AI.17484

Amount of Each Receipt this Period
 250.00

B. Susan Lornitzo
Full Name (Last, First, Middle Initial)

Mailing Address Po box 363

City Bradford State VT Zip Code 05033

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

Name of Employer Worldlearning Occupation 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 / 13 / 2015
Transaction ID : SA11AI.17489

Amount of Each Receipt this Period
 50.00

C. Susan Lornitzo
Full Name (Last, First, Middle Initial)

Mailing Address Po box 363

City Bradford State VT Zip Code 05033

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

Name of Employer Worldlearning Occupation 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 / 13 / 2015
Transaction ID : SA11AI.17490

Amount of Each Receipt this Period
 50.00

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 157 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Susan Lornitzo
Full Name (Last, First, Middle Initial)

Mailing Address Po box 363

City Bradford State VT Zip Code 05033

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

Name of Employer Worldlearning Occupation 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 / 13 / 2015

Transaction ID : SA11Al.17491

Amount of Each Receipt this Period
 50.00

B. Susan Lornitzo
Full Name (Last, First, Middle Initial)

Mailing Address Po box 363

City Bradford State VT Zip Code 05033

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

Name of Employer Worldlearning Occupation 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 / 13 / 2015

Transaction ID : SA11Al.17492

Amount of Each Receipt this Period
 50.00

C. Susan Lornitzo
Full Name (Last, First, Middle Initial)

Mailing Address Po box 363

City Bradford State VT Zip Code 05033

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

Name of Employer Worldlearning Occupation Programmer

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 / 2015

Transaction ID : SA11Al.17493

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 340
	<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. Susan Lornitzo
 Full Name (Last, First, Middle Initial)
 Mailing Address Po box 363
 City Bradford State VT Zip Code 05033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Worldlearning Occupation Programmer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : SA11AI.17494
 Amount of Each Receipt this Period
50.00

B. Josh Lucy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 NW 15th Street Road Apt 1302
 City Miami State FL Zip Code 33125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Debt USA Corporation Occupation Sr. Systems Administrator
 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 / 2015
Transaction ID : SA11AI.17501
 Amount of Each Receipt this Period
25.00

C. Josh Lucy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 NW 15th Street Road Apt 1302
 City Miami State FL Zip Code 33125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Debt USA Corporation Occupation Sr. Systems Administrator
 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 / 2015
Transaction ID : SA11AI.17502
 Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Josh Lucy
Full Name (Last, First, Middle Initial)

Mailing Address 1545 NW 15th Street Road
Apt 1302

City Miami State FL Zip Code 33125

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

Name of Employer Debt USA Corporation Occupation Sr. Systems Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
11 / 04 / 2015
Transaction ID : SA11AI.17503

Amount of Each Receipt this Period
25.00

B. Josh Lucy
Full Name (Last, First, Middle Initial)

Mailing Address 1545 NW 15th Street Road
Apt 1302

City Miami State FL Zip Code 33125

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

Name of Employer Debt USA Corporation Occupation Sr. Systems Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 04 / 2015
Transaction ID : SA11AI.17504

Amount of Each Receipt this Period
25.00

C. Ian Mackay
Full Name (Last, First, Middle Initial)

Mailing Address 8367 Blackburn Ave #5

City Los Angeles State CA Zip Code 90048

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

Name of Employer The London West Hollywood Occupation Concierge

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
11 / 23 / 2015
Transaction ID : SA11AI.17518

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 340
<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. Ian Mackay
Full Name (Last, First, Middle Initial)

Mailing Address 8367 Blackburn Ave #5

City Los Angeles	State CA	Zip Code 90048
---------------------	-------------	-------------------

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

Name of Employer The London West Hollywood	Occupation Concierge
---	-------------------------

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	/	23	/	2015

Transaction ID : SA11Al.17519

Amount of Each Receipt this Period
250.00

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

Mailing Address 8201 NE 97th St

City Kansas City	State MO	Zip Code 64157-7607
---------------------	-------------	------------------------

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

Name of Employer Cerner	Occupation Systems Architect
----------------------------	---------------------------------

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	/	2015

Transaction ID : SA11Al.17527

Amount of Each Receipt this Period
50.00

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

Mailing Address 8201 NE 97th St

City Kansas City	State MO	Zip Code 64157-7607
---------------------	-------------	------------------------

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

Name of Employer Cerner	Occupation Systems Architect
----------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11Al.17528

Amount of Each Receipt this Period
50.00

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 161 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 8201 NE 97th St

City State Zip Code
Kansas City MO 64157-7607

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

Name of Employer Occupation
Cerner Systems Architect

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 / 2015
Transaction ID : SA11AI.17529

Amount of Each Receipt this Period
50.00

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

Mailing Address 8201 NE 97th St

City State Zip Code
Kansas City MO 64157-7607

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

Name of Employer Occupation
Cerner Systems Architect

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 / 2015
Transaction ID : SA11AI.17530

Amount of Each Receipt this Period
50.00

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

Mailing Address 8201 NE 97th St

City State Zip Code
Kansas City MO 64157-7607

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

Name of Employer Occupation
Cerner Systems Architect

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 / 2015
Transaction ID : SA11AI.17531

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Chris Manchester		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : SA11AI.17532
Mailing Address 8201 NE 97th St		Amount of Each Receipt this Period 50.00
City Kansas City	State MO	Zip Code 64157-7607
FEC ID number of contributing federal political committee. C		
Name of Employer Cerner	Occupation Systems Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Elye Mann		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2015 Transaction ID : SA11AI.17535
Mailing Address 2033 E 8th St		Amount of Each Receipt this Period 25.00
City Davis	State CA	Zip Code 95618
FEC ID number of contributing federal political committee. C		
Name of Employer SolarCity	Occupation PV Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Elye Mann		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2015 Transaction ID : SA11AI.17536
Mailing Address 2033 E 8th St		Amount of Each Receipt this Period 25.00
City Davis	State CA	Zip Code 95618
FEC ID number of contributing federal political committee. C		
Name of Employer SolarCity	Occupation PV Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Joseph Martone
Full Name (Last, First, Middle Initial)

Mailing Address 83 Vernon St

City providence State RI Zip Code 02909

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

Name of Employer Bravo LLC Occupation 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 / 12 / 2015
Transaction ID : SA11AI.17552

Amount of Each Receipt this Period
 25.00

B. Farzad Mazloomi
Full Name (Last, First, Middle Initial)

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 TriHealth Occupation Physician

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 / 2015
Transaction ID : SA11AI.17555

Amount of Each Receipt this Period
 25.00

C. Farzad Mazloomi
Full Name (Last, First, Middle Initial)

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 TriHealth Occupation 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 / 2015
Transaction ID : SA11AI.17566

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Farzad Mazloomi		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2015 Transaction ID : SA11AI.17567
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		
Name of Employer TriHealth	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Farzad Mazloomi		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2015 Transaction ID : SA11AI.17568
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		
Name of Employer TriHealth	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Brendan McAndrew		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2015 Transaction ID : SA11AI.17571
Mailing Address 8150 Lakecrest Dr		Amount of Each Receipt this Period 25.00
City Greenbelt	State MD	Zip Code 20770
FEC ID number of contributing federal political committee. C		
Name of Employer NASA	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

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

FOR LINE NUMBER: PAGE 165 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Brendan McAndrew
 Full Name (Last, First, Middle Initial)
 Mailing Address 8150 Lakecrest Dr
 City Greenbelt State MD Zip Code 20770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NASA Occupation Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : SA11AI.17572
 Amount of Each Receipt this Period
 25.00

B. Brendan McAndrew
 Full Name (Last, First, Middle Initial)
 Mailing Address 8150 Lakecrest Dr
 City Greenbelt State MD Zip Code 20770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NASA Occupation Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : SA11AI.17573
 Amount of Each Receipt this Period
 25.00

C. Brendan McAndrew
 Full Name (Last, First, Middle Initial)
 Mailing Address 8150 Lakecrest Dr
 City Greenbelt State MD Zip Code 20770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NASA Occupation Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.17574
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 166 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. David McCarty

Mailing Address Drawer K

City State Zip Code
Lockeford CA 95237

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

Name of Employer Occupation
Town and Country Store Clerk

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 / 20 / 2015
Transaction ID : SA11AI.17580

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. David McCarty

Mailing Address Drawer K

City State Zip Code
Lockeford CA 95237

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

Name of Employer Occupation
Town and Country Store Clerk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11AI.17581

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. David McCarty

Mailing Address Drawer K

City State Zip Code
Lockeford CA 95237

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

Name of Employer Occupation
Town and Country Store Clerk

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 / 2015
Transaction ID : SA11AI.17582

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 340
	<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. Michael McGowan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5218 W Orchard Trl
 City Monee State IL Zip Code 60449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chicago Tribune Occupation Truck Driver
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11AI.17592
 Amount of Each Receipt this Period
 25.00

B. James McGuire
 Full Name (Last, First, Middle Initial)
 Mailing Address 2310 Bellow Court
 City Crofton State MD Zip Code 21114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Milbank Tweed Occupation Sr. Litigation Support Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11AI.17598
 Amount of Each Receipt this Period
 25.00

C. James McGuire
 Full Name (Last, First, Middle Initial)
 Mailing Address 2310 Bellow Court
 City Crofton State MD Zip Code 21114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Milbank Tweed Occupation Sr. Litigation Support Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : SA11AI.17599
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 168 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. James McGuire
 Full Name (Last, First, Middle Initial)
 Mailing Address 2310 Bellow Court
 City State Zip Code
 Crofton MD 21114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Milbank Tweed Sr. Litigation Support Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015
Transaction ID : SA11AI.17600
 Amount of Each Receipt this Period
 25.00

B. Tod McKie
 Full Name (Last, First, Middle Initial)
 Mailing Address 6511 Clear Drop Way
 City State Zip Code
 Glen Burnie MD 21060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AstraZeneca IT Architect
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.17603
 Amount of Each Receipt this Period
 25.00

C. Tod McKie
 Full Name (Last, First, Middle Initial)
 Mailing Address 6511 Clear Drop Way
 City State Zip Code
 Glen Burnie MD 21060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AstraZeneca IT Architect
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2015
Transaction ID : SA11AI.17604
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Tod McKie
Full Name (Last, First, Middle Initial)

Mailing Address 6511 Clear Drop Way

City State Zip Code
Glen Burnie MD 21060

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

Name of Employer Occupation
AstraZeneca IT Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2015
Transaction ID : SA11AI.17605

Amount of Each Receipt this Period
25.00

B. Tod McKie
Full Name (Last, First, Middle Initial)

Mailing Address 6511 Clear Drop Way

City State Zip Code
Glen Burnie MD 21060

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

Name of Employer Occupation
AstraZeneca IT Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 10 / 2015
Transaction ID : SA11AI.17606

Amount of Each Receipt this Period
25.00

C. Alexander Meacham
Full Name (Last, First, Middle Initial)

Mailing Address 2495 Sunburst Pl

City State Zip Code
Tallahassee FL 32301

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

Name of Employer Occupation
Sublime Doughnuts Cashier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 27 / 2015
Transaction ID : SA11AI.17609

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Alexander Meacham
Full Name (Last, First, Middle Initial)

Mailing Address 2495 Sunburst Pl

City Tallahassee State FL Zip Code 32301

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

Name of Employer Sublime Doughnuts Occupation Cashier

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
08 / 27 / 2015

Transaction ID : SA11AI.17610

Amount of Each Receipt this Period
30.00

B. Alexander Meacham
Full Name (Last, First, Middle Initial)

Mailing Address 2495 Sunburst Pl

City Tallahassee State FL Zip Code 32301

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

Name of Employer Sublime Doughnuts Occupation Cashier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : SA11AI.17611

Amount of Each Receipt this Period
30.00

C. Alexander Meacham
Full Name (Last, First, Middle Initial)

Mailing Address 2495 Sunburst Pl

City Tallahassee State FL Zip Code 32301

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

Name of Employer Sublime Doughnuts Occupation Cashier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : SA11AI.17612

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 340
	<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 (Last, First, Middle Initial)
A. Alexander Meacham

Mailing Address 2495 Sunburst Pl

City Tallahassee State FL Zip Code 32301

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

Name of Employer Sublime Doughnuts Occupation Cashier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : SA11AI.17613

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Alexander Meacham

Mailing Address 2495 Sunburst Pl

City Tallahassee State FL Zip Code 32301

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

Name of Employer Sublime Doughnuts Occupation Cashier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2015

Transaction ID : SA11AI.17614

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Travis Mellett

Mailing Address 1004 Walnut St

City San Carlos State CA Zip Code 94070

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

Name of Employer University of South Florida Occupation Graduate Student

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 / 23 / 2015

Transaction ID : SA11AI.17622

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 340
	<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. Travis Mellett
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Walnut St
 City San Carlos State CA Zip Code 94070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of South Florida Occupation Graduate Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : SA11AI.17623
 Amount of Each Receipt this Period
 250.00

B. Travis Mellett
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Walnut St
 City San Carlos State CA Zip Code 94070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of South Florida Occupation Graduate Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.17624
 Amount of Each Receipt this Period
 25.00

C. Helen Mendoza
 Full Name (Last, First, Middle Initial)
 Mailing Address 1960 Glasco TP
 City Woodstock State NY Zip Code 12498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 04 / 2015
Transaction ID : SA11AI.17626
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Helen Mendoza
Full Name (Last, First, Middle Initial)
Mailing Address 1960 Glasco TP

City Woodstock	State NY	Zip Code 12498
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt
08 / 04 / 2015
Transaction ID : SA11AI.17627

Amount of Each Receipt this Period
50.00

B. Helen Mendoza
Full Name (Last, First, Middle Initial)
Mailing Address 1960 Glasco TP

City Woodstock	State NY	Zip Code 12498
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Date of Receipt
09 / 04 / 2015
Transaction ID : SA11AI.17628

Amount of Each Receipt this Period
50.00

C. Helen Mendoza
Full Name (Last, First, Middle Initial)
Mailing Address 1960 Glasco TP

City Woodstock	State NY	Zip Code 12498
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
10 / 04 / 2015
Transaction ID : SA11AI.17629

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Helen Mendoza
Full Name (Last, First, Middle Initial)

Mailing Address 1960 Glasco TP

City Woodstock State NY Zip Code 12498

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

Name of Employer Self Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2015

Transaction ID : SA11AI.17630

Amount of Each Receipt this Period
 50.00

B. Jana Miller
Full Name (Last, First, Middle Initial)

Mailing Address 2036 White Ash Way

City Tallahassee State FL Zip Code 32308

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

Name of Employer self Occupation CPA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.17642

Amount of Each Receipt this Period
 100.00

C. Jana Miller
Full Name (Last, First, Middle Initial)

Mailing Address 2036 White Ash Way

City Tallahassee State FL Zip Code 32308

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

Name of Employer self Occupation CPA

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 / 30 / 2015

Transaction ID : SA11AI.17643

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 175 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Jana Miller

Mailing Address 2036 White Ash Way

City State Zip Code
Tallahassee FL 32308

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

Name of Employer self Occupation CPA

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
 12 / 30 / 2015
Transaction ID : SA11Al.17644

Amount of Each Receipt this Period
100.00

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

Mailing Address 6949 Exeter Ct Apt 203

City State Zip Code
Frederick MD 21703

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

Name of Employer Western Services Corporation Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2015
Transaction ID : SA11Al.17647

Amount of Each Receipt this Period
100.00

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

Mailing Address 6949 Exeter Ct Apt 203

City State Zip Code
Frederick MD 21703

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

Name of Employer Western Services Corporation Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2015
Transaction ID : SA11Al.17648

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Marina Miranda
Full Name (Last, First, Middle Initial)

Mailing Address 6949 Exeter Ct
Apt 203

City Frederick State MD Zip Code 21703

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

Name of Employer Western Services Corporation Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2015
Transaction ID : SA11AI.17649

Amount of Each Receipt this Period
100.00

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

Mailing Address 6949 Exeter Ct
Apt 203

City Frederick State MD Zip Code 21703

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

Name of Employer Western Services Corporation Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 17 / 2015
Transaction ID : SA11AI.17650

Amount of Each Receipt this Period
100.00

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

Mailing Address 6949 Exeter Ct
Apt 203

City Frederick State MD Zip Code 21703

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

Name of Employer Western Services Corporation Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2015
Transaction ID : SA11AI.17651

Amount of Each Receipt this Period
100.00

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

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

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

FOR LINE NUMBER: PAGE 177 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

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

Mailing Address 6949 Exeter Ct
Apt 203

City Frederick State MD Zip Code 21703

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

Name of Employer Western Services Corporation Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.17652

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Nick Mitchell

Mailing Address 255 King St

City San Francisco State CA Zip Code 94107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.17659

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Nick Mitchell

Mailing Address 255 King St

City San Francisco State CA Zip Code 94107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2015
Transaction ID : SA11AI.17660

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 178 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Nick Mitchell

Mailing Address 255 King St

City San Francisco State CA Zip Code 94107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA11AI.17661

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Nick Mitchell

Mailing Address 255 King St

City San Francisco State CA Zip Code 94107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11AI.17662

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Noemia Mlekarov

Mailing Address 2816 S Columbian Way

City Seattle State WA Zip Code 98108

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

Name of Employer Occupation
 Seattle Acad of Arts & Science Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.17668

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 179 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Noemia Mlekarov

Mailing Address 2816 S Columbian Way

City State Zip Code
Seattle WA 98108

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

Name of Employer Occupation
Seattle Acad of Arts & Science 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 / 30 / 2015
Transaction ID : SA11Al.17669

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Noemia Mlekarov

Mailing Address 2816 S Columbian Way

City State Zip Code
Seattle WA 98108

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

Name of Employer Occupation
Seattle Acad of Arts & Science 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 / 30 / 2015
Transaction ID : SA11Al.17670

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Noemia Mlekarov

Mailing Address 2816 S Columbian Way

City State Zip Code
Seattle WA 98108

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

Name of Employer Occupation
Seattle Acad of Arts & Science 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 / 30 / 2015
Transaction ID : SA11Al.17671

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 180 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Thomas Molloy

Mailing Address 615 Dogwood Ter

City State Zip Code
Middletown NJ 07748

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

Name of Employer Occupation
Snowflake Computing Software Sales

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 / 2015
Transaction ID : SA11AI.17680

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Thomas Molloy

Mailing Address 615 Dogwood Ter

City State Zip Code
Middletown NJ 07748

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

Name of Employer Occupation
Snowflake Computing Software Sales

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 / 2015
Transaction ID : SA11AI.17681

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Thomas Molloy

Mailing Address 615 Dogwood Ter

City State Zip Code
Middletown NJ 07748

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

Name of Employer Occupation
Snowflake Computing Software Sales

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 / 2015
Transaction ID : SA11AI.17682

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 340
	<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. Thomas Molloy
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 Dogwood Ter
 City Middletown State NJ Zip Code 07748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Snowflake Computing Occupation Software Sales
 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 / 2015
Transaction ID : SA11AI.17683
 Amount of Each Receipt this Period
 25.00

B. Michael Moody
 Full Name (Last, First, Middle Initial)
 Mailing Address 68-3890 Lua Kula St
 City Waikoloa State HI Zip Code 96738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Defense Contractor Occupation Manager
 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 / 17 / 2015
Transaction ID : SA11AI.17686
 Amount of Each Receipt this Period
 100.00

C. Quinton Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 Sycamore St
 City Monticello State AR Zip Code 71655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas Occupation Financial Aid 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 / 01 / 2015
Transaction ID : SA11AI.17700
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 182 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Quinton Morgan

Mailing Address 612 Sycamore St

City Monticello State AR Zip Code 71655

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

Name of Employer University of Arkansas Occupation Financial Aid Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.17701

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Quinton Morgan

Mailing Address 612 Sycamore St

City Monticello State AR Zip Code 71655

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

Name of Employer University of Arkansas Occupation Financial Aid Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015
Transaction ID : SA11AI.17702

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Quinton Morgan

Mailing Address 612 Sycamore St

City Monticello State AR Zip Code 71655

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

Name of Employer University of Arkansas Occupation Financial Aid Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.17703

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Nicholas Murphy			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2015
Mailing Address 8925 Rosewood Dr			Transaction ID : SA11AI.17721
City Sacramento	State CA	Zip Code 95826	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer US NAVY	Occupation Tech		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Nicholas Murphy			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2015
Mailing Address 8925 Rosewood Dr			Transaction ID : SA11AI.17722
City Sacramento	State CA	Zip Code 95826	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer US NAVY	Occupation Tech		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Nicholas Murphy			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2015
Mailing Address 8925 Rosewood Dr			Transaction ID : SA11AI.17723
City Sacramento	State CA	Zip Code 95826	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer US NAVY	Occupation Tech		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Lawrence Myers

Mailing Address 630 Tal Hiem Dr.

City Auburn	State AL	Zip Code 36832
----------------	-------------	-------------------

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.17726

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Paul Nevins

Mailing Address 11803 Virginia Ave

City Kansas City	State MO	Zip Code 64131
---------------------	-------------	-------------------

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

Name of Employer Cinema Scene Marketing	Occupation Computer Programmer
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.17733

Amount of Each Receipt this Period
25.00

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

Mailing Address 2208 Leadenhall Way

City Raleigh	State NC	Zip Code 27603
-----------------	-------------	-------------------

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

Name of Employer Rival Health	Occupation Director of Awesomeness
----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.17736

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Nicholas Newsom
Full Name (Last, First, Middle Initial)
Mailing Address 2208 Leadenhall Way
City Raleigh State NC Zip Code 27603
FEC ID number of contributing federal political committee. **C**
Name of Employer Rival Health Occupation Director of Awesomeness
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 02 / 2015**
Transaction ID : SA11AI.17737
Amount of Each Receipt this Period **100.00**

B. Nicholas Newsom
Full Name (Last, First, Middle Initial)
Mailing Address 2208 Leadenhall Way
City Raleigh State NC Zip Code 27603
FEC ID number of contributing federal political committee. **C**
Name of Employer Rival Health Occupation Director of Awesomeness
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 01 / 2015**
Transaction ID : SA11AI.17738
Amount of Each Receipt this Period **100.00**

C. Laura Nothdurft
Full Name (Last, First, Middle Initial)
Mailing Address 11130 Socorro St
City San Diego State CA Zip Code 92129
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Catherine Laboure Parish Occupation Secretary
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 02 / 2015**
Transaction ID : SA11AI.17761
Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **225.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 340
	<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. Laura Nothdurft
 Full Name (Last, First, Middle Initial)
 Mailing Address 11130 Socorro St
 City San Diego State CA Zip Code 92129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Catherine Laboure Parish Occupation Secretary
 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 / 2015
Transaction ID : SA11AI.17762
 Amount of Each Receipt this Period
 250.00

B. Patrick O'Dell
 Full Name (Last, First, Middle Initial)
 Mailing Address 22211 S Ore Rd
 City Harrisonville State MO Zip Code 64701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation 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
 10 / 21 / 2015
Transaction ID : SA11AI.17773
 Amount of Each Receipt this Period
 25.00

C. Patrick O'Dell
 Full Name (Last, First, Middle Initial)
 Mailing Address 22211 S Ore Rd
 City Harrisonville State MO Zip Code 64701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation 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 / 21 / 2015
Transaction ID : SA11AI.17774
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 (Last, First, Middle Initial) A. Patrick O'Dell		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015 Transaction ID : SA11AI.17775
Mailing Address 22211 S Ore Rd		Amount of Each Receipt this Period 25.00
City Harrisonville	State MO	Zip Code 64701
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation 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 (Last, First, Middle Initial) B. Steve Oh		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2015 Transaction ID : SA11AI.17793
Mailing Address 3713 Goodland Ave		Amount of Each Receipt this Period 20.00
City Studio City	State CA	Zip Code 91604
FEC ID number of contributing federal political committee. C		
Name of Employer The Young Turks	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Steve Oh		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : SA11AI.17794
Mailing Address 3713 Goodland Ave		Amount of Each Receipt this Period 20.00
City Studio City	State CA	Zip Code 91604
FEC ID number of contributing federal political committee. C		
Name of Employer The Young Turks	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 (Last, First, Middle Initial)
A. Robert Oldfather

Mailing Address po bx 577

City State Zip Code
hood river OR 97031

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

Name of Employer Occupation
Oldfather Farms partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1111.11

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015
Transaction ID : SA11AI.17800

Amount of Each Receipt this Period
1111.11

Full Name (Last, First, Middle Initial)
B. Ozgur Ozkan

Mailing Address 84 9th street

City State Zip Code
Wood Ridge NJ 07075

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

Name of Employer Occupation
NYU 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 / 23 / 2015
Transaction ID : SA11AI.17809

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Ozgur Ozkan

Mailing Address 84 9th street

City State Zip Code
Wood Ridge NJ 07075

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

Name of Employer Occupation
NYU 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 / 23 / 2015
Transaction ID : SA11AI.17810

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	1161.11
TOTAL This Period (last page this line 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 340
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Ozgur Ozkan

Mailing Address 84 9th street

City Wood Ridge State NJ Zip Code 07075

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

Name of Employer NYU Occupation 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 / 23 / 2015

Transaction ID : **SA11Al.17811**

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Ozgur Ozkan

Mailing Address 84 9th street

City Wood Ridge State NJ Zip Code 07075

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

Name of Employer NYU Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

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

Transaction ID : **SA11Al.17812**

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Christopher Pahnlick

Mailing Address 428 Hellerman St

City Philadelphia State PA Zip Code 19111

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

Name of Employer Sodexo Occupation Printer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2015

Transaction ID : **SA11Al.17817**

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 190 OF 340
<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. Christopher Pahnlick
Full Name (Last, First, Middle Initial)

Mailing Address 428 Hellerman St

City Philadelphia State PA Zip Code 19111

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

Name of Employer Sodexo Occupation Printer

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 / 04 / 2015

Transaction ID : SA11Al.17818

Amount of Each Receipt this Period
 25.00

B. zachary Parker
Full Name (Last, First, Middle Initial)

Mailing Address 511 Clearwater Ln

City Oswego State IL Zip Code 60543

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

Name of Employer Federal Aviation Admin. Occupation Air Traffic Controller

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 / 25 / 2015

Transaction ID : SA11Al.17830

Amount of Each Receipt this Period
 25.00

C. zachary Parker
Full Name (Last, First, Middle Initial)

Mailing Address 511 Clearwater Ln

City Oswego State IL Zip Code 60543

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

Name of Employer Federal Aviation Admin. Occupation Air Traffic Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID : SA11Al.17831

Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. zachary Parker
Full Name (Last, First, Middle Initial)

Mailing Address 511 Clearwater Ln

City Oswego State IL Zip Code 60543

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

Name of Employer Federal Aviation Admin. Occupation Air Traffic Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
12 / 25 / 2015
Transaction ID : SA11AI.17832

Amount of Each Receipt this Period
25.00

B. Christopher Patten
Full Name (Last, First, Middle Initial)

Mailing Address 116 S 11th Ave

City Yakima State WA Zip Code 98902

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

Name of Employer CliftonLarsonAllen LLP Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 23 / 2015
Transaction ID : SA11AI.17845

Amount of Each Receipt this Period
50.00

c. Christopher Patten
Full Name (Last, First, Middle Initial)

Mailing Address 116 S 11th Ave

City Yakima State WA Zip Code 98902

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

Name of Employer CliftonLarsonAllen LLP Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 23 / 2015
Transaction ID : SA11AI.17846

Amount of Each Receipt this Period
50.00

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 192 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Christopher Patten

Mailing Address 116 S 11th Ave

City State Zip Code
Yakima WA 98902

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

Name of Employer Occupation
CliftonLarsonAllen LLP 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
 12 / 23 / 2015
Transaction ID : SA11AI.17847

Amount of Each Receipt this Period
50.00

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

Mailing Address 4306 Salem St

City State Zip Code
Wichita KS 67220

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.17850

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. John Patterson

Mailing Address 4306 Salem St

City State Zip Code
Wichita KS 67220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2015
Transaction ID : SA11AI.17851

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. John Patterson

Mailing Address 4306 Salem St

City State Zip Code
Wichita KS 67220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2015
Transaction ID : SA11AI.17852

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. John Patterson

Mailing Address 4306 Salem St

City State Zip Code
Wichita KS 67220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 10 / 2015
Transaction ID : SA11AI.17853

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Kevin Peng

Mailing Address 32-32 87th St

City State Zip Code
East Elmhurst NY 11369

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sports and Arts in Schools Foundation Data Entry Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2015
Transaction ID : SA11AI.17861

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 194 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Kevin Peng

Mailing Address 32-32 87th St

City State Zip Code
East Elmhurst NY 11369

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sports and Arts in Schools Foundation Data Entry Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11AI.17862

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Kevin Peng

Mailing Address 32-32 87th St

City State Zip Code
East Elmhurst NY 11369

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sports and Arts in Schools Foundation Data Entry 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 / 05 / 2015
Transaction ID : SA11AI.17863

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Kevin Peng

Mailing Address 32-32 87th St

City State Zip Code
East Elmhurst NY 11369

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sports and Arts in Schools Foundation Data Entry 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 / 05 / 2015
Transaction ID : SA11AI.17864

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Michael Perry

Mailing Address 161 nuchols St

City goodfellow afb State TX Zip Code 76908

FEC ID number of contributing federal political committee. **C**

Name of Employer USAF Occupation 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
 10 / 02 / 2015
Transaction ID : SA11AI.17868

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Steven Petersen

Mailing Address 821 Lomora Ave

City Pasadena State CA Zip Code 91107

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : SA11AI.17880

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Scott Player

Mailing Address 3082 Oakcrest Dr

City Chino Hills State CA Zip Code 91709

FEC ID number of contributing federal political committee. **C**

Name of Employer Berkshire Hathaway Occupation Claims Adjuster

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 / 07 / 2015
Transaction ID : SA11AI.17892

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 196 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Scott Player

Mailing Address 3082 Oakcrest Dr

City Chino Hills State CA Zip Code 91709

FEC ID number of contributing federal political committee. **C**

Name of Employer Berkshire Hathaway Occupation Claims Adjuster

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 / 07 / 2015
Transaction ID : SA11AI.17893

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Scott Player

Mailing Address 3082 Oakcrest Dr

City Chino Hills State CA Zip Code 91709

FEC ID number of contributing federal political committee. **C**

Name of Employer Berkshire Hathaway Occupation Claims Adjuster

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 / 07 / 2015
Transaction ID : SA11AI.17894

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Scott Player

Mailing Address 3082 Oakcrest Dr

City Chino Hills State CA Zip Code 91709

FEC ID number of contributing federal political committee. **C**

Name of Employer Berkshire Hathaway Occupation Claims Adjuster

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 / 07 / 2015
Transaction ID : SA11AI.17895

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 340
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Scott Player
Full Name (Last, First, Middle Initial)
Mailing Address 3082 Oakcrest Dr
City Chino Hills State CA Zip Code 91709
FEC ID number of contributing federal political committee. **C**
Name of Employer Berkshire Hathaway Occupation Claims Adjuster
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2015
Transaction ID : SA11AI.17896
Amount of Each Receipt this Period
50.00

B. Scott Player
Full Name (Last, First, Middle Initial)
Mailing Address 3082 Oakcrest Dr
City Chino Hills State CA Zip Code 91709
FEC ID number of contributing federal political committee. **C**
Name of Employer Berkshire Hathaway Occupation Claims Adjuster
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015
Transaction ID : SA11AI.17897
Amount of Each Receipt this Period
50.00

C. Dominic Polcino
Full Name (Last, First, Middle Initial)
Mailing Address 4317 Ensenada Drive
City Woodland Hills State CA Zip Code 91364
FEC ID number of contributing federal political committee. **C**
Name of Employer Starturns Industries Occupation Animation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2015
Transaction ID : SA11AI.18549
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 198 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Daniel Precostt

Mailing Address 2415 Lincoln Rd

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : SA11AI.17914

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Daniel Precostt

Mailing Address 2415 Lincoln Rd

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.17909

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. james price

Mailing Address 13731 3rd Ave nw

City seattle State WA Zip Code 98177

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11AI.17921

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. james price		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2015 Transaction ID : SA11AI.17922
Mailing Address 13731 3rd Ave nw		Amount of Each Receipt this Period 250.00
City seattle	State WA	Zip Code 98177
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. james price		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2015 Transaction ID : SA11AI.17923
Mailing Address 13731 3rd Ave nw		Amount of Each Receipt this Period 25.00
City seattle	State WA	Zip Code 98177
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. james price		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2015 Transaction ID : SA11AI.17924
Mailing Address 13731 3rd Ave nw		Amount of Each Receipt this Period 25.00
City seattle	State WA	Zip Code 98177
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Mara Quagliata		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2015
Mailing Address 125 Governors Hill Rd		Transaction ID : SA11AI.17927
City Oxford	State CT	Zip Code 06478
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Carestream Dental	Occupation IT Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mara Quagliata		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2015
Mailing Address 125 Governors Hill Rd		Transaction ID : SA11AI.17928
City Oxford	State CT	Zip Code 06478
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Carestream Dental	Occupation IT Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Cheri Quincy		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 8555 Tarwater Rd		Transaction ID : SA11AI.17931
City Santa Rosa	State CA	Zip Code 95404
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 201 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Cheri Quincy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.17932
Mailing Address 8555 Tarwater Rd		Amount of Each Receipt this Period 25.00
City Santa Rosa	State CA	Zip Code 95404
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Cheri Quincy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015 Transaction ID : SA11AI.17933
Mailing Address 8555 Tarwater Rd		Amount of Each Receipt this Period 25.00
City Santa Rosa	State CA	Zip Code 95404
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Cheri Quincy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015 Transaction ID : SA11AI.17934
Mailing Address 8555 Tarwater Rd		Amount of Each Receipt this Period 25.00
City Santa Rosa	State CA	Zip Code 95404
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Ashwin Raghavan
Full Name (Last, First, Middle Initial)

Mailing Address 51 Jarman PI

City Bridgewater State NJ Zip Code 08807

FEC ID number of contributing federal political committee. **C**

Name of Employer Solaris Pharma Inc. Occupation 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
10 / 26 / 2015

Transaction ID : SA11AI.17940

Amount of Each Receipt this Period
25.00

B. Ashwin Raghavan
Full Name (Last, First, Middle Initial)

Mailing Address 51 Jarman PI

City Bridgewater State NJ Zip Code 08807

FEC ID number of contributing federal political committee. **C**

Name of Employer Solaris Pharma Inc. Occupation 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
11 / 26 / 2015

Transaction ID : SA11AI.17941

Amount of Each Receipt this Period
25.00

C. Ashwin Raghavan
Full Name (Last, First, Middle Initial)

Mailing Address 51 Jarman PI

City Bridgewater State NJ Zip Code 08807

FEC ID number of contributing federal political committee. **C**

Name of Employer Solaris Pharma Inc. Occupation 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
12 / 26 / 2015

Transaction ID : SA11AI.17942

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Selene Ramirez

Mailing Address 1224 Utah St

City Wenatchee	State WA	Zip Code 98801
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Peoples Bank	Occupation Banker
----------------------------------	----------------------

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	/	2015

Transaction ID : SA11Al.17947

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Selene Ramirez

Mailing Address 1224 Utah St

City Wenatchee	State WA	Zip Code 98801
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Peoples Bank	Occupation Banker
----------------------------------	----------------------

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	/	2015

Transaction ID : SA11Al.17948

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Selene Ramirez

Mailing Address 1224 Utah St

City Wenatchee	State WA	Zip Code 98801
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Peoples Bank	Occupation Banker
----------------------------------	----------------------

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	/	2015

Transaction ID : SA11Al.17949

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 340
(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 (Last, First, Middle Initial)
A. Selene Ramirez

Mailing Address 1224 Utah St

City State Zip Code
Wenatchee WA 98801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Peoples Bank Banker

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 / 2015
Transaction ID : SA11AI.17950

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. David Ramos

Mailing Address 4495 sycamore Rd

City State Zip Code
Atascadero CA 93422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self employed Audio Production

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : SA11AI.17951

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. David Ramos

Mailing Address 4495 sycamore Rd

City State Zip Code
Atascadero CA 93422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self employed Audio Production

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 / 02 / 2015
Transaction ID : SA11AI.17952

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. David Ramos
Full Name (Last, First, Middle Initial)

Mailing Address 4495 sycamore Rd

City Atascadero State CA Zip Code 93422

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed Occupation Audio Production

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
09 / 02 / 2015

Transaction ID : SA11Al.17953

Amount of Each Receipt this Period
100.00

B. Karen Rebb
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5549

City Peoria State AZ Zip Code 85385

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SA11Al.17963

Amount of Each Receipt this Period
25.00

C. Karen Rebb
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5549

City Peoria State AZ Zip Code 85385

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2015

Transaction ID : SA11Al.17964

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Karen Rebb

Mailing Address PO Box 5549

City Peoria State AZ Zip Code 85385

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2015
Transaction ID : SA11Al.17965

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Karen Rebb

Mailing Address PO Box 5549

City Peoria State AZ Zip Code 85385

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015
Transaction ID : SA11Al.17966

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Scott Riches

Mailing Address 11713 Sanderson Rd

City Medina State NY Zip Code 14193

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2015
Transaction ID : SA11Al.17973

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 340
	<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. Scott Riches
 Full Name (Last, First, Middle Initial)
 Mailing Address 11713 Sanderson Rd
 City Medina State NY Zip Code 14193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2015
Transaction ID : SA11AI.17974
 Amount of Each Receipt this Period
 100.00

B. jeff richter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2635 4th St
 City santa monica State CA Zip Code 90405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Director/Editor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2015
Transaction ID : SA11AI.17980
 Amount of Each Receipt this Period
 20.00

C. Rodney Ricks
 Full Name (Last, First, Middle Initial)
 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 Macy's Systems and Technology Occupation 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 / 24 / 2015
Transaction ID : SA11AI.17983
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Rodney Ricks
Full Name (Last, First, Middle Initial)

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 Macy's Systems and Technology	Occupation 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	/	24	/	2015

Transaction ID : SA11Al.17984

Amount of Each Receipt this Period
25.00

B. Rodney Ricks
Full Name (Last, First, Middle Initial)

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 Macy's Systems and Technology	Occupation 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	/	24	/	2015

Transaction ID : SA11Al.17985

Amount of Each Receipt this Period
25.00

C. Rodney Ricks
Full Name (Last, First, Middle Initial)

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 Macy's Systems and Technology	Occupation Analyst
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : SA11Al.17986

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Nathanael Roberts
Full Name (Last, First, Middle Initial)

Mailing Address 7 Wyoming Ave

City Audubon State NJ Zip Code 08106

FEC ID number of contributing federal political committee. **C**

Name of Employer Geographic Services Inc Occupation Environmental Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.17996

Amount of Each Receipt this Period 25.00

B. Nathanael Roberts
Full Name (Last, First, Middle Initial)

Mailing Address 7 Wyoming Ave

City Audubon State NJ Zip Code 08106

FEC ID number of contributing federal political committee. **C**

Name of Employer Geographic Services Inc Occupation Environmental Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2015
Transaction ID : SA11AI.17997

Amount of Each Receipt this Period 25.00

C. Nathanael Roberts
Full Name (Last, First, Middle Initial)

Mailing Address 7 Wyoming Ave

City Audubon State NJ Zip Code 08106

FEC ID number of contributing federal political committee. **C**

Name of Employer Geographic Services Inc Occupation Environmental Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 04 / 2015
Transaction ID : SA11AI.17998

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Nathanael Roberts			Date of Receipt		
Mailing Address 7 Wyoming Ave			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/> 12 / 04 / 2015		
City Audubon State NJ Zip Code 08106			Transaction ID : SA11AI.17999		
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 Geographic Services Inc		Occupation Environmental Scientist			
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 (Last, First, Middle Initial) B. Nicholas Roberts			Date of Receipt		
Mailing Address 363 Ellenwood Dr			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/> 07 / 02 / 2015		
City West Carrollton State OH Zip Code 45449			Transaction ID : SA11AI.18000		
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 Morris Furniture Co., Inc.		Occupation IT Intern			
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 (Last, First, Middle Initial) C. Nicholas Roberts			Date of Receipt		
Mailing Address 363 Ellenwood Dr			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/> 08 / 02 / 2015		
City West Carrollton State OH Zip Code 45449			Transaction ID : SA11AI.18001		
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 Morris Furniture Co., Inc.		Occupation IT Intern			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		<input type="text" value=""/> 400.00			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value=""/> 125.00
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 340
(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 Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 363 Ellenwood Dr
 City State Zip Code
 West Carrollton OH 45449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Morris Furniture Co., Inc. 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 / 2015
Transaction ID : SA11AI.18002
 Amount of Each Receipt this Period
 50.00

B. Nicholas Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 363 Ellenwood Dr
 City State Zip Code
 West Carrollton OH 45449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Morris Furniture Co., Inc. 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 / 2015
Transaction ID : SA11AI.18003
 Amount of Each Receipt this Period
 50.00

C. Nicholas Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 363 Ellenwood Dr
 City State Zip Code
 West Carrollton OH 45449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Morris Furniture Co., Inc. 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 / 2015
Transaction ID : SA11AI.18004
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Nicholas Roberts
Full Name (Last, First, Middle Initial)
Mailing Address 363 Ellenwood Dr
City West Carrollton State OH Zip Code 45449
FEC ID number of contributing federal political committee. **C**
Name of Employer Morris Furniture Co., Inc. Occupation IT Intern
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015
Transaction ID : SA11AI.18005
Amount of Each Receipt this Period
50.00

B. Aleksandr Rodin
Full Name (Last, First, Middle Initial)
Mailing Address 1776 N Sycamore Ave
City Los Angeles State CA Zip Code 90028
FEC ID number of contributing federal political committee. **C**
Name of Employer Boston University Occupation Graduate Student
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 / 2015
Transaction ID : SA11AI.18018
Amount of Each Receipt this Period
25.00

C. Aleksandr Rodin
Full Name (Last, First, Middle Initial)
Mailing Address 1776 N Sycamore Ave
City Los Angeles State CA Zip Code 90028
FEC ID number of contributing federal political committee. **C**
Name of Employer Boston University Occupation Graduate Student
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2015
Transaction ID : SA11AI.18019
Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Aleksandr Rodin
Full Name (Last, First, Middle Initial)

Mailing Address 1776 N Sycamore Ave

City Los Angeles State CA Zip Code 90028

FEC ID number of contributing federal political committee. **C**

Name of Employer Boston University Occupation Graduate Student

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 / 2015

Transaction ID : SA11AI.18020

Amount of Each Receipt this Period
 25.00

B. Aleksandr Rodin
Full Name (Last, First, Middle Initial)

Mailing Address 1776 N Sycamore Ave

City Los Angeles State CA Zip Code 90028

FEC ID number of contributing federal political committee. **C**

Name of Employer Boston University Occupation Graduate Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.18021

Amount of Each Receipt this Period
 25.00

C. Scott Rosen
Full Name (Last, First, Middle Initial)

Mailing Address 4168 County Road 728

City Centerville State MO Zip Code 63633

FEC ID number of contributing federal political committee. **C**

Name of Employer Disabled Veteran Occupation 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 / 01 / 2015

Transaction ID : SA11AI.18028

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 214 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Scott Rosen

Mailing Address 4168 County Road 728

City State Zip Code
Centerville MO 63633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Disabled Veteran 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 / 01 / 2015
Transaction ID : SA11AI.18029

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Scott Rosen

Mailing Address 4168 County Road 728

City State Zip Code
Centerville MO 63633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Disabled Veteran 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 / 01 / 2015
Transaction ID : SA11AI.18030

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Scott Rosen

Mailing Address 4168 County Road 728

City State Zip Code
Centerville MO 63633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Disabled Veteran 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 / 01 / 2015
Transaction ID : SA11AI.18031

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Brendan Ross

Mailing Address 3312 W 64th Ave
Denver, CO 80221

City State Zip Code
Denver CO 80221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Colorado University Research 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 / 03 / 2015
Transaction ID : SA11AI.18034

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Brendan Ross

Mailing Address 3312 W 64th Ave
Denver, CO 80221

City State Zip Code
Denver CO 80221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Colorado University Research 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 / 03 / 2015
Transaction ID : SA11AI.18035

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Brendan Ross

Mailing Address 3312 W 64th Ave
Denver, CO 80221

City State Zip Code
Denver CO 80221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Colorado University Research Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2015
Transaction ID : SA11AI.18036

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Brendan Ross
Full Name (Last, First, Middle Initial)

Mailing Address 3312 W 64th Ave
Denver, CO 80221

City Denver State CO Zip Code 80221

FEC ID number of contributing federal political committee. **C**

Name of Employer Colorado University Occupation Research Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 03 / 2015
Transaction ID : SA11AI.18037

Amount of Each Receipt this Period
25.00

B. Griselda Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 718 Walnut Ave

City McAllen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer UPS Occupation Clerk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 12 / 2015
Transaction ID : SA11AI.18055

Amount of Each Receipt this Period
25.00

C. Griselda Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 718 Walnut Ave

City McAllen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer UPS Occupation Clerk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 12 / 2015
Transaction ID : SA11AI.18056

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 217 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Griselda Salazar

Mailing Address 718 Walnut Ave

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UPS Clerk

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 / 2015
Transaction ID : SA11AI.18057

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Griselda Salazar

Mailing Address 718 Walnut Ave

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UPS Clerk

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 / 2015
Transaction ID : SA11AI.18058

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. William Salyers

Mailing Address 6114 Ensign Ave

City State Zip Code
Los Angeles CA 91606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed Actor

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 / 05 / 2015
Transaction ID : SA11AI.18062

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. William Salyers

Mailing Address 6114 Ensign Ave

City	State	Zip Code
Los Angeles	CA	91606

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
self-employed	Actor

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 / 05 / 2015
Transaction ID : SA11AI.18063

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. William Salyers

Mailing Address 6114 Ensign Ave

City	State	Zip Code
Los Angeles	CA	91606

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
self-employed	Actor

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 / 05 / 2015
Transaction ID : SA11AI.18064

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Michael Samuel

Mailing Address 40 Cradle Rock Rd

City	State	Zip Code
Princeton	NJ	08540

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Google, Inc.	Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11AI.18065

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Jason Sands

Mailing Address 2211 Ala Wai Blvd Apartment 2009

City	State	Zip Code
Honolulu	HI	96815

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Department of Defense	Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11Al.18068

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Conrad Sarnessar

Mailing Address 5437 Ovando Way

City	State	Zip Code
Las Vegas	NV	89122

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Findlay Automotive Group	IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11Al.18075

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Conrad Sarnessar

Mailing Address 5437 Ovando Way

City	State	Zip Code
Las Vegas	NV	89122

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Findlay Automotive Group	IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015
Transaction ID : SA11Al.18076

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Conrad Sarnessar
Full Name (Last, First, Middle Initial)
Mailing Address 5437 Ovando Way
City Las Vegas State NV Zip Code 89122
FEC ID number of contributing federal political committee. **C**
Name of Employer Findlay Automotive Group Occupation IT Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 03 / 2015
Transaction ID : SA11AI.18077
Amount of Each Receipt this Period 25.00

B. Conrad Sarnessar
Full Name (Last, First, Middle Initial)
Mailing Address 5437 Ovando Way
City Las Vegas State NV Zip Code 89122
FEC ID number of contributing federal political committee. **C**
Name of Employer Findlay Automotive Group Occupation IT Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 03 / 2015
Transaction ID : SA11AI.18078
Amount of Each Receipt this Period 25.00

C. Steven Scales
Full Name (Last, First, Middle Initial)
Mailing Address 4514 Tennessee Ave
City Chattanooga State TN Zip Code 37409
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Entertainer/Writer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.18089
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 221 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Steven Scales

Mailing Address 4514 Tennessee Ave

City State Zip Code
Chattanooga TN 37409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Entertainer/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 / 02 / 2015
Transaction ID : SA11AI.18090

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Eric schlegel

Mailing Address 981 Riverview Dr

City State Zip Code
Gardnerville NV 89460

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
wal mart labor

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 / 17 / 2015
Transaction ID : SA11AI.18097

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Eric schlegel

Mailing Address 981 Riverview Dr

City State Zip Code
Gardnerville NV 89460

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
wal mart labor

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 / 17 / 2015
Transaction ID : SA11AI.18098

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 222 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Walter Schwarz

Mailing Address 60 Morningside Commons

City State Zip Code
Brattleboro VT 05301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015
Transaction ID : SA11AI.18105

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Walter Schwarz

Mailing Address 60 Morningside Commons

City State Zip Code
Brattleboro VT 05301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2015
Transaction ID : SA11AI.18106

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Walter Schwarz

Mailing Address 60 Morningside Commons

City State Zip Code
Brattleboro VT 05301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2015
Transaction ID : SA11AI.18107

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Jeanne Semivan
Full Name (Last, First, Middle Initial)

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 Social Security Admin Occupation 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 / 2015

Transaction ID : SA11AI.18113

Amount of Each Receipt this Period
25.00

B. Jeanne Semivan
Full Name (Last, First, Middle Initial)

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 Social Security Admin Occupation 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 / 2015

Transaction ID : SA11AI.18114

Amount of Each Receipt this Period
25.00

C. Jeanne Semivan
Full Name (Last, First, Middle Initial)

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 Social Security Admin Occupation 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 / 2015

Transaction ID : SA11AI.18115

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 340
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Jeanne Semivan
Full Name (Last, First, Middle Initial)

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 Social Security Admin Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2015

Transaction ID : SA11AI.18116

Amount of Each Receipt this Period
25.00

B. Kris Shapar
Full Name (Last, First, Middle Initial)

Mailing Address CMR 480 Box 160

City Apo State AE Zip Code 09128

FEC ID number of contributing federal political committee. **C**

Name of Employer ManTech Occupation 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
09 / 03 / 2015

Transaction ID : SA11AI.18121

Amount of Each Receipt this Period
25.00

C. Kris Shapar
Full Name (Last, First, Middle Initial)

Mailing Address CMR 480 Box 160

City Apo State AE Zip Code 09128

FEC ID number of contributing federal political committee. **C**

Name of Employer ManTech Occupation 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
10 / 03 / 2015

Transaction ID : SA11AI.18122

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Kris Shapar
Full Name (Last, First, Middle Initial)

Mailing Address CMR 480 Box 160

City Apo State AE Zip Code 09128

FEC ID number of contributing federal political committee. **C**

Name of Employer ManTech Occupation 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
11 / 03 / 2015

Transaction ID : SA11AI.18123

Amount of Each Receipt this Period
25.00

B. Kris Shapar
Full Name (Last, First, Middle Initial)

Mailing Address CMR 480 Box 160

City Apo State AE Zip Code 09128

FEC ID number of contributing federal political committee. **C**

Name of Employer ManTech Occupation 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
12 / 03 / 2015

Transaction ID : SA11AI.18124

Amount of Each Receipt this Period
25.00

C. Charles Shelton
Full Name (Last, First, Middle Initial)

Mailing Address 102 Trotwood Dr

City Monroeville State PA Zip Code 15146

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert Bosch, LLC Occupation Senior Research Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SA11AI.18128

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 226 OF 340
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Charles Shelton

Mailing Address 102 Trotwood Dr

City Monroeville	State PA	Zip Code 15146
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert Bosch, LLC	Occupation Senior Research Engineer
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2015

Transaction ID : SA11Al.18129

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Charles Shelton

Mailing Address 102 Trotwood Dr

City Monroeville	State PA	Zip Code 15146
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert Bosch, LLC	Occupation Senior Research Engineer
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2015

Transaction ID : SA11Al.18130

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Charles Shelton

Mailing Address 102 Trotwood Dr

City Monroeville	State PA	Zip Code 15146
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert Bosch, LLC	Occupation Senior Research Engineer
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : SA11Al.18131

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Scott Sherman

Mailing Address 10849 Arizona Ave

City State Zip Code
Culver City CA 90232

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Designer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2015
Transaction ID : SA11AI.18135

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Henry Silver

Mailing Address 1035 Fifth Ave
Apt. 10E

City State Zip Code
New York City NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015
Transaction ID : SA11AI.18143

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Henry Silver

Mailing Address 1035 Fifth Ave
Apt. 10E

City State Zip Code
New York City NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2015
Transaction ID : SA11AI.18144

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Fred Simon
Full Name (Last, First, Middle Initial)
Mailing Address 3847 Hancock Dr
City Santa Clara State CA Zip Code 95051
FEC ID number of contributing federal political committee. **C**
Name of Employer JFrog Occupation Chief Architect
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 10 / 2015
Transaction ID : SA11AI.18146
Amount of Each Receipt this Period
250.00

B. Erik Sipman
Full Name (Last, First, Middle Initial)
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 Trittech Software Systems Occupation Software Developer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 27 / 2015
Transaction ID : SA11AI.18149
Amount of Each Receipt this Period
100.00

C. Erik Sipman
Full Name (Last, First, Middle Initial)
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 Trittech Software Systems Occupation Software Developer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 27 / 2015
Transaction ID : SA11AI.18150
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Erik Sipman
Full Name (Last, First, Middle Initial)

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 Trittech Software Systems Occupation Software Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : SA11AI.18151

Amount of Each Receipt this Period
100.00

B. Erik Sipman
Full Name (Last, First, Middle Initial)

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 Trittech Software Systems Occupation Software Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : SA11AI.18152

Amount of Each Receipt this Period
100.00

C. Erik Sipman
Full Name (Last, First, Middle Initial)

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 Trittech Software Systems Occupation Software Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : SA11AI.18153

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Erik Sipman

Mailing Address 2271 Prairie View Road

City Decorah	State IA	Zip Code 52101-7860
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Tritech Software Systems	Occupation Software Developer
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2015

Transaction ID : SA11Al.18154

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Matt Smith

Mailing Address 4006 Diane Rd

City Juneau	State AK	Zip Code 99801
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation 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
07	/	18	/	2015

Transaction ID : SA11Al.18157

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Matt Smith

Mailing Address 4006 Diane Rd

City Juneau	State AK	Zip Code 99801
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Consultant
-----------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

Transaction ID : SA11Al.18158

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 340
	<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. Matt Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4006 Diane Rd
 City Juneau State AK Zip Code 99801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015
Transaction ID : SA11Al.18159
 Amount of Each Receipt this Period
50.00

B. Matt Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4006 Diane Rd
 City Juneau State AK Zip Code 99801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2015
Transaction ID : SA11Al.18160
 Amount of Each Receipt this Period
50.00

C. Matt Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4006 Diane Rd
 City Juneau State AK Zip Code 99801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Consultant
 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 / 18 / 2015
Transaction ID : SA11Al.18161
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **150.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Matt Smith

Mailing Address 4006 Diane Rd

City Juneau State AK Zip Code 99801

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Consultant

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 / 18 / 2015

Transaction ID : SA11AI.18162

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Lindsay Somerville

Mailing Address 4210 Stearns Hill Rd

City Waltham State MA Zip Code 06070

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Writer/Blogger

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 / 2015

Transaction ID : SA11AI.18175

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Lindsay Somerville

Mailing Address 4210 Stearns Hill Rd

City Waltham State MA Zip Code 06070

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Writer/Blogger

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 / 2015

Transaction ID : SA11AI.18176

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 233 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Eric Sorensen

Mailing Address 17165 Killarney Ct.

City Granger State IN Zip Code 46530

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardno Occupation 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
 09 / 17 / 2015
Transaction ID : SA11AI.18182

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Eric Sorensen

Mailing Address 17165 Killarney Ct.

City Granger State IN Zip Code 46530

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardno Occupation 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
 10 / 17 / 2015
Transaction ID : SA11AI.18183

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Eric Sorensen

Mailing Address 17165 Killarney Ct.

City Granger State IN Zip Code 46530

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardno Occupation 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
 11 / 17 / 2015
Transaction ID : SA11AI.18184

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Eric Sorensen
Full Name (Last, First, Middle Initial)
Mailing Address 17165 Killarney Ct.
City Granger State IN Zip Code 46530
FEC ID number of contributing federal political committee. **C**
Name of Employer Cardno Occupation 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
12 / 17 / 2015
Transaction ID : SA11AI.18185
Amount of Each Receipt this Period
25.00

B. John Sowers
Full Name (Last, First, Middle Initial)
Mailing Address PSC 808 BOX 902
City Fpo State AE Zip Code 09618-0010
FEC ID number of contributing federal political committee. **C**
Name of Employer US Navy Occupation Pilot
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 / 01 / 2015
Transaction ID : SA11AI.18189
Amount of Each Receipt this Period
25.00

C. John Sowers
Full Name (Last, First, Middle Initial)
Mailing Address PSC 808 BOX 902
City Fpo State AE Zip Code 09618-0010
FEC ID number of contributing federal political committee. **C**
Name of Employer US Navy Occupation Pilot
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 / 01 / 2015
Transaction ID : SA11AI.18190
Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 235 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. John Sowers
 Mailing Address PSC 808 BOX 902
 City State Zip Code
 Fpo AE 09618-0010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US Navy Pilot
 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 / 01 / 2015
Transaction ID : SA11AI.18191
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Anthony Spears
 Mailing Address 1919 Buron Dr
 City State Zip Code
 Austin TX 78741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chapparral Distribution LLC. Warehouse Employee
 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 / 2015
Transaction ID : SA11AI.18194
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
c. Anthony Spears
 Mailing Address 1919 Buron Dr
 City State Zip Code
 Austin TX 78741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chapparral Distribution LLC. Warehouse Employee
 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 / 2015
Transaction ID : SA11AI.18195
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Anthony Spears

Mailing Address 1919 Buron Dr

City Austin State TX Zip Code 78741

FEC ID number of contributing federal political committee. **C**

Name of Employer Chapparral Distribution LLC. Occupation Warehouse Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **11 / 22 / 2015**

Transaction ID : SA11AI.18196

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
B. Anthony Spears

Mailing Address 1919 Buron Dr

City Austin State TX Zip Code 78741

FEC ID number of contributing federal political committee. **C**

Name of Employer Chapparral Distribution LLC. Occupation Warehouse Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 22 / 2015**

Transaction ID : SA11AI.18197

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
c. Matt Spence

Mailing Address 13220 CR F

City Perryton State TX Zip Code 79070

FEC ID number of contributing federal political committee. **C**

Name of Employer United Supermarkets Occupation Assistant Market Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 03 / 2015**

Transaction ID : SA11AI.18200

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **75.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 340
(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 (Last, First, Middle Initial)
A. Matt Spence

Mailing Address 13220 CR F

City State Zip Code
Perryton TX 79070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United Supermarkets Assistant Market Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2015
Transaction ID : SA11AI.18201

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Matt Spence

Mailing Address 13220 CR F

City State Zip Code
Perryton TX 79070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United Supermarkets Assistant Market 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 / 03 / 2015
Transaction ID : SA11AI.18202

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. William Spatz

Mailing Address 14320 Soula Dr NE

City State Zip Code
Albuquerque NM 87123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sandia National Laboratories Scientist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2015
Transaction ID : SA11AI.18207

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. William Spotz
Full Name (Last, First, Middle Initial)

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 Sandia National Laboratories Occupation 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 / 03 / 2015
Transaction ID : SA11AI.18208

Amount of Each Receipt this Period
 100.00

B. William Spotz
Full Name (Last, First, Middle Initial)

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 Sandia National Laboratories Occupation 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
 12 / 03 / 2015
Transaction ID : SA11AI.18209

Amount of Each Receipt this Period
 100.00

c. Michel Stango
Full Name (Last, First, Middle Initial)

Mailing Address 44 Mountain Rd

City Cheshire State CT Zip Code 06410

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Game Designer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11AI.18212

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Michel Stango

Mailing Address 44 Mountain Rd

City Cheshire State CT Zip Code 06410

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Game Designer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2015
Transaction ID : SA11AI.18213

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Michel Stango

Mailing Address 44 Mountain Rd

City Cheshire State CT Zip Code 06410

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Game Designer

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 / 2015
Transaction ID : SA11AI.18214

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
c. Michel Stango

Mailing Address 44 Mountain Rd

City Cheshire State CT Zip Code 06410

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Game Designer

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 / 2015
Transaction ID : SA11AI.18215

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Kristine Stanton
Full Name (Last, First, Middle Initial)
Mailing Address 730 Chestnut St Apt1
City San Carlos State CA Zip Code 94070
FEC ID number of contributing federal political committee. **C**
Name of Employer San Mateo County Sheriff Occupation Records Technician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 13 / 2015
Transaction ID : SA11AI.18220
Amount of Each Receipt this Period 25.00

B. Steven Stearns
Full Name (Last, First, Middle Initial)
Mailing Address 2144 W Giddings St
City Chicago State IL Zip Code 60625
FEC ID number of contributing federal political committee. **C**
Name of Employer Salesforce.com Occupation Technical Architect
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 05 / 2015
Transaction ID : SA11AI.18223
Amount of Each Receipt this Period 25.00

C. Steven Stearns
Full Name (Last, First, Middle Initial)
Mailing Address 2144 W Giddings St
City Chicago State IL Zip Code 60625
FEC ID number of contributing federal political committee. **C**
Name of Employer Salesforce.com Occupation Technical Architect
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 05 / 2015
Transaction ID : SA11AI.18224
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 241 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Steven Stearns

Mailing Address 2144 W Giddings St

City Chicago State IL Zip Code 60625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salesforce.com Technical Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : SA11AI.18225

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Steven Stearns

Mailing Address 2144 W Giddings St

City Chicago State IL Zip Code 60625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Salesforce.com Technical 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 / 05 / 2015
Transaction ID : SA11AI.18226

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Miles Stocker

Mailing Address 175 Coaster Ct

City Angier State NC Zip Code 27501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ag ProVision, LLC Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.18251

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 242 OF 340
	(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. brad stone
Full Name (Last, First, Middle Initial)

Mailing Address 6886 N kendall Dr apt D403

City miami	State FL	Zip Code 33156
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer law firm	Occupation Paralegal
------------------------------	-------------------------

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	/	2015

Transaction ID : SA11AI.18257

Amount of Each Receipt this Period
25.00

B. brad stone
Full Name (Last, First, Middle Initial)

Mailing Address 6886 N kendall Dr apt D403

City miami	State FL	Zip Code 33156
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer law firm	Occupation Paralegal
------------------------------	-------------------------

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	/	2015

Transaction ID : SA11AI.18258

Amount of Each Receipt this Period
25.00

c. Stratyllis, Inc.
Full Name (Last, First, Middle Initial)

Mailing Address 6301 S 242nd PL
Apt 7-201

City Kent	State WA	Zip Code 98032
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2015

Transaction ID : SA11AI.16267

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 243 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Stratyllis, Inc.

Mailing Address 6301 S 242nd PL
Apt 7-201

City Kent State WA Zip Code 98032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2015
Transaction ID : SA11AI.16268

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Stratyllis, Inc.

Mailing Address 6301 S 242nd PL
Apt 7-201

City Kent State WA Zip Code 98032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.16269

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Stratyllis, Inc.

Mailing Address 6301 S 242nd PL
Apt 7-201

City Kent State WA Zip Code 98032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.16270

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 244 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Stratyllis, Inc.

Mailing Address 6301 S 242nd PL
Apt 7-201

City Kent State WA Zip Code 98032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : SA11AI.16271

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Stratyllis, Inc.

Mailing Address 6301 S 242nd PL
Apt 7-201

City Kent State WA Zip Code 98032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11AI.16272

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
c. Joseph Stutzman

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 Occupation
HostGator.com Illustrator

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 / 12 / 2015
Transaction ID : SA11AI.18273

Amount of Each Receipt this Period
25.00

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 245 OF 340
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Joseph Stutzman

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 HostGator.com Occupation Illustrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 12 / 2015
Transaction ID : SA11AI.18274

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Joseph Stutzman

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 HostGator.com Occupation Illustrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
11 / 12 / 2015
Transaction ID : SA11AI.18275

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Joseph Stutzman

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 HostGator.com Occupation Illustrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 12 / 2015
Transaction ID : SA11AI.18276

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 246 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. sean suniga

Mailing Address 5201 Danny Dr

City State Zip Code
El Paso TX 79924

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
none none

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11AI.18287

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Dereck Tatman

Mailing Address 7481 Sean Taylor Lane

City State Zip Code
San Diego CA 92126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sequenom, Inc. VP of Business Development

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 / 2015
Transaction ID : SA11AI.18295

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Dereck Tatman

Mailing Address 7481 Sean Taylor Lane

City State Zip Code
San Diego CA 92126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sequenom, Inc. VP of Business Development

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 / 15 / 2015
Transaction ID : SA11AI.18296

Amount of Each Receipt this Period
50.00

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 247 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Dereck Tatman
 Mailing Address 7481 Sean Taylor Lane
 City State Zip Code
 San Diego CA 92126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sequenom, Inc. VP of Business Development
 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 / 15 / 2015
Transaction ID : SA11AI.18297
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Dereck Tatman
 Mailing Address 7481 Sean Taylor Lane
 City State Zip Code
 San Diego CA 92126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sequenom, Inc. VP of Business Development
 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 / 15 / 2015
Transaction ID : SA11AI.18298
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Dereck Tatman
 Mailing Address 7481 Sean Taylor Lane
 City State Zip Code
 San Diego CA 92126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sequenom, Inc. VP of Business Development
 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 / 2015
Transaction ID : SA11AI.18299
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Dereck Tatman
Full Name (Last, First, Middle Initial)
Mailing Address 7481 Sean Taylor Lane
City San Diego State CA Zip Code 92126
FEC ID number of contributing federal political committee. **C**
Name of Employer Sequenom, Inc. Occupation VP of Business Development
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 15 / 2015**
Transaction ID : SA11AI.18300
Amount of Each Receipt this Period **50.00**

B. Frank Teich
Full Name (Last, First, Middle Initial)
Mailing Address 1402 LAKE TAPPS PKWY E STE 104 #39
City Auburn State WA Zip Code 98092
FEC ID number of contributing federal political committee. **C**
Name of Employer CHI Occupation Nuclear Technologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **10 / 19 / 2015**
Transaction ID : SA11AI.18305
Amount of Each Receipt this Period **25.00**

C. Frank Teich
Full Name (Last, First, Middle Initial)
Mailing Address 1402 LAKE TAPPS PKWY E STE 104 #39
City Auburn State WA Zip Code 98092
FEC ID number of contributing federal political committee. **C**
Name of Employer CHI Occupation Nuclear Technologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 19 / 2015**
Transaction ID : SA11AI.18306
Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **100.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 249 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Frank Teich

Mailing Address 1402 LAKE TAPPS PKWY E STE 104 #39

City	State	Zip Code
Auburn	WA	98092

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CHI	Nuclear Technologist

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	/	19	/	2015

Transaction ID : SA11AI.18307

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
B. The Victor Apple Farm, LLC

Mailing Address 320 Elmdorf Avenue

City	State	Zip Code
Rochester	NY	14619

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.16275

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
c. The Victor Apple Farm, LLC

Mailing Address 320 Elmdorf Avenue

City	State	Zip Code
Rochester	NY	14619

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2015

Transaction ID : SA11AI.16276

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 (Last, First, Middle Initial)
 Mailing Address 320 Elmdorf Avenue
 City Rochester State NY Zip Code 14619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 2015
Transaction ID : SA11AI.16277
 Amount of Each Receipt this Period
 25.00

B. The Victor Apple Farm, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Elmdorf Avenue
 City Rochester State NY Zip Code 14619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : SA11AI.16278
 Amount of Each Receipt this Period
 25.00

C. The Young Turks, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 3555 Hayden Ave
 3rd Floor
 City Culver City State CA Zip Code 90232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 12 / 22 / 2015
Transaction ID : SA11AI.18548
 Amount of Each Receipt this Period
 20000.00

SUBTOTAL of Receipts This Page (optional).....▶	20050.00
TOTAL This Period (last page this line 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 251 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Alfred Troisi
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Webhannet Dr
 City Wells State ME Zip Code 04090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : SA11AI.18333
 Amount of Each Receipt this Period
 25.00

B. Alfred Troisi
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Webhannet Dr
 City Wells State ME Zip Code 04090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2015
Transaction ID : SA11AI.18334
 Amount of Each Receipt this Period
 25.00

C. Alfred Troisi
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Webhannet Dr
 City Wells State ME Zip Code 04090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : SA11AI.18335
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Riley Troyer
Full Name (Last, First, Middle Initial)

Mailing Address 1095 Chickadee Lp

City Fairbanks State AK Zip Code 99712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.18341

Amount of Each Receipt this Period
50.00

B. Matthew Tuck
Full Name (Last, First, Middle Initial)

Mailing Address 1782 S Laredo St

City Aurora State CO Zip Code 80017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
General Dynamics Network 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 / 06 / 2015

Transaction ID : SA11AI.18344

Amount of Each Receipt this Period
25.00

C. Matthew Tuck
Full Name (Last, First, Middle Initial)

Mailing Address 1782 S Laredo St

City Aurora State CO Zip Code 80017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
General Dynamics Network 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 / 06 / 2015

Transaction ID : SA11AI.18345

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Matthew Tuck
Full Name (Last, First, Middle Initial)

Mailing Address 1782 S Laredo St

City Aurora State CO Zip Code 80017

FEC ID number of contributing federal political committee. **C**

Name of Employer General Dynamics Occupation Network Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2015
Transaction ID : SA11AI.18346

Amount of Each Receipt this Period
 25.00

B. Matthew Tuck
Full Name (Last, First, Middle Initial)

Mailing Address 1782 S Laredo St

City Aurora State CO Zip Code 80017

FEC ID number of contributing federal political committee. **C**

Name of Employer General Dynamics Occupation Network Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.18347

Amount of Each Receipt this Period
 25.00

C. Kenan Turnacioglu
Full Name (Last, First, Middle Initial)

Mailing Address 252 7th Avenue, PH A

City New York State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer PointState Occupation Occupation 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
 12 / 02 / 2015
Transaction ID : SA11AI.18351

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Kenan Turnacioglu
 Full Name (Last, First, Middle Initial)
 Mailing Address 252 7th Avenue, PH A
 City New York State NY Zip Code 10001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PointState Occupation Analyst
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : SA11AI.18352
 Amount of Each Receipt this Period
 10000.00

B. Mary VanDerostyne
 Full Name (Last, First, Middle Initial)
 Mailing Address 14971 Leroy Ave
 City Ripon State CA Zip Code 95366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired 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
 08 / 10 / 2015
Transaction ID : SA11AI.18358
 Amount of Each Receipt this Period
 100.00

C. Mary VanDerostyne
 Full Name (Last, First, Middle Initial)
 Mailing Address 14971 Leroy Ave
 City Ripon State CA Zip Code 95366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired None
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.18359
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	10200.00
TOTAL This Period (last page this line 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 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Mary VanDerostyne

Mailing Address 14971 Leroy Ave

City Ripon State CA Zip Code 95366

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation None

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 / 10 / 2015

Transaction ID : SA11Al.18360

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Mary VanDerostyne

Mailing Address 14971 Leroy Ave

City Ripon State CA Zip Code 95366

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11Al.18361

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Mary VanDerostyne

Mailing Address 14971 Leroy Ave

City Ripon State CA Zip Code 95366

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation None

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
12 / 10 / 2015

Transaction ID : SA11Al.18362

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Matthew Vang
Full Name (Last, First, Middle Initial)

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 IBM	Occupation Software Engineer
-------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.18365

Amount of Each Receipt this Period
 25.00

B. Matthew Vang
Full Name (Last, First, Middle Initial)

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 IBM	Occupation Software Engineer
-------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.18366

Amount of Each Receipt this Period
 25.00

c. Matthew Vang
Full Name (Last, First, Middle Initial)

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 IBM	Occupation Software Engineer
-------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2015
Transaction ID : SA11AI.18367

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 257 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Matthew Vang

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 Occupation
IBM Software Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.18368

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Adam Vaught

Mailing Address 18 E Pier

City Sausalito State CA Zip Code 94965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Absolute Travel Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2015
Transaction ID : SA11AI.18371

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Adam Vaught

Mailing Address 18 E Pier

City Sausalito State CA Zip Code 94965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Absolute Travel Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : SA11AI.18372

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Adam Vaught

Mailing Address 18 E Pier

City Sausalito State CA Zip Code 94965

FEC ID number of contributing federal political committee. **C**

Name of Employer Absolute Travel Occupation Sales

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 / 2015

Transaction ID : SA11AI.18373

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Adam Vaught

Mailing Address 18 E Pier

City Sausalito State CA Zip Code 94965

FEC ID number of contributing federal political committee. **C**

Name of Employer Absolute Travel Occupation Sales

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 / 2015

Transaction ID : SA11AI.18374

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Don Vetal

Mailing Address 8750 Georgia Ave Apt. 529

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Industry Dive Occupation Director of Data Science

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 / 05 / 2015

Transaction ID : SA11AI.18378

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Don Vetal
Full Name (Last, First, Middle Initial)

Mailing Address 8750 Georgia Ave Apt. 529

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Industry Dive Occupation Director of Data Science

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
10 / 05 / 2015
Transaction ID : SA11AI.18379

Amount of Each Receipt this Period
50.00

B. Don Vetal
Full Name (Last, First, Middle Initial)

Mailing Address 8750 Georgia Ave Apt. 529

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Industry Dive Occupation Director of Data Science

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
11 / 05 / 2015
Transaction ID : SA11AI.18380

Amount of Each Receipt this Period
50.00

C. Don Vetal
Full Name (Last, First, Middle Initial)

Mailing Address 8750 Georgia Ave Apt. 529

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Industry Dive Occupation Director of Data Science

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
12 / 05 / 2015
Transaction ID : SA11AI.18381

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Jeremy Waldrop
Full Name (Last, First, Middle Initial)

Mailing Address 832 Bennett Dr

City North Aurora State IL Zip Code 60542

FEC ID number of contributing federal political committee. **C**

Name of Employer Deamertek Occupation 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
 10 / 13 / 2015
Transaction ID : SA11AI.18394

Amount of Each Receipt this Period
 25.00

B. Jeremy Waldrop
Full Name (Last, First, Middle Initial)

Mailing Address 832 Bennett Dr

City North Aurora State IL Zip Code 60542

FEC ID number of contributing federal political committee. **C**

Name of Employer Deamertek Occupation 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
 11 / 13 / 2015
Transaction ID : SA11AI.18395

Amount of Each Receipt this Period
 25.00

C. Jeremy Waldrop
Full Name (Last, First, Middle Initial)

Mailing Address 832 Bennett Dr

City North Aurora State IL Zip Code 60542

FEC ID number of contributing federal political committee. **C**

Name of Employer Deamertek Occupation 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
 12 / 13 / 2015
Transaction ID : SA11AI.18396

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 261 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. David Walker

Mailing Address 700 Croton Rd

City Wayne State PA Zip Code 19087

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Veterinarian

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 / 2015
Transaction ID : SA11AI.18399

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. David Walker

Mailing Address 700 Croton Rd

City Wayne State PA Zip Code 19087

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Veterinarian

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 / 2015
Transaction ID : SA11AI.18400

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. David Walker

Mailing Address 700 Croton Rd

City Wayne State PA Zip Code 19087

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Veterinarian

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 / 2015
Transaction ID : SA11AI.18401

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 340
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<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. David Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Croton Rd
 City Wayne State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Veterinarian
 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 / 2015
Transaction ID : SA11AI.18402
 Amount of Each Receipt this Period
 25.00

B. Justin Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 County Rd 1058
 City Farmersville State TX Zip Code 75442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11AI.18407
 Amount of Each Receipt this Period
 25.00

C. Justin Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 County Rd 1058
 City Farmersville State TX Zip Code 75442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : SA11AI.18408
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Justin Walker
Full Name (Last, First, Middle Initial)

Mailing Address 3724 County Rd
1058

City Farmersville State TX Zip Code 75442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
11 / 08 / 2015
Transaction ID : SA11AI.18409

Amount of Each Receipt this Period
25.00

B. Justin Walker
Full Name (Last, First, Middle Initial)

Mailing Address 3724 County Rd
1058

City Farmersville State TX Zip Code 75442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 08 / 2015
Transaction ID : SA11AI.18410

Amount of Each Receipt this Period
25.00

C. Scott Wasserman
Full Name (Last, First, Middle Initial)

Mailing Address 737 Olive Way #2206

City Seattle State WA Zip Code 98101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Slalom Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 30 / 2015
Transaction ID : SA11AI.18420

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 OF 340
	<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. Diane B Waxman
 Full Name (Last, First, Middle Initial)
 Mailing Address 11685 Trout Run Rd
 City Wardensville State WV Zip Code 26851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: retired Occupation: retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 11 / 17 / 2015
Transaction ID : SA11AI.18427
 Amount of Each Receipt this Period: 25.00

B. Diane B Waxman
 Full Name (Last, First, Middle Initial)
 Mailing Address 11685 Trout Run Rd
 City Wardensville State WV Zip Code 26851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: retired Occupation: retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 17 / 2015
Transaction ID : SA11AI.18428
 Amount of Each Receipt this Period: 25.00

C. Erik Weigel
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Meadowood Ln
 City Vadnais Heights State MN Zip Code 55127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Electrolux Occupation: Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 08 / 2015
Transaction ID : SA11AI.18431
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 265 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Erik Weigel
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Meadowood Ln
 City Vadnais Heights State MN Zip Code 55127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Electrolux Occupation Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11AI.18432
 Amount of Each Receipt this Period
 100.00

B. Erik Weigel
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Meadowood Ln
 City Vadnais Heights State MN Zip Code 55127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Electrolux Occupation Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11AI.18433
 Amount of Each Receipt this Period
 100.00

C. Erik Weigel
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Meadowood Ln
 City Vadnais Heights State MN Zip Code 55127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Electrolux Occupation Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : SA11AI.18434
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 340
	<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. Erik Weigel
Full Name (Last, First, Middle Initial)

Mailing Address 188 Meadowood Ln

City Vadnais Heights State MN Zip Code 55127

FEC ID number of contributing federal political committee. **C**

Name of Employer Electrolux Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.18435

Amount of Each Receipt this Period
100.00

B. Erik Weigel
Full Name (Last, First, Middle Initial)

Mailing Address 188 Meadowood Ln

City Vadnais Heights State MN Zip Code 55127

FEC ID number of contributing federal political committee. **C**

Name of Employer Electrolux Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : SA11AI.18436

Amount of Each Receipt this Period
100.00

C. Ward Wessels
Full Name (Last, First, Middle Initial)

Mailing Address 556 E 300 S Apt 418

City Salt Lake City State UT Zip Code 84102

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.18446

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 267 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. David Wetuski

Mailing Address 9535 Clanton St

City State Zip Code
Houston TX 77080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.18449

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Frank Whitehead

Mailing Address 3 Ewald Ave

City State Zip Code
Plainville MA 02093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wrentham Cable Access Station Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : SA11AI.18455

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Frank Whitehead

Mailing Address 3 Ewald Ave

City State Zip Code
Plainville MA 02093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wrentham Cable Access Station Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.18456

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Frank Whitehead
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Ewald Ave
 City Plainville State MA Zip Code 02093
 Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.18457
 Amount of Each Receipt this Period: 25.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: Wrentham Cable Access Occupation: Station Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 275.00

B. Frank Whitehead
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Ewald Ave
 City Plainville State MA Zip Code 02093
 Date of Receipt: 12 / 06 / 2015
Transaction ID : SA11AI.18458
 Amount of Each Receipt this Period: 25.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: Wrentham Cable Access Occupation: Station Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 300.00

C. Eric Whitney
 Full Name (Last, First, Middle Initial)
 Mailing Address 8105 Pinto Path
 City Austin State TX Zip Code 78736-1822
 Date of Receipt: 09 / 02 / 2015
Transaction ID : SA11AI.18461
 Amount of Each Receipt this Period: 25.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: Retired Occupation: Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 269 OF 340
(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. Eric Whitney
 Full Name (Last, First, Middle Initial)
 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 Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : SA11AI.18462
 Amount of Each Receipt this Period
 25.00

B. Eric Whitney
 Full Name (Last, First, Middle Initial)
 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 Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11AI.18463
 Amount of Each Receipt this Period
 25.00

C. Eric Whitney
 Full Name (Last, First, Middle Initial)
 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 Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : SA11AI.18464
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Brady Wilkinson
Full Name (Last, First, Middle Initial)
Mailing Address 539 Daley Ave

City Layton	State UT	Zip Code 84041
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Compressor Pump & Service	Occupation Gopher
---	----------------------

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	/	2015

Transaction ID : SA11Al.18476

Amount of Each Receipt this Period
25.00

B. Brady Wilkinson
Full Name (Last, First, Middle Initial)
Mailing Address 539 Daley Ave

City Layton	State UT	Zip Code 84041
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Compressor Pump & Service	Occupation Gopher
---	----------------------

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	/	2015

Transaction ID : SA11Al.18477

Amount of Each Receipt this Period
25.00

C. Brady Wilkinson
Full Name (Last, First, Middle Initial)
Mailing Address 539 Daley Ave

City Layton	State UT	Zip Code 84041
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Compressor Pump & Service	Occupation Gopher
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2015

Transaction ID : SA11Al.18478

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 271 OF 340
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)
A. Brady Wilkinson

Mailing Address 539 Daley Ave

City Layton	State UT	Zip Code 84041
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Compressor Pump & Service	Occupation Gopher
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2015

Transaction ID : SA11AI.18479

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
B. Andrew Wylie

Mailing Address 43478 Mink Meadows St

City Chantilly	State VA	Zip Code 20152
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HP Enterprise Services, LLC	Occupation Contracts Manager
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.18495

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
C. Andrew Wylie

Mailing Address 43478 Mink Meadows St

City Chantilly	State VA	Zip Code 20152
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HP Enterprise Services, LLC	Occupation Contracts Manager
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2015

Transaction ID : SA11AI.18496

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 272 OF 340
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. Andrew Wylie
 Full Name (Last, First, Middle Initial)
 Mailing Address 43478 Mink Meadows St
 City Chantilly State VA Zip Code 20152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HP Enterprise Services, LLC Occupation Contracts 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 / 03 / 2015
Transaction ID : SA11AI.18497
 Amount of Each Receipt this Period
 25.00

B. Andrew Wylie
 Full Name (Last, First, Middle Initial)
 Mailing Address 43478 Mink Meadows St
 City Chantilly State VA Zip Code 20152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HP Enterprise Services, LLC Occupation Contracts 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 / 03 / 2015
Transaction ID : SA11AI.18498
 Amount of Each Receipt this Period
 25.00

c. Charles Zediana
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 US Highway 18 W
 City Clear Lake State IA Zip Code 50428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2015
Transaction ID : SA11AI.18505
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOLF PAC

A. John Zirbes
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16368

City Golden State CO Zip Code 80402

FEC ID number of contributing federal political committee. **C**

Name of Employer Kroger Occupation Service Clerk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : SA11Al.18510

Amount of Each Receipt this Period
25.00

B. John Zirbes
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16368

City Golden State CO Zip Code 80402

FEC ID number of contributing federal political committee. **C**

Name of Employer Kroger Occupation Service Clerk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11Al.18511

Amount of Each Receipt this Period
25.00

C. John Zirbes
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16368

City Golden State CO Zip Code 80402

FEC ID number of contributing federal political committee. **C**

Name of Employer Kroger Occupation Service Clerk

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 / 2015

Transaction ID : SA11Al.18512

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 274 OF 340
(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 (Last, First, Middle Initial)
John Zirbes

Mailing Address **PO Box 16368**

City **Golden** State **CO** Zip Code **80402**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Kroger** Occupation **Service Clerk**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y
12 / 16 / 2015

Transaction ID : SA11AI.18513

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	68346.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16024

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16042

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16058

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16094

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16154

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Administrative Business Services

Mailing Address 5125 Stoney Meadows Drive

City State Zip Code
District Heights MD 20747

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16184

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2015

Transaction ID : **SB21B.16196**

Amount of Each Disbursement this Period: 67.00

Category/Type

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 24 / 2015

Transaction ID : **SB21B.16197**

Amount of Each Disbursement this Period: 80.00

Category/Type

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 30 / 2015

Transaction ID : **SB21B.16198**

Amount of Each Disbursement this Period: 3406.18

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3553.18

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.16205

Amount of Each Disbursement this Period

67.00

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.16206

Amount of Each Disbursement this Period

24.00

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2015

Transaction ID : SB21B.16207

Amount of Each Disbursement this Period

2312.13

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2403.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.16212

Amount of Each Disbursement this Period

67.00

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.16219

Amount of Each Disbursement this Period

3228.31

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
10 / 02 / 2015

Transaction ID : SB21B.16220

Amount of Each Disbursement this Period

24.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3319.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 5800 Windward Parkway		Transaction ID : SB21B.16221
City Alpharetta	State GA	
Purpose of Disbursement Payroll Taxes		Amount of Each Disbursement this Period 148.63
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. ADP		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 5800 Windward Parkway		Transaction ID : SB21B.16222
City Alpharetta	State GA	
Purpose of Disbursement Payroll Taxes		Amount of Each Disbursement this Period 247.57
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 5800 Windward Parkway		Transaction ID : SB21B.16223
City Alpharetta	State GA	
Purpose of Disbursement Payroll Services		Amount of Each Disbursement this Period 69.10
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).....▶	465.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16224

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16225

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16230

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16231

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16233

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16238

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2015

Transaction ID : SB21B.16243

Amount of Each Disbursement this Period

3810.90

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address P.O. Box 619616, MD 5675

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2015

Transaction ID : SB21B.16028

Amount of Each Disbursement this Period

346.20

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
11 / 18 / 2015

Transaction ID : SB21B.16139

Amount of Each Disbursement this Period

142.10

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4299.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 12 / 21 / 2015
Mailing Address P.O. Box 619616, MD 5675		Transaction ID : SB21B.16181
City DFW Airport	State TX	
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 249.60
Office Sought: <input type="checkbox"/> 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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address P.O. Box 8999		Transaction ID : SB21B.16009
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Amount of Each Disbursement this Period 615.15
Office Sought: <input type="checkbox"/> 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:	Category/Type	

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address P.O. Box 8999		Transaction ID : SB21B.16012
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Amount of Each Disbursement this Period 185.10
Office Sought: <input type="checkbox"/> 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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	1049.85
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.16015

Amount of Each Disbursement this Period

10.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.16016

Amount of Each Disbursement this Period

10.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.16017

Amount of Each Disbursement this Period

10.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16023

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.16025

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.16033

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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 / 04 / 2015

Transaction ID : SB21B.16036

Amount of Each Disbursement this Period

645.64

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 / 05 / 2015

Transaction ID : SB21B.16037

Amount of Each Disbursement this Period

186.35

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 / 07 / 2015

Transaction ID : SB21B.16038

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

856.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.16041

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2015

Transaction ID : SB21B.16044

Amount of Each Disbursement this Period

10.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : SB21B.16045

Amount of Each Disbursement this Period

10.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

45.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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 / 27 / 2015

Transaction ID : SB21B.16046

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.16051

Amount of Each Disbursement this Period

635.84

Category/
Type

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : SB21B.16052

Amount of Each Disbursement this Period

193.85

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

854.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2015

Transaction ID : SB21B.16053

Amount of Each Disbursement this Period

95.00

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
09 / 16 / 2015

Transaction ID : SB21B.16063

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : SB21B.16065

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

130.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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 / 02 / 2015

Transaction ID : SB21B.16074

Amount of Each Disbursement this Period

567.99

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 / 2015

Transaction ID : SB21B.16081

Amount of Each Disbursement this Period

197.40

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 / 05 / 2015

Transaction ID : SB21B.16085

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

865.39

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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
10 / 09 / 2015

Transaction ID : SB21B.16090

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.16091

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.16092

Amount of Each Disbursement this Period

25.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

75.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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
10 / 13 / 2015

Transaction ID : SB21B.16093

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.16096

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.16114

Amount of Each Disbursement this Period

25.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

75.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.16122

Amount of Each Disbursement this Period

710.52

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.16124

Amount of Each Disbursement this Period

199.15

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.16126

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

934.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : SB21B.16127

Amount of Each Disbursement this Period

25.00

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

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : SB21B.16128

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Transaction ID : SB21B.16137

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

75.00

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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SB21B.16138

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2015

Transaction ID : SB21B.16144

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.16146

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B.16155

Amount of Each Disbursement this Period

698.35

Category/
Type

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SB21B.16157

Amount of Each Disbursement this Period

190.95

Category/
Type

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : SB21B.16177

Amount of Each Disbursement this Period

25.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

914.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		23		2015

Transaction ID : SB21B.16186

Amount of Each Disbursement this Period

10.00

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

M M M	/	D D D	/	Y Y Y Y Y
12		23		2015

Transaction ID : SB21B.16187

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		23		2015

Transaction ID : SB21B.16188

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : SB21B.16189

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : SB21B.16190

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : SB21B.16191

Amount of Each Disbursement this Period

25.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

75.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2015

Transaction ID : SB21B.16192

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2015

Transaction ID : SB21B.16193

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.16246

Amount of Each Disbursement this Period

2306.27

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2341.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Best Buy

Mailing Address 274 N Plainfield Road

City West Lebanon State NH Zip Code 03784

Purpose of Disbursement
Computer Equipment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB21B.16066

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Ryan Clayton

Mailing Address 8710 Cameron Street

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.16199

Amount of Each Disbursement this Period

3532.95

Full Name (Last, First, Middle Initial)

C. Ryan Clayton

Mailing Address 8710 Cameron Street

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.16208

Amount of Each Disbursement this Period

766.35

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5799.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Ryan Clayton

Mailing Address 8710 Cameron Street

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.16215

Amount of Each Disbursement this Period

783.01

Full Name (Last, First, Middle Initial)

B. Ryan Clayton

Mailing Address 8710 Cameron Street

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.16226

Amount of Each Disbursement this Period

2251.37

Full Name (Last, First, Middle Initial)

C. Ryan Clayton

Mailing Address 8710 Cameron Street

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 27 / 2015

Transaction ID : SB21B.16234

Amount of Each Disbursement this Period

2251.37

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5285.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Ryan Clayton

Mailing Address 8710 Cameron Street

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SB21B.16239

Amount of Each Disbursement this Period

2244.42

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SB21B.16108

Amount of Each Disbursement this Period

128.10

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SB21B.16109

Amount of Each Disbursement this Period

128.10

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : **SB21B.16119**

Amount of Each Disbursement this Period

-128.10

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : **SB21B.16120**

Amount of Each Disbursement this Period

-128.10

Full Name (Last, First, Middle Initial)

C. Democracy Engine

Mailing Address 2125 14TH STREET NW #101W

City Washington State DC Zip Code 20009

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : **SB21B.16244**

Amount of Each Disbursement this Period

902.77

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

646.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. ExxonMobil

Mailing Address 1097 U. S. 302

City Berlin State VT Zip Code 05641

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.16070

Amount of Each Disbursement this Period

35.59

Full Name (Last, First, Middle Initial)

B. ExxonMobil

Mailing Address 1097 U. S. 302

City Berlin State VT Zip Code 05641

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.16076

Amount of Each Disbursement this Period

39.69

Full Name (Last, First, Middle Initial)

C. 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) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.16083

Amount of Each Disbursement this Period

72.97

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

148.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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

/ /

Transaction ID : SB21B.16084

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Fedex Office

Mailing Address 1155 Harrison Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16106

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. 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

/ /

Transaction ID : SB21B.16132

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Frontier Airlines

Mailing Address 7001 Tower Rd

City State Zip Code
Denver CO 80249

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 M / D D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : **SB21B.16101**

Amount of Each Disbursement this Period

187.99

Full Name (Last, First, Middle Initial)

B. Frontier Airlines

Mailing Address 7001 Tower Rd

City State Zip Code
Denver CO 80249

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 M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : **SB21B.16156**

Amount of Each Disbursement this Period

164.60

Full Name (Last, First, Middle Initial)

C. Frontier Airlines

Mailing Address 7001 Tower Rd

City State Zip Code
Denver CO 80249

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 M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : **SB21B.16174**

Amount of Each Disbursement this Period

202.59

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

555.18

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.16014

Amount of Each Disbursement this Period

95.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.16035

Amount of Each Disbursement this Period

95.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2015

Transaction ID : SB21B.16056

Amount of Each Disbursement this Period

95.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

285.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16082

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16123

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Web Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16158

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Alison Hartson

Mailing Address 10419 Slater Ave
202

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.16200

Amount of Each Disbursement this Period

1498.92

Full Name (Last, First, Middle Initial)

B. Alison Hartson

Mailing Address 10419 Slater Ave
202

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.16209

Amount of Each Disbursement this Period

2795.84

Full Name (Last, First, Middle Initial)

C. Alison Hartson

Mailing Address 10419 Slater Ave
202

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.16216

Amount of Each Disbursement this Period

2795.84

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7090.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Alison Hartson

Mailing Address 10419 Slater Ave
202

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16227

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Alison Hartson

Mailing Address 10419 Slater Ave
202

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16149

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Alison Hartson

Mailing Address 10419 Slater Ave
202

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16235

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Alison Hartson

Mailing Address 10419 Slater Ave
202

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SB21B.16183

Amount of Each Disbursement this Period

677.03

Category/
Type

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SB21B.16183.0

Amount of Each Disbursement this Period

188.98

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address P. O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SB21B.16183.2

Amount of Each Disbursement this Period

205.60

Category/
Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

677.03

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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Alison Hartson

Mailing Address 10419 Slater Ave
202

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SB21B.16240

Amount of Each Disbursement this Period

2790.04

Full Name (Last, First, Middle Initial)

B. Todd Jagger

Mailing Address PO Box 2089
2089

City Fort Davis State TX Zip Code 79734

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SB21B.16060

Amount of Each Disbursement this Period

782.93

Full Name (Last, First, Middle Initial)

C. Thrifty Car Rental

Mailing Address 2380 S 166th St

City Sea Tac State WA Zip Code 98158

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SB21B.16060.0

Amount of Each Disbursement this Period

338.93

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3572.97

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. AirBNB

Mailing Address 888 Brannan Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Lodging

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 / 2015

Transaction ID : SB21B.16060.1

Amount of Each Disbursement this Period

444.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Richard Lake

Mailing Address 1408 Circle Dr.

City Mt. Prospect State IL Zip Code 60056

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 / 30 / 2015

Transaction ID : SB21B.16034

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard Lake

Mailing Address 1408 Circle Dr.

City Mt. Prospect State IL Zip Code 60056

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
08 / 31 / 2015

Transaction ID : SB21B.16048

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Richard Lake		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1408 Circle Dr.		Transaction ID : SB21B.16214
City Mt. Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 2381.91
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. Richard Lake		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 1408 Circle Dr.		Transaction ID : SB21B.16228
City Mt. Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 2381.91
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Richard Lake		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address 1408 Circle Dr.		Transaction ID : SB21B.16236
City Mt. Prospect	State IL	
Zip Code 60056	Purpose of Disbursement Payroll	Amount of Each Disbursement this Period 2030.31
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)..... ▶	6794.13
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Richard Lake

Mailing Address 1408 Circle Dr.

City Mt. Prospect State IL Zip Code 60056

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

12 / 30 / 2015

Transaction ID : SB21B.16241

Amount of Each Disbursement this Period

2206.11

Full Name (Last, First, Middle Initial)

B. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

07 / 31 / 2015

Transaction ID : SB21B.16201

Amount of Each Disbursement this Period

2891.70

Full Name (Last, First, Middle Initial)

C. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

07 / 31 / 2015

Transaction ID : SB21B.16202

Amount of Each Disbursement this Period

724.28

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5822.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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
07 / 31 / 2015

Transaction ID : SB21B.16202.2

Amount of Each Disbursement this Period

61.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Fedex Office

Mailing Address 1155 Harrison Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.16202.5

Amount of Each Disbursement this Period

25.46

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. America's Best Value

Mailing Address 400 Tolland Turnpike

City Manchester State NH Zip Code 06042

Purpose of Disbursement
Lodging

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 / 2015

Transaction ID : SB21B.16202.7

Amount of Each Disbursement this Period

112.11

[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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Priceline

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Lodging

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 / 2015

Transaction ID : SB21B.16202.9

Amount of Each Disbursement this Period

81.02

[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

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.16202.10

Amount of Each Disbursement this Period

6.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.16210

Amount of Each Disbursement this Period

2891.70

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2891.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16217

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16229

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16237

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Michael Monetta

Mailing Address 108 Leslie Drive

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2015

Transaction ID : SB21B.16242

Amount of Each Disbursement this Period

2885.28

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
07 / 08 / 2015

Transaction ID : SB21B.16018

Amount of Each Disbursement this Period

1258.00

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
08 / 10 / 2015

Transaction ID : SB21B.16039

Amount of Each Disbursement this Period

1258.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5401.28

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Nationbuilder

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.16055

Amount of Each Disbursement this Period

1258.00

Full Name (Last, First, Middle Initial)

B. Nationbuilder

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : SB21B.16086

Amount of Each Disbursement this Period

1258.00

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
11 / 09 / 2015

Transaction ID : SB21B.16129

Amount of Each Disbursement this Period

964.47

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3480.47

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Nationbuilder

Mailing Address 11693 San Vicente Blvd., #560

City Los Angeles State CA Zip Code 90049

Purpose of Disbursement
Website

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : SB21B.16166

Amount of Each Disbursement this Period

1258.00

Full Name (Last, First, Middle Initial)

B. New York State Insurance Fund

Mailing Address 1 Watervliet Avenue Extension

City Albany State NY Zip Code 12206

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : SB21B.16194

Amount of Each Disbursement this Period

1986.84

Full Name (Last, First, Middle Initial)

C. Salim Ocasio

Mailing Address 68 Marcus Garvey Blvd, Apt 4C

City Brooklyn State NY Zip Code 11206

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SB21B.16203

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4244.84

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Salim Ocasio

Mailing Address 68 Marcus Garvey Blvd, Apt 4C

City Brooklyn State NY Zip Code 11206

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.16211**

Amount of Each Disbursement this Period: 1000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. Salim Ocasio

Mailing Address 68 Marcus Garvey Blvd, Apt 4C

City Brooklyn State NY Zip Code 11206

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SB21B.16218**

Amount of Each Disbursement this Period: 1000.00

Category/Type

Full Name (Last, First, Middle Initial)

C. Olympia Resort & Conference Center

Mailing Address 1350 Royale Mile Road

City Oconomowoc State WI Zip Code 53066

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 28 / 2015

Transaction ID : **SB21B.16030**

Amount of Each Disbursement this Period: 266.64

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2266.64

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial) A. Olympia Resort & Conference Center		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 1350 Royale Mile Road		Transaction ID : SB21B.16032
City Oconomowoc	State WI	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 271.64
Office Sought: <input type="checkbox"/> 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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Orbitz		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 500 W Madison		Transaction ID : SB21B.16068
City Chicago	State IL	
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 81.66
Office Sought: <input type="checkbox"/> 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:	Category/Type	

Full Name (Last, First, Middle Initial) C. Orbitz		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 500 W Madison		Transaction ID : SB21B.16069
City Chicago	State IL	
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 54.44
Office Sought: <input type="checkbox"/> 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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)..... ▶	407.74
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Orbitz

Mailing Address 500 W Madison

City Chicago State IL Zip Code 60661

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 / 01 / 2015

Transaction ID : SB21B.16071

Amount of Each Disbursement this Period

79.48

Full Name (Last, First, Middle Initial)

B. Orbitz

Mailing Address 500 W Madison

City Chicago State IL Zip Code 60661

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 / 29 / 2015

Transaction ID : SB21B.16111

Amount of Each Disbursement this Period

43.96

Full Name (Last, First, Middle Initial)

C. Orbitz

Mailing Address 500 W Madison

City Chicago State IL Zip Code 60661

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 / 14 / 2015

Transaction ID : SB21B.16173

Amount of Each Disbursement this Period

67.75

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

191.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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

/ /

Transaction ID : SB21B.16245

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.16142

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. 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

/ /

Transaction ID : SB21B.16143

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2015

Mailing Address 1025 Vermont Ave., NW
Suite 300

Transaction ID : SB21B.16026

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

1312.50

Purpose of Disbursement
Legal Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2015

Mailing Address 1025 Vermont Ave., NW
Suite 300

Transaction ID : SB21B.16049

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

1650.00

Purpose of Disbursement
Legal Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Mailing Address 1025 Vermont Ave., NW
Suite 300

Transaction ID : SB21B.16179

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

92.50

Purpose of Disbursement
Legal Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

3055.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Sea Esta IV

Mailing Address 20902 Coastal Hwy

City Rehoboth Beach State DE Zip Code 19971

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.16005

Amount of Each Disbursement this Period

76.79

Full Name (Last, First, Middle Initial)

B. Sea Esta IV

Mailing Address 20902 Coastal Hwy

City Rehoboth Beach State DE Zip Code 19971

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.16013

Amount of Each Disbursement this Period

76.79

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2015

Transaction ID : SB21B.16027

Amount of Each Disbursement this Period

428.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

581.58

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : **SB21B.16102**

Amount of Each Disbursement this Period

332.97

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : **SB21B.18562**

Amount of Each Disbursement this Period

-332.97

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : **SB21B.16104**

Amount of Each Disbursement this Period

373.47

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

373.47

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.16107

Amount of Each Disbursement this Period

337.96

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

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.16001

Amount of Each Disbursement this Period

2.79

Full Name (Last, First, Middle Initial)

C. 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
12 / 22 / 2015

Transaction ID : SB21B.16185

Amount of Each Disbursement this Period

114.50

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

455.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Samuel Sullivan-Friedman

Mailing Address 3103 Fairfield Avenue #10G

City State Zip Code
Bronx NY 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

/ /

Transaction ID : SB21B.16047

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SurveyMonkey

Mailing Address 101 Lyton Avenue

City State Zip Code
Palo Alto CA 94301

Purpose of Disbursement
Internet

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16057

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SurveyMonkey

Mailing Address 101 Lyton Avenue

City State Zip Code
Palo Alto CA 94301

Purpose of Disbursement
Internet

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16087

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. SurveyMonkey

Mailing Address 101 Lyton Avenue

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement
Internet

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : SB21B.16130

Amount of Each Disbursement this Period

26.00

Full Name (Last, First, Middle Initial)

B. SurveyMonkey

Mailing Address 101 Lyton Avenue

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement
Internet

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 / 2015

Transaction ID : SB21B.16167

Amount of Each Disbursement this Period

26.00

Full Name (Last, First, Middle Initial)

C. Jay Swearingen

Mailing Address 2914 Gentry Park

City Kansas City State MO Zip Code 64116

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
10 / 01 / 2015

Transaction ID : SB21B.16072

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1552.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Jay Swearingen

Mailing Address 2914 Gentry Park

City Kansas City State MO Zip Code 64116

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
10 / 30 / 2015

Transaction ID : **SB21B.16112**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Jay Swearingen

Mailing Address 2914 Gentry Park

City Kansas City State MO Zip Code 64116

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : **SB21B.16152**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Jay Swearingen

Mailing Address 2914 Gentry Park

City Kansas City State MO Zip Code 64116

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : **SB21B.16153**

Amount of Each Disbursement this Period

922.31

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5422.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. Orbitz

Mailing Address 500 W Madison

City Chicago State IL Zip Code 60661

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.16153.0

Amount of Each Disbursement this Period

497.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.16153.1

Amount of Each Disbursement this Period

171.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. The Liberti Group

Mailing Address 400 Renaissance Center

City Detroit State MI Zip Code 48243

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : SB21B.16160

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. U.S. BANK

Mailing Address 8901 SANTA MONICA BLVD.

City WEST HOLLYWOOD State CA Zip Code 90069

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16095

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. U.S. BANK

Mailing Address 8901 SANTA MONICA BLVD.

City WEST HOLLYWOOD State CA Zip Code 90069

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16131

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. U.S. BANK

Mailing Address 8901 SANTA MONICA BLVD.

City WEST HOLLYWOOD State CA Zip Code 90069

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.16168

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. U.S. BANK

Mailing Address 8901 SANTA MONICA BLVD.

City WEST HOLLYWOOD State CA Zip Code 90069

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : **SB21B.16172**

Amount of Each Disbursement this Period

31.00

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

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : **SB21B.16169**

Amount of Each Disbursement this Period

16.13

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

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : **SB21B.16170**

Amount of Each Disbursement this Period

4.10

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

51.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. 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
12 / 21 / 2015

Transaction ID : **SB21B.16182**

Amount of Each Disbursement this Period

27.41

Full Name (Last, First, Middle Initial)

B. United Healthcare

Mailing Address 4 Taft Court

City Rockville State MD Zip Code 20850

Purpose of Disbursement
Insurance

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 / 2015

Transaction ID : **SB21B.16050**

Amount of Each Disbursement this Period

1521.36

Full Name (Last, First, Middle Initial)

C. United Healthcare

Mailing Address 4 Taft Court

City Rockville State MD Zip Code 20850

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : **SB21B.16075**

Amount of Each Disbursement this Period

1521.36

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3070.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. United Healthcare

Mailing Address 4 Taft Court

City Rockville State MD Zip Code 20850

Purpose of Disbursement Insurance

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 / 2015

Transaction ID : SB21B.16103

Amount of Each Disbursement this Period

3072.66

Full Name (Last, First, Middle Initial)

B. United Healthcare

Mailing Address 4 Taft Court

City Rockville State MD Zip Code 20850

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : SB21B.16150

Amount of Each Disbursement this Period

2438.01

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

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
07 / 02 / 2015

Transaction ID : SB21B.16006

Amount of Each Disbursement this Period

177.60

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5688.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOLF PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.16007

Amount of Each Disbursement this Period: 177.60

Full Name (Last, First, Middle Initial)

B. Windswept Enterprises

Mailing Address 251 N Dupont Hwy

City Dover State DE Zip Code 19901

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.16008

Amount of Each Disbursement this Period: 7.20

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶	184.80
TOTAL This Period (last page this line number only).....▶	135314.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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)

A. Wolf PAC Non-Federal Account

Mailing Address 6230 WILSHIRE BLVD SUITE 140

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Transfer to Non-Federal Account

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 / 04 / 2015

Transaction ID : SB29.16054

Amount of Each Disbursement this Period

24500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

24500.00

24500.00